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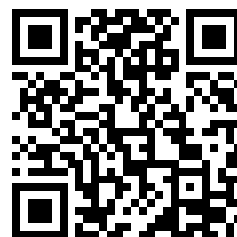
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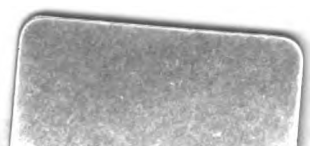
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and Circular. Etab. 1838.

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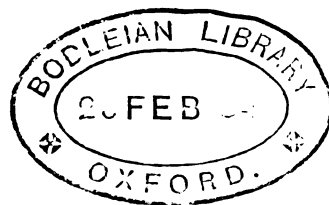
A Weekly Journal

OF

MEDICINE AND MEDICAL AFFAIRS.

FROM JULY TO DECEMBER.

1882.



LONDON : 20 KING WILLIAM STREET, STRAND.

DUBLIN : 3 MOLESWORTH STREET.

EDINBURGH : SOUTH BRIDGE.

GLASGOW : COLLEGE GATE, HILLHEAD.

N

1883

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would be making a very wide departure alike from the laws of clinical induction and common sense. We have to deal with idiosyncrasy, and must apply our knowledge under the limitations of its laws. It must be remembered, however, as I have already asserted, that idiosyncrasy by no means declines to enter into partnership with other causes of functional disturbance more easy to be understood. The varying state of the patient's health at different periods of age, and varying habits as regards diet at different times, may conceal or bring into unusual prominence an idiosyncrasy which is a permanent condition. In many patients susceptibility to the influence of tea is much increased by taking certain wines, notably champagne, and is diminished by the malt liquors and the red wines. As a rough rule, all idiosyncrasies become aggravated when the tone of the system is low, and many of them pass into almost absolute abeyance under conditions of unusual vigour and health. Idiosyncrasy in respect to tobacco displays itself in two forms, and one of them is of unusual interest, since it exemplifies a class of idiosyncrasies which are very apt to be misunderstood. I refer to those in which the individual susceptibility is not displayed immediately on the incidence of the cooking influence, but waits, it may be, for a long time, and until possibly other conditional causes come to its assistance. A little thought will probably supply most of us with examples of this class of idiosyncrasies, and they are very important in practice. A man who has drunk tea all his life, and largely, may rather suddenly find that it is almost poisonous to him, and may then recollect that one or more of his relations have never from childhood been able to take it. It is the same with egg, fish, and certain kinds of wine, and so also with various drugs, and in all these instances it is, I believe, quite possible that the display of the idiosyncratic susceptibility may be only temporary. In some instances we may discover in some change in the mode of life or habits of diet, or in advancing age, and possibly some visceral degeneration, an explanation of the newly-discovered peculiarity, but in other cases nothing can be found. Tobacco, I think, stands curiously alone amongst the articles in human use in that it almost invariably in the first instance acts as a powerful poison, and that tolerance can be acquired quickly and certainly by almost every one. There are, however, great differences in the degree of susceptibility, and in the ease with which habituation is obtained. Many never do obtain it, and although this in most cases may be merely the result of want of perseverance, there are a certain number in which it would appear that the primary idiosyncrasy is insuperable. Many persons who have acquired tolerance of one kind remain susceptible to others, and after having been habitual smokers for years, may be made very ill by inadvertently using an unaccustomed kind. Many smokers, I believe, recognise periods during which the pipe disagrees with them, and they are obliged for a time to abandon it, and very curious symptoms, such as absolute suspension of the sexual appetite, &c., are sometimes with confidence alleged as consequences of its excessive use. But the cases which are of most interest in connection with our present subject are those in which without any undue excess and in persons who have been for long thoroughly habituated, tobacco suddenly begins to act as a poison without causing any distaste or any conspicuous derangement. These patients are often quite unaware of what it is which is hurting them. They lose appetite and become nervous, and amongst the most conspicuous symptoms is a very marked failure of sight. This failure differs from all other forms of amaurosis or amblyopia. It always affects simultaneously and equally both eyes; it begins very insidiously, and having no other symptoms in diminution in acuity of vision, is often scarcely recognised by its subject until at the end of six weeks or two months he finds that he can only read the very largest types. When at its height the optic disc is usually red and a little hazy, and at a later stage it becomes decidedly pale. If the patient will for a while leave off smoking, he will

regain his sight almost to a certainty, but, however perfect may be his apparent recovery, the disc is almost always left pale. He may resume the habit after a while without much risk of relapse if he keeps to strict moderation, and in some cases recovery takes place, although the abstinence never has been complete.

Such are some of the principal facts respecting tobacco amaurosis. I have felt justified in stating them in this positive manner because I published in a series of reports some years ago in the *Ophthalmic Journal* and the "*Medico-Chirurgical Society's Transactions*" very full details respecting them. That the symptoms in question are really due to tobacco I cannot feel the slightest doubt. I have seen no cases quite parallel to them either in women or in non-smoking men. If in these two classes of patients similar symptoms should be presented, which is very rare, I believe that they always progress without interruptions to almost total blindness. Tobacco amaurosis rarely happens to novices in smoking, and rarely except to those who are liberal in the indulgence. Half an ounce of shag per day has been the usual allowance in the cases which I have collected. In support of my interpretation of the facts I may briefly advert to the history of our knowledge of them. Long before the ophthalmoscope diagnosis was made out, Dr. Mackenzie, of Glasgow, and several French observers, had recognised the malady, and alluding to the difficulty met with in persuading its subjects to abandon the habit, Dr. Mackenzie had used the expression, "There are many who would rather smoke than see." Mr. Wordsworth, at Moorfields, was, I believe, one of the first who studied the ophthalmoscope diagnosis, and he held that the conditions displayed by the disc were pathognomonic. It was to his teaching that I was chiefly indebted for my interest in the subject. I must hasten to the narration of certain facts which show that this disease is really a matter of idiosyncrasy, and that we ought, by recognising the fact, to explain the circumstance that such a very small proportion of smokers ever suffer from it. This immunity of the greater number and the picking out of one here and one there has been a great stumbling-block to many in the way of accepting this doctrine. I cannot think that it ought to have been so, if due allowance be made for the influence of idiosyncrasy. The facts to which I first alluded as supporting the belief that this influence is really at work are the following:—Not very unfrequently the subject of tobacco amaurosis is one who was well aware of his susceptibility, who had experienced unusual difficulty in learning to smoke, and who had never been able to change with impunity from one kind of tobacco to another. Some years ago a young man came under my care who was a smoker, and who had smoker's amaurosis. Subsequently his mother, who did not smoke, came to me for an almost similar state of things, and I then learned that a nephew of hers, a smoker, had suffered just like his cousin, and had been under the care of my colleague Mr. Hulke. I applied to Mr. Hulke for his diagnosis, and he kindly sent me a copy of his notes, showing that he had considered it a tobacco case. Here, then, we have three near relations presenting the same form of disease. In the woman, who did not smoke, the disease did not show itself until twenty years later in life than in the two young men who did, and in them, on abstinence, the disease was arrested, whilst in her it increased. Can we doubt that we have here an instance of family proclivity? I have yet to mention a stronger case in proof that special susceptibility may exist in a family—a hard-worked Welsh clergyman, who had been accustomed to irregular meals, and had consumed in large quantities a cheap, strong tobacco. He became nervous, and almost blind, and he recovered on giving up smoking. He told me subsequently that two of his brothers, farmers, had experienced precisely similar symptoms, and apparently in connection with the same cause. I did not see either of them, but I believe both were, like himself, almost wholly cured by abstinence. These two groups of cases, in each of which more than one member of the same

family suffered from the same cause bear to my mind very strong evidence in favour of the opinion that it is under the laws of idiosyncrasy that we must seek the explanation of chronic tobacco-poisoning. It occurs to those in whom the nervous system, possibly the nervous tissue, has susceptibilities which are not shared alike by other members of the community. I have alluded to the fact that this susceptibility is not usually simple or immediate, as in the case of arsenic; it is almost always in those who have been long accustomed to smoking that these nerve phenomena occur, and they are probably indicative of a state approaching to saturation. If it be asked what are the other contributory causes which assist in producing the outbreak, I should be inclined to suggest that very varied influences which reduce tone may help over-work and anxiety, may assist, and so probably may the sudden loss of outdoor exercise. I do not think that the use of stimulants is often a contributory cause, at any rate, not unless to such excess as to interfere with appetite for food. Many facts which have come under my notice suggest that total abstainers from alcoholic beverages are, if they smoke freely, in much more danger of chronic tobacco-poisoning than those who drink them.

Respecting idiosyncrasies as regards arsenic, I have to remark that they are not nearly so marked nor so common as those respecting some other drugs. I have met with exceedingly few cases in which small doses disagreed. It is very exceptional indeed that a patient complains of inconvenience at the outset of a course. Usually, symptoms occur after the drug has been to some extent pushed, and they for the most part necessitate its discontinuance or reduction. I am alluding now to the well-known symptoms of conjunctival irritation pain in the stomach and bowels. Respecting these, I think tolerance is never obtained, and if once they have occurred they are prone to occur again if the same doses are given. In English practice, individual susceptibility to arsenic does not seem to vary much. Most persons, as I have said, can take it, and very few can take more than a certain dose. I have never myself seen a case in which it could be pushed beyond a certain point with definite disagreement. The most remarkable fact in reference to idiosyncrasy is its occasional production of the form of neuritis which we know as herpes zoster. It is now more than ten years since I published a series of cases illustrating the occurrence of herpes zoster in patients who were taking arsenic, and since then I have seen so many other examples of it that I cannot entertain the slightest doubt as to the direct connection between the two. The herpes eruption may occur in the forehead, face, or trunk, and it is wholly indistinguishable from herpes in these regions when not due to arsenic. It seems the same cause that disappears after its usual duration, whether the arsenic be continued or not. The patient does not, as a rule, show any constitutional symptoms of arsenic intolerance, and it is almost invariably the case that he has taken the drug for some weeks before the symptom appears. The advent may now and then be delayed until a week or ten days after the course has been suspended. A precisely similar interval is sometimes seen in cases of sympathetic ophthalmitis, in which affection probably, also, a form of neuritis—the inflammation of the second eye—may begin to develop a week or ten days after the entire removal, by excision, of its cause. These facts would suggest that the neuritis is in each instance slow in its stages, and that, having been once initiated, its local processes cannot be stopped. The number of those who show arsenical herpes is very small in proportion to those who escape, and, if it is to occur at all, I think it always happens during a first course. I have never seen it in a patient who had been accustomed to the drug for a long time. Thus, its occurrence must certainly rank as the result of an idiosyncrasy; and this suggestion opens the way for the further one—that we ought, perhaps, always to regard herpes zoster as, in the main, an indication of personal peculiarity. It certainly does not appear that all persons are equally liable to it, since it happens to but

very few, and is never associated with any special form of ill-health. Excepting the single fact, just alluded to, of its occasional production by arsenic, we know of no causes which can evoke it. I have seen arsenic produce herpes in two different regions at the same time, but I do not remember to have ever witnessed a second attack in the same individual. In reference to this, however, it is but fair to add that I have usually carefully avoided this drug after an attack of shingles, since the latter is very often a very serious trouble. A few—a very few—persons are liable to the occurrence of an eruption of herpetic vesicles over and over again in the same part of the skin, and, as is well known, examples of recurring herpes on mucous membrane are very common, as, for instance, on the lips and genitals. Sometimes recurrences take place once a month, or even oftener, the eruptions always passing through the usual stages, and undergoing a speedy and spontaneous cure. There is never any peculiarity of health to be made out in explanation of these cases, and they must, I suppose, rank as idiosyncrasies. Homœopaths are welcome to make what use they can of the fact that arsenic will often cure these cases and prevent the recurrence. I have repeatedly seen herpes of this kind remain in abeyance for many months whilst the patient was taking arsenic, and show itself again when the drug was suspended. I have seen one case which to some extent offers an exception to some of the statements which I have just made, inasmuch as the patient was liable repeatedly to an eruption from arsenic. The eruption always came soon after beginning the remedy, and he was well accustomed to its use. The patient is a gentleman now near to sixty, who has suffered from psoriasis most of his life, and for whom in early life Sir Benjamin Brodie prescribed arsenic. He has often taken it since, and its usual effect is as stated. On one occasion he took it in order to show me the character of the eruption produced. It had been called eczema, and, although it certainly had the local features of an ecthymatous eczema, yet it occurred, like herpes, unsymmetrically on one arm in large pustules, which disappeared spontaneously after a few days.

SPONTANEOUS GANGRENE OF THE SKIN.

By Professor NEUMANN.

Abstracted and Translated from the *Wien. Med. Zeitung*,
By Dr. J. E. BURTON,
Physician-Accoucheur to the Lying-in-Hospital, Liverpool.

PROFESSOR NEUMANN reported to the Royal Society of Physicians of Vienna at the meeting held on May 12th a case of spontaneous gangrene of the skin. He characterised it as among the rarities in the annals of medicine, if, indeed, it was not unique. Cases of the disease had been published by Nilson, Bjerling, Bruniche, Bull, Dujardin Faure, and particularly Raynaud, Englich, and very recently Weiss, of Prague; but in all these cases prodromal symptoms had been observed, affections of the central nervous symptoms had preceded, and the gangrene had developed gradually within the space of a few days. Prof. Neumann's case, on the other hand, had not its centre of interest in the distribution of the gangrene, but in the acuity of the onset of the affection. The subject of the disease was a girl, 18 years of age, anæmic, with scanty menstruation. She suffered in childhood from scrofula, and several years ago underwent an operation for a cavernous tumour on the sole of the foot.

The present illness, dated from Oct. 15th, 1881. The first gangrenous spots showed themselves in the hollow of the hand, and ranged in size from a grain of linseed to a "silbergroschen," and were seven in number. Hereupon efflorescences, the size of a thaler, made their appearance, on the left sterno-clavicular articulation, then on the manubrium sterni, and on the external curvature of the clavicle, and in this region nine gangrenous patches of almost equal size were visible. Then both

forearms became affected, and upon the external surfaces, in the following order: first came four patches on the left arm, then three on the right, one on the left, two on the right, one on the left, one on the right, and, finally (May 12th), two more, the size of a thaler, below the left patella.

The appearances under which the sloughing took place changed; but a burning sensation lasting from five to ten minutes was always said to be present; the skin over a circumscribed spot became reddened, somewhat elevated, and the temperature was raised. These patches gradually separated from the healthy skin, and it was noted that the skin gradually changed its colour from the circumference to the centre, that the former looked brown, and the latter a dull white. By this time sensation was gone at the periphery, but was retained at the centre for about half-an-hour, to disappear, however, completely as soon as the cutis had become completely changed. During these changes it was observed that a serous fluid was exuded in the neighbourhood, so that from some of the patches, ray-like prolongations shot out, not unlike those seen on the skin of people who have been struck by lightning. The slough was separated in from ten to fourteen days by quickly growing granulations. On two sloughs that had been early removed by scissors, microscopic examination revealed the unchanged panniculus adiposus, as well as the dilated veins of the subcutaneous connective tissue.

Professor Neumann confessed himself unable to state the cause of the disease; he thought that it was plainly something in which the vaso-motor nerves played a part.

Docent Dr. N. Weiss thought Professor Neumann's case was probably one of disease of the peripheral nerves.

Professor Billroth (President) said he had an impression that the sloughs were works of art. The disease might be called a mental one, that drove the girl to practise this deception on the physicians. The diseased parts looked as if they had been touched with caustic potash. The case had not the slightest likeness to those related by Raynaud. There the patients were delicate, anæmic Frenchwomen, who had exceedingly fine blood-vessels, in whom, finally, the circulation ceased at the finger tips, the integument of which first became bluish, and then died. If healing took place, the granulations were pale and flabby, and months elapsed before cicatrization took place. In the case before the meeting, on the contrary, the patient was a thoroughly well-nourished and powerful girl. The spots said to be spontaneously attacked did not correspond either to the course of a nerve or of a blood-vessel; the granulations, after the throwing off of the slough, were splendid, for sloughs caused by caustics, most characteristic. And how could it be explained that behind the very pieces of cutis that had died for want of nourishment the healing process was so vigorous? Unless there was something miraculous about it, and he (Professor Billroth) was no believer in miracles, the case was absolutely inexplicable. On the other hand, it was only too well known what hysterical women will do, to make themselves objects of interest—how they will swallow needles, or stick them in anywhere, or do something or other to themselves that causes great pain. The first thing to do was to ascertain whether any deception on the part of the girl was at the bottom of it.

Professor Neumann energetically opposed the view of the last speaker; he had expressly said that he had observed the case; he had designated the case as unique, and could not believe there was any deception about it—it was a disease.

Professor Billroth could only repeat the words of his teacher Romberg: "Never believe women, even if they seem to be dead." (*Glauben Sie nie den Frauen, auch wenn sie todt zu sein scheinen.*)

It was then agreed to refer the slough to Professor Ludwig for chemical examination.

Clinical Records.

NEWCASTLE-ON-TYNE GENERAL INFIRMARY.

Uræmic Convulsions treated with Pilocarpin.

Under the care of DR. PHILLIPSON.

Reported by JAMES LIMONT, M.B., Senior House-Surgeon.

J. M., æt. 44, labourer in iron works, admitted April 20, complaining of swelling of legs and abdomen with difficulty of breathing, of twelve months' duration.

Mother and brother died of dropsy. No history of scarlet fever or rheumatism, but has been a great drunkard, and has been much exposed to alternate heat and cold while working at the forge. Twelve months ago his urine diminished, swelling appeared round the eyes in the morning, but he had no pain in back or head, nor any sickness. Was treated in this infirmary at that time, and left hospital about the end of the year. He only worked a few weeks when he began to be troubled by pain in back and head, frequent micturition, with diminution of urine and swelling of face and legs.

When admitted was markedly anæmic; great œdema of legs, extending over back and abdominal walls; ascites considerable. Weighs 14 st. 2 lbs., weight in health being 10 st. 2 lbs. Very weak, and unfit for slightest exertion. Digestive system much disturbed; no appetite; constipation. Arterial tension high. Shortness of breath, with effusion into both lungs. Slight pain in back, urine much diminished in quantity, albumen plentiful, casts fatty. Prescribed acetate of ammonia and compound jalap powder, with a vapour bath every evening.

April 25th.—(œdema diminishing, otherwise no change.

26th.—During night patient became unconscious, and had several convulsions. Chloral hydrate and potass bromide (grs. 40 of each) were given *per rectum*; a wet pack was tried, to induce diaphoresis, but without the slightest effect. One-third of a grain of pilocarpin was then injected subcutaneously, and in less than five minutes there was very profuse perspiration, which lasted for several hours. Patient remained unconscious for twenty hours, but there was no return of the fits during that time.

27th.—œdema now greatly decreased; pilocarpin repeated with same result.

30th.—No trace of œdema to be seen.

May 25th.—Still continues free from œdema; anæmia not so marked. Weighs 11 st. 5 lbs.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

DOUBLE FUNGUS ARTHRITIS OF THE KNEES.—M. Marc Sée related before the Société de Chirurgie a case of double fungous arthritis of the knees in a young girl, and which he treated successfully by injections of iodoform. This mode of treatment had already given good results in the hands of several surgeons, and particularly of Mossetig, of Vienna. In the patient of M. Sée there existed luxuriant fungosities in the left knee; no liquid in the joint, and no fistulæ. An intra-articular injection of sixteen drops of a solution of iodoform and ether was made, but the reaction was very prompt and severe. However, at the end of a fortnight a considerable amelioration was observed. Encouraged by this success, M. Sée made another injection into the opposite knee. Compression was continued for a long time, and two months after the injection both knees were considerably diminished in volume, and walking had become possible. M. Despres, commenting on the case, said that injections of iodoform into the articulations were getting very common. He obtained a manifest amelioration in two cases in which he employed them, but the iodoform treatment was to him quite new. He saw and examined the case of M. Sée, and he was able to discover a good amend-

ment, but the cure was not completely effected. He considered that in that case the best thing would be to seek to obtain an ankylosis in a good position. M. Verneuil could not see quite clearly whether, in the case in question, the existence of fungosities was proven. Fungosities were classed under three heads—those depending directly on chronic rheumatism; those which were symptomatic of osseous lesions; and the tubercular follicles of the synovial membranes. This division was important, for when tuberculous follicles were present amputation should be performed, as resection was always followed by a return of the disease. On the contrary, in the case of a rheumatic affection, compression, cauterisations, iodine injections, and others, succeeded very well. As for the fungus depending on disease of the bone, resection succeeds very well. M. Lannelongue could admit but two varieties of fungus—the tubercular and the inflammatory. A Lyons surgeon gave an account of a case in which he had to open the ankle-joint and scrape the fungi of the articular surfaces. The case did well afterwards.

THE DEVELOPMENT OF LAMBS.—At the Société de Biologie M. Regnard showed the development of six lambs under the following conditions:—Three were submitted to the ordinary vegetable régime; the other three were fed with the same, but with the addition of a certain quantity of powdered blood cooked and dried. The first three lost flesh considerably, while the others became so fat that people declared never to have seen such fine lambs of their age. M. Regnard considered that if further experiments confirmed these results, a great economical advantage would result from the employment of blood, of which several hundreds of thousand quarts are lost in the *abattoirs* of Paris weekly. Other experiments would be tried on calves, and the results would be communicated to the Society. M. Bouley asked why this mode of alimentation should not be employed for children deprived of a nurse; whereupon M. Regnard related the case of a child of eighteen months who was attacked with rickets, and in whom this treatment gave excellent results.

CATARH OF THE CERVICAL CANAL OF THE UTERUS.—This disease not only constitutes a chronic affection disagreeable to the patients, but it is very often an absolute cause of sterility. The incessant production of a tenacious stringy mucus forms a sort of plug which holds the uterus in a state of permanent occlusion; hence the sterility. Outside of surgical means applicable to this affection, Dr. Cheron, of the Hôpital St. Lazare, has obtained the best effects from the following treatment:—After having properly cleaned the cavity of the cervix by means of an injection practised by a syringe, he places in the canal a pencil of bread-crumbs, which is steeped at the moment of the application five or six times in a strong solution of tincture of iodine (tincture of iodine, one ounce; iodine, one drachm). The pencil is maintained *in situ* by a plug of cotton, to which a string is attached, in order that the patient may be able to draw it out two or three hours afterwards. This treatment is renewed as often as necessary.

In the *New York Medical Record*, Dr. Steele, of Denver, describing a new remedy for pruritus, says:—"The remedy is sulphate of quinia rubbed up with only sufficient lard to hold it together. The nearer you get the full strength of the quinia, the more efficacious will it prove. Apply freely and thoroughly. It has proved a specific in my hands."

GENERAL MEDICAL COUNCIL.

FIRST DAY, TUESDAY, JUNE 27, 1882.

THE thirty-third session of the General Medical Council commenced on Tuesday, June 27, when the following new members were formally introduced to the President:—Mr. John Marshall, Mr. J. Collins, Dr. Lyons, Dr. T. K. Chambers, and Dr. Patrick Heron Watson.

Dr. Acland then delivered the Presidential Address, to which reference is made in another part of our present issue.

REGISTRATION OF MIDWIVES.

A Bill providing for registration of midwives in England and Wales having been submitted by the Lords of the Privy Council for consideration by the Council,

Dr. QUAIN moved that the draft be referred to a committee to report thereupon.

Dr. LYONS called attention to the fact that the Bill was unendorsed, and he wished to know its source.

The PRESIDENT pointed out that it was forwarded from the Privy Council. A week ago he had received a letter on the subject from the British Medical Association, which letter had been submitted to the Executive Committee. This had been followed by a second letter from the Privy Council office, on the same subject.

The motion of Dr. Quain having been seconded by Dr. Pyle,

Sir WM. GULL suggested that the Council decided that the subject was one for consideration, and that the matter should not be so hastily decided on, especially since the members of the Council were ignorant of the contents of the Bill.

Dr. QUAIN said the proposed committee would tell them what was in the Bill, and enable it to be considered with greater facility.

Mr. SIMON said the usual course would be to refer the Bill to a committee, but urged that the present was not a suitable time for introducing it, especially since the Council's tenure of existence was uncertain. He approved the scheme of the Bill, but deprecated creating the Council in its precarious condition a new educational authority. The Bill might more appropriately follow after amendment of the Medical Act. He thought that some clauses of the Bill would demand careful discussion, especially those making part of the expenses to be incurred payable by the Council.

Mr. MACNAMARA thought the Bill should be referred to a committee. It dealt with a most important subject, and it ought to be considered whether its provisions should not be extended to Ireland and Scotland.

Dr. LYONS remarked that the proposal of the Bill was a very wide one, viz., to tack on to the Council, in some ill-defined way, responsibility for the action of an unlimited number of women. The Council should carefully deliberate the matter, and, before it resolved on any action, free ventilation of the Bill in the press should take place, and opinions on it be obtained from the profession. The Bill really made the Council liable for its successful operation, and its extension to Ireland and Scotland would before long ensue. The Council ought not to commit itself to any definite utterances on it at present. Legislation on the matter must of necessity be deferred; he moved as an amendment that the Bill be taken into consideration at the next meeting of the Council.

Sir WM. GULL proposed a similar resolution, which Dr. Lyons seconded.

Mr. TURNER said the amendment practically called on the Council to abrogate its function. The Council was accustomed to consider all bills referred to it by the Privy Council. Not to do so would be to treat the Privy Council in a cavalier fashion. By referring it to a committee the Medical Council would not pledge itself to any of its provisions.

Dr. WATSON thought it would be a misfortune if the Council failed to take some immediate action on so important a matter as that treated of in the Bill. He supported the motion.

Dr. QUAIN said the question had been postponed from the time when it was included in the Duke of Richmond's Bill, and the urgency of the subject demanded its immediate consideration.

Sir WM. GULL insisted that the consideration of the Bill should not begin in the Council, but should be initiated by the profession generally and by the country. Moreover, the question of expense was one that the Council would be deeply concerned with. The Council should not act too hastily.

On a division, the original motion of Dr. Quain was carried.

Drs. Storrar, Chambers, Banks, Mr. Marshall, Mr. Watson, Dr. Pyle, Dr. Quain, and Mr. Humphry, were elected on the Committee.

DENTAL BUSINESS.

The Dental Committee presented a report on the case of Thomas John Molloy, whose name had been removed from the list of Dental Licentiates of the Faculty of Physicians of Glasgow, and the solicitor to the Council said this qualification should cease to be printed in the Register. A motion to this effect was then carried.

A second case reported on was that of Valdeck Cartwright Mallan, who had been found to have been carrying on practice in his own name at two addresses, and in other names than his own at two other establishments. He expressed willingness to put his own name up at all the places at which he carried on practice, and the Council taking this into consideration, decided, after an hour and three-quarters' private deliberation, that Mr. Mallan should be requested to discontinue his former practices; and on receiving a promise to that effect the matter ended.

SECOND DAY, WEDNESDAY, JUNE 28.

PRELIMINARY EXAMINATIONS.

The Preliminary Examination Committee appointed in 1881 having presented their report, which was received and entered on the minutes,

Dr. HALDANE then proposed, and Dr. STORRAR seconded: "That the *Recommendation* of the Council at present in force in respect of the Natural Science subjects in the Preliminary Examination be not at present changed."

Rev. Dr. HAUGHTON referred to the fact that five corporations had replied to the original minute, two of them expressing the opinion held by himself and the University of Dublin, to the effect that it was not right to insist on every licensing body taking on itself the functions of a university in respect to preliminary education. He approved of the principle of the motion.

Mr. SIMON concurred in the resolution, which was carried.

Dr. STORRAR moved, and Rev. Dr. HAUGHTON seconded: "That a Committee be appointed to consider and report to the Council on the List of Bodies whose Examinations in General Education are at present recognised by the Council."

Dr. Storrar felt that a very large number of examinations were admitted on the list, many of them being highly superfluous. One American university having been recognised by the Council, all other American universities sought the same privilege. The action of the Royal College of Surgeons of England in abandoning its special examination perhaps suggested the advisability of waiting to see how far such a course might be followed by other medical bodies, and that, therefore, consideration of the motion might be deferred.

Rev. Dr. HAUGHTON seconded the motion, and observed that the present was a most opportune moment to raise the question. The Commissioner's report was the most worthless public document ever issued.

Mr. MACNAMARA supported the motion. It was most desirable to clear the list of all but reliable examinations. Many of the colonial examining bodies could only be regarded as doubtful authorities for examination purposes. The Arts examination of the College of Surgeons of Ireland was conducted by men of high attainments. It would, however, be glad to resign its examination.

Mr. COLLINS said the Apothecaries' Society of Ireland was also anxious to give up its preliminary examination.

Mr. TURNER objected to the grounds on which the motion had been supported. The Executive Committee carefully considered the claims of bodies seeking to be placed on the list, so that the list could not be termed "indiscriminate." Except Michigan College and certain continental examinations, all those on the list were connected with England or the colonies. So long as the examining bodies deserved recognition it would not be right to cut them out on account of mere numbers.

Prof. HUMPHRY explained the plan on which the Executive Committee granted applications to be admitted on to the list. The Committee always felt it to be desirable to encourage colonists to complete their professional education in this country by admitting them to registration after passing local preliminary examinations.

Sir WM. GULL suggested that samples of the answers as well as questions set by the examining bodies should be submitted to the Executive Committee.

Dr. STORRAR inquired what hindered the College of Sur-

geons of Ireland and the Apothecaries' Society from giving up their special Arts examination? He would like to know something also about many of the Colonial and American recognised examining bodies. The candidates claiming exemption on account of passing such examinations might be individually required to give information concerning the test they had undergone.

Dr. QUAIN said all the licensing bodies had been requested to communicate any instance of deficient preliminary education in candidates coming before them.

The motion having been put to the Council and passed, Dr. Storrar named a committee consisting of Mr. Teale, Dr. Haughton, Prof. Humphry, Mr. Marshall, Dr. Storrar, Mr. Macnamara, Mr. Turner, and Dr. Fergus.

PERSONATION.

Mr. MACNAMARA moved:

"That it is desirable that this Council should know what provisions, if any, are taken to ensure the impossibility of 'personation' at the examinations of the several bodies, the certificates of which are accepted by them as satisfactory evidence of Preliminary Examination; and that the Executive Committee be requested to inquire into, and report upon, this subject, previous to the next meeting of the General Medical Council."

He said some time ago it came to the knowledge of the Branch Council of Ireland that £200 had been offered to a medical practitioner to personate him at an examination for qualification. At the same time it was ascertained that the candidate who headed a certain preliminary examination of the Royal College of Surgeons was not in Ireland at the time it was held. This, moreover, was not an uncommon practice, and one "grinder" in Dublin kept a well-qualified student to personate candidates at preliminary examinations. This occurred largely at the intermediate examinations. The *modus operandi* was carefully schemed, and the practice aided by the arrangements of the examination. The College of Surgeons of Ireland hesitated to accept an entirely written examination in lieu of its own preliminary examination on account of the facilities for personation offered by the former. The King and Queen's College of Physicians of Ireland stated that 11 of its candidates showed deficient general education, but two were licentiates of the Royal College of Surgeons, and Mr. Macnamara contended these had been personated at the College of Surgeons. Personation, however, could not occur at the final examination of the College of Surgeons of Ireland, because nearly all the candidates were taught and known by the examiners. Personation would not take place at a competitive examination, whether for prizes or for honour.

Rev. Dr. HAUGHTON seconded the motion, and dwelt on the enormity of the offence committed in the offer of a money bribe to a teacher to personate a candidate at an examination in Ireland. Steps had been taken to warn the registrars in Scotland and Ireland to be careful not to register the name of the person who made the offer.

Mr. TEALE said the Visitors of Examinations had been struck by the efficient precautions taken against personation by the various bodies. He thought they should be asked to forward conspicuously deficient papers to the Executive Committee.

Mr. MARSHALL disagreed with Mr. Teale's proposal. The request should be made to the bodies conducting the preliminary examination. It was not incumbent on the Council to question any candidate's knowledge on preliminary subjects when it has received the stamp of an examining board.

The motion was then carried.

REGISTRATION OF MIDWIVES.

Dr. PITMAN read a letter from Dr. J. H. Aveling, requesting the Council to receive a deputation of obstetricians to confer with it on the bill presented on the preceding day.

Prof. TURNER thought the committee appointed to consider the bill should report before the deputation was received.

Prof. HUMPHRY suggested the deputation should be asked to visit this committee.

Rev. Prof. HAUGHTON objected to this course. Action should be taken by the whole Council.

After further discussion, it was resolved that the deputation should be invited to attend on the following day.

VISITATION OF EXAMINATIONS.

Dr. PITMAN moved:

"That a Committee be appointed to consider the *Visitation Reports*, which have been submitted to the Council and

sent to the Licensing Bodies, and the *Remarks* of the Licensing Bodies thereupon, and to draw up a *Report* thereon for the present meeting of the Council."

Mr. TEALE then delivered a lengthy address dealing with the feelings which animated the Visitors in the performance of their duties.

Rev. Dr. HAUGHTON objected to the proposition to relegate the consideration of such an important matter as the report of the Committee to any consideration but that of the whole Council. He proposed as an amendment that the Council should forthwith proceed to discuss the report.

Dr. AQUILLA SMITH seconded Dr. Haughton's amendment. Dr. QUAIN inquired in what order Dr. Haughton proposed to discuss the report.

After some further discussion, it was decided that Mr. Teale should draw up a series of resolutions dealing with the whole report, and submit them to the Council, Dr. Haughton's amendment being accepted.

THIRD DAY, THURSDAY, JUNE 29.

VISITATION OF EXAMINATIONS.

Mr. TEALE discussed the replies of the various bodies to the report of the visitors, and especially that of the Colleges of Physicians and Surgeons of Edinburgh, which, he contended, admitted the conclusions of the Visitors, while apparently raising objections to them on the score of the impracticability of obtaining bodies for examination purposes. He moved: "That it is desirable that every 'primary' or 'first part' examination should include dissections by every candidate."

Sir WM. GULL observed that the difficulty in this connection was admittedly practical. Last year the highest honours at London University were obtained by a woman, who asserted that her excellence was due to careful dissection. The question of numbers to be examined was the important one to be settled.

Dr. LYONS supported the motion. He said the Royal University of Ireland had found no difficulty in dealing with the large numbers of candidates who presented themselves, in respect to practical dissection. He was surprised to hear the objections raised by the Scotch colleges. Cramping in the subject of anatomy was encouraged by omitting practical examination therein. Ample supply of material could be secured at the present time if arrangements were made in view of the necessity.

Dr. PYLE explained that Durham University had been the first to institute dissections as a part of the primary examination.

Mr. MACNAMARA insisted that every primary examination should include dissection from all candidates. "Milk-and-water" resolutions were to be deprecated; they should be comprehensive and exacting on so vital a *desideratum*. Let the Council pronounce a distinct opinion on the necessity of such practical examination. Professor Redfern considered that a scarcity of material was desirable, inasmuch as it would compel deeper and more thorough preparation, since no candidate could be certain of securing an easy or simple dissection. Examination in already dissected parts could not be so thorough as one involving actual dissection. The question of "nervousness" was unworthy of consideration. Irish students, knowing the ordeal before them, were careful dissectors. He moved, as an amendment, that every student at primary examinations be required to dissect.

Mr. SIMON felt the desirability of such a regulation. The excuse for its omission was for the time valid, but could not always be so.

Mr. MARSHALL observed that the majority of the Council of the Royal College of Surgeons of England approved the principle of the resolution, but the practicability of such a proceeding as that involved in the amendment was a question for serious consideration. Only mischief could result from carrying out the more drastic measure at the present time. If really carried out, the plan would starve in the dissecting-room, and thus education would suffer.

Prof. TURNER would oppose the stringent proposal of Mr. Macnamara as being thoroughly impracticable. On the question of severity, also, he urged that sound examination could be conducted without such practical tests. Students ought to be examined on the freshly dissected body. Objects in spirits, dried, &c., were fallacious tests of knowledge. From personal experience, he felt assured that an examiner could form accurate ideas of the extent of candidates' practical knowledge of anatomy by examining them on the dissected parts. In

Scotland the examiner's own personal knowledge of candidates formed an important means of assisting the estimate of each candidate's performance. These circumstances should be considered by the Council.

Prof. HUMPHREY trusted the Council would not pass the utterly impracticable resolution proposed by Mr. Macnamara, but that it would approve of Mr. Teale's milder and more reasonable proposal. He cordially approved the plan of examining candidates in dissection wherever it could be followed; it helped the weaker candidates. At least, two or three hours of such examination would be necessary; it was not, however, he thought, an essential feature of a good anatomical test. At the last examination at Cambridge a larger number of candidates than ever before came up, and the professor of anatomy then, though able to supply bodies on that occasion, felt he could not always be sure of doing so as the numbers grew. He supported Mr. Teale's resolution.

Rev. Dr. HAUGHTON said that for twenty years it was the custom at Dublin University to require students to complete partial dissections, and this, with previous knowledge of each student, enabled the examiner to form a reliable opinion of his attainments. He would support Mr. Teale's resolution.

Dr. BANKS supported the resolution.

Dr. WATSON agreed with Mr. Turner that a practical examination in anatomy was not essential, and supported the resolution of Mr. Teale, but would modify it by adding that "where circumstances permit" the examination should be carried out.

Dr. PETTIGREW supported this amendment.

Sir WM. GULL deprecated the plausible idea that personal knowledge of candidates by teachers should be accepted on the evidence of certificates. The remedy for the existing defects lay in a re-arrangement of examinations.

Mr. SIMON suggested that by inspecting the medical schools examining bodies could form a fair estimate of the work of students in dissection.

Mr. MARSHALL explained the difficulties of re-arranging the system of examinations.

Dr. QUAIN insisted that it was vastly important that students should be examined on the anatomical position of organs, although he by no means thought less of dissection as a means of study.

Mr. MACNAMARA suggested that the tenor of Mr. Teale's resolution were already embodied on the recommendations of the Council.

On a vote being taken, the amendment proposed by Mr. Macnamara was lost, and the original resolution without the addition suggested by Dr. Watson being then put to the Council, was carried.

REGISTRATION OF MIDWIVES.

At 4.15 a deputation consisting of Mr. Ernest Hart, Dr. Playfair, Dr. Aveling, Dr. Holman, &c., was received by the Council, being introduced by Mr. Hart, who explained the object in view. He said that over 10,000 women acted as midwives in this country in 1873. These women assumed these duties of their own free will, and were entirely uncontrolled. The evils arising from the exercise of such functions by scientifically uneducated midwives was pointed out. After sketching the progress of the movement for constructing a register of skilled midwives, and for confining the assumption of the title to those duly qualified by education, and tested by examination, Mr. Hart pointed out that the desire of the promoters of the Bill was that the Medical Council should assist the scheme in view by affording its sanction and assistance in the matter by creating and controlling a central midwifery board.

Drs. Playfair, Aveling, Holman of Reigate, and Sibley having briefly urged the necessity of such a measure.

Mr. MACNAMARA inquired through the President whether the Bill was directed to England only.

Mr. HART explained that Ireland was much better off than England in the matter. If the Bill were successful, and Ireland wished to be included in its operation, it would be willingly admitted.

Prof. TURNER wished to know if the members of the new board would be remunerated for their services.

Mr. HART said this would depend on the surplus remaining after all expenses inseparable from carrying on the scheme had been paid. The whole of such sum would be available if remuneration should be requisite to the members of the board.

Prof. HUMPHRY asked what the feeling of the profession throughout the country was in respect to the bill.

Dr. HOLMAN said that nowhere was it opposed, but that in many places petitions in favour of it had been drawn up.

Rev. Dr. HAUGHTON thought recognition should be given in the Bill to the valuable work done by Irish institutions in respect to midwives. The Bill should admit the rights of holders of diplomas in midwifery from Irish Corporations.

Dr. ACLAND expressed the thanks of the Council for the action of the deputation in communicating their views to the Council, which had long been interested in the subject. The Draft Bill would duly be considered by a committee of the Council specially appointed for the purpose.

VISITATION REPORT.

On the withdrawal of the deputation, Mr. TEALE proceeded to move the second conclusion arrived at by the visitors:—"That, having regard to the great and increasing range of chemical and physiological science, candidates should be appraised beforehand of the limits of examination on these subjects."

Dr. PITMAN pointed out that recommendation 40 of the Council already covered the ground of this resolution.

Sir WM. GULL would have supported the resolution were it necessary to do so. As, however, it was already a recommendation of the Council no more remained to be said of it.

Mr. TEALE modified his resolution to the effect that recommendation 40 should be brought prominently before the notice of examining bodies.

Rev. Dr. HAUGHTON wished to know if the resolution would apply to all corporations, universities as well as others. In that case he would not support the resolution without modification. If carried out it would promote "cramming" and the University of Dublin would never reduce its standard in such a way. The resolution would receive no attention from the University Boards of Examiners.

Dr. AQUILLA SMITH opposed the resolution.

Sir WM. GULL thought that some limits ought to be defined, as suggested by Mr. Teale, and as the University of London had defined in drawing up schemes of examination.

Dr. STORRAR pointed out that the course taken by the London University had been necessitated by experience, but that no limitation in respect of physiology was laid down. He approved Mr. Teale's resolution.

Dr. WATSON thought a distinction should be drawn between chemistry and physiology, that the former ought to be limited, but not the latter, because of its important bearings on medicine.

Dr. STORRAR observed that physiology had become a huge subject, and knowledge of all its branches could not be expected of ordinary candidates for qualifications in medicine and surgery.

The resolution as amended by Mr. Teale was then carried. Prof. Haughton's addition to limit the application of the rule to ordinary licences, and not to University degrees, was withdrawn by consent, on it being shown that the Council's recommendations applied only to minimum qualifications.

FOURTH DAY, FRIDAY, JUNE 30.

THE REPORT OF THE ROYAL COMMISSION.

In answer to Mr. Macnamara, the President said no motion to consider the Commissioners' report had been handed in to him.

VISITATION REPORT.

Consideration of this report was resumed in Committee of the whole Council by

Mr. TEALE, who proposed the necessity for insisting that candidates at final examinations should be tested practically on regional anatomy. The Visitors had observed that candidates at final examinations were often deficient in knowledge of this subject. Recommendation 80 of the Council expressed the terms of the motion, and he would modify his resolution to embody an emphasis of that recommendation.

Rev. Dr. HAUGHTON seconded the resolution.

The resolution, after a lengthy conversation between various members of the Council, was carried.

Mr. TEALE proposed the following resolution:—"That it is desirable that in every final examination for a surgical diploma, candidates should be required, as far as practicable, to perform operations on the dead subject, in conformity with the intention of Recommendation 44 of the Council."

Sir WM. GULL seconded the resolution.

Mr. MACNAMARA complained of the "milk and water" character of the resolution. The neglect already accorded to the recommendation of the Council referred to should teach the insufficiency of such a resolution. The difficulty as to subjects could be overcome, as it had been surmounted by the Royal College of Surgeons of England. Every student should be tested in operative surgery, as being a most important branch of surgical education. He felt that the Council should insist on every candidate for a surgical diploma being tested as to his capacity for operating.

Mr. MARSHALL objected to the idea that a man's power as an operator could be discovered from his performance of one or two operations on the dead body. Previous education on the subject could alone insure adequate response to the examiners' test. It was, however, impossible that every student could be adequately taught by practice how to operate, because of the paucity of material. Under existing circumstances the resolution could not possibly be carried out, though it was eminently desirable. It was of the highest importance to cultivate the schools rather than examinations.

Dr. CHAMBERS thought Mr. Marshall mistook the duties of examiners. They were to control education, and he thought it possible to judge from one or two operations how far a man had been taught operative surgery.

Rev. Dr. HAUGHTON, in view of the practical objections raised by Mr. Turner and Mr. Marshall, could not insist on the more stringent resolution. He was, nevertheless, convinced of the high importance of such a resolution if it could be carried out.

The motion was carried.

Mr. TEALE next moved the fifth resolution of the Visitors, to the effect that examination in operative surgery for every surgical qualification should be confined to such operations as any practitioner may suddenly be called upon to perform.

Prof. HUMPHRY deemed the resolution inexpedient. It would be better to leave matters as they stood. Many urgent operations could not be performed on the dead body.

Mr. TEALE said he had no desire to press the motion. He was satisfied with the discussion which had arisen.

The motion was then withdrawn by leave of the Council.

Mr. TEALE moved the sixth resolution:—"That the application of bandages and splints should be required in every surgical clinical examination."

Sir WM. GULL seconded the resolution.

Dr. WATSON proposed the withdrawal of the word "clinical."

The clause was passed.

Mr. TEALE moved that practical examinations in chemistry should, when feasible, be conducted in a laboratory.

Mr. TURNER wanted to know the meaning attached to "laboratory."

Rev. Dr. HAUGHTON would second the resolution with the omission of "when feasible."

Mr. TEALE said he intended to imply by "laboratory" a place where candidates could perform the analysis of substances under more favourable circumstances than surround examination at a table.

Mr. TURNER thought such an arrangement unnecessary. Appropriate tests collected on a table would suffice for the purpose of such examination.

Rev. Dr. HAUGHTON disagreed with Mr. Turner's view, and insisted that any practical examination in chemistry should be thorough, or altogether omitted.

Dr. PITMAN explained the mode in which the examination in chemistry was conducted at the Royal College of Physicians of London.

Mr. MACNAMARA insisted on the necessity for such practical examination, especially since the subject was one of ordinary medical education.

Dr. STORRAR said the University of London undertook to conduct practical examinations in every subject of education.

Dr. ACLAND thought the motion unnecessary.

The motion was carried.

In respect of the Visitors' conclusion that greater prominence to histology should be given by various examining bodies whom they considered to have been lax in this particular, it was recommended that the Council's Recommendation 42 should be reaffirmed, this dealing with the advisability of examining candidates in practical microscopy.

Mr. TURNER thought the opinions of the visitors as to the

amount and nature of knowledge of histology required from candidates should be expressed.

Rev. Dr. Houghton, Dr. Lyons, Mr. Simon, Dr. Watson, and the President, having spoken, Dr. Storrar urged that recommendation 42 covered the whole question in dispute.

Prof. HUMPHRY urged the Council to carefully consider ere it complicated the examination of candidates for diplomas by incorporating into it additional matters. He thought the existing recommendation met all requirements.

Mr. Macnamara and Dr. Pettigrew spoke, and

Mr. TEALE then read a modified motion to the effect that all candidates for licences to practise medicine and surgery should be required to recognise prepared preparations of normal and morbid tissues.

Dr. PETTIGREW seconded this, which was carried.

ORAL EXAMINATIONS.

Mr. TEALE said the visitors had given special attention to the causes of rejection of candidates. The numbers who failed varied at different places between one-third and one-half of all who presented. The very perfection of the machinery for examination at the Royal College of Surgeons might be the cause of improper rejections. It was notorious that many candidates failed in this examination who were the picked men of their own schools. This uncertainty was a serious drawback, and conduced to cramming and over preparation. It was possible that the impartial way in which the examination was conducted, each candidate being examined by four examiners, and known only by a number militated against success. The system of marking also might be regarded as tending against the candidates. The rigid adherence to the "time" standard of the College also was not in favour of the candidate. It served to enable examiners to judge ignorance rather than knowledge. The College might well take into consideration outside impressions regarding its examinations. He moved that the Council approve conclusion 10 of the visitors.

Mr. MARSHALL contended that the fleeting character of the visits paid to examinations by the visitors prevented them from forming correct opinions on the test they surveyed. The rejections at the Royal College of Surgeons primary examination amounted to 29 per cent. of the candidates; Cambridge rejected 43 per cent., Durham 34, London 44, Royal College of Physicians, Edinburgh 37, Surgeons 54, and in all the other bodies the percentage of rejections exceeded that at the Royal College of Surgeons of England. This would show that the charge of unfairness to candidates could not be maintained.

FIFTH DAY, SATURDAY, JULY 1.

VISITATION REPORT.

On the motion of Dr. PITMAN, the Council resumed, in committee, consideration of the Visitors' conclusion.

Rev. Dr. HAUGHTON considered that nervousness meant ignorance, and that any candidate who was nervous under examination was unfit to follow the profession. Referring to Mr. Marshall's enumeration of percentages, he said the number for Dublin University was 28, being thus less than that of the Royal College of Surgeons of England. He denied that a high percentage of rejections afforded any criterion of the excellence of the test; it only showed that candidates presented themselves without due preparation. He felt that 15 minutes *viva voce* examination was ample time to discover any man's fitness to pass; he could decide on any case in five, or at most ten, minutes. It was possible that certain examinations might be advantageously rearranged.

Dr. SCOTT ORR thought some latitude of time should be allowed to examiners. Limitation of time had long been followed at the Faculty of Glasgow and at Glasgow University, but it had been finally abandoned from the conviction that deserving candidates might possibly be rejected through nervousness. The rejections by Scotch corporations were mainly of men who were not educated at the centre of examination.

Dr. BANKS was strongly convinced that in many instances too short a time was given to "slow" men to enable them to make the best exhibition they could of the knowledge they possessed. He referred particularly to final examinations.

Dr. LYONS spoke to the difficulties experienced by every examiner in connection with the subject under discussion. Skilful examiners could rapidly estimate the capacities of candidates without any extended series of questions. There were men, however, of slow mind, who required careful treatment. Good examiners were exceedingly rare; bad ones, plentiful. He feared that education and examination were

progressing much more rapidly than the capacity of candidates. If education could be absolutely perfected, examination would be unnecessary. He trusted some such resolution as that before the Committee would be adopted.

Mr. MACNAMARA said it should be borne in mind that the 15 minutes' oral examination supplemented a previous written test, and was, therefore, sufficient for the purpose in view. He could determine in five minutes whether a candidate deserved to pass—ten minutes was always ample time. "Slow" answerers offered no difficulties, for even with them their attainments could be speedily ascertained. The exigencies arising when large numbers had to be examined necessitated the adoption of a time limit, and he never heard that rejected candidates complained of being too short a time under examination. In Ireland all candidates for licences to practise underwent two separate examinations, and obtained two diplomas. The Colleges of Surgeons and Physicians and University of Dublin were represented by the Visitors as not being on reciprocal relations; but this was hardly correct. Licentiates of the College of Physicians and M.B.'s of Dublin University were relieved from examination in Chemistry, Materia Medica, and Practice of Medicine, but were carefully tested in Surgery. He thought the Council would be wise to leave such details to the corporations, and regretted that the Visitors had entered on their consideration.

Prof. TURNER wished to know if, in the written examination referred to by Mr. Macnamara, each candidate wrote answers to the papers set by each of four examiners named in the appendix to the report.

Mr. MACNAMARA answered in the affirmative, the reason being that by giving each of four examiners a voice in rejections, the interests of public and students were alike considered.

Mr. TURNER pointed out the harshness of rejecting a candidate on the voice of one examiner only, who, should the answer he receives be very bad, can veto the candidate's further chance. He had tried both systems, that under the time limit, and that where discretion was permitted to the examiner, and he was convinced that the latter system gave more satisfactory results.

Prof. HUMPHRY admitted that he regarded good examinations as most important, and that by perfecting them the Council would be perfecting education. At the College of Surgeons a veto was given always by two examiners, never by one only. Candidates vetoed at one table were usually found to have failed elsewhere in the examination also. He himself was rarely wrong in his estimate as to who, of his own students who entered for the primary examination of the Royal College of Surgeons of England, would be successful. He considered the time limit had its advantages; a sharp mode of examination tended to banish nervousness; there were, nevertheless, certain disadvantages connected with the time limit; it prevented sufficient time being given to doubtful men, and for them the examiner should have latitude given him. Therefore he supported the motion.

Dr. PETTIGREW supported the motion.

Dr. HALDANE thought the question inappropriate for discussion by the Council. It had much better be left to the discretion of examining boards. Evidence was given by Prof. Turner that some bodies made the change themselves.

Dr. PITMAN said that the time limit had been abolished at the Royal College of Physicians of London because it had been found to involve waste of time in the case of good candidates, and to be unfair to medium men. He did not think nervousness always meant ignorance. It might be well to do as Dr. Haldane suggested, and not deal with the question at all.

Dr. QUAIN urged that latitude should be allowed to examiners.

In reply to Mr. Simon, Mr. MARSHALL said the number of cases reserved for further consideration at the Royal College of Surgeons was very small, only 3 or 4 per year. Of the rejections, 1 in 11 were rejected by the lowest obtainable number of marks, and the numbers rejected by veto were very small. The practice of the College really acknowledged the principle of the resolution.

Mr. SIMON dissented from the idea that the question was not important enough for the Council's consideration. Certainty could not be relied on in examinations held under the time limit system in cases of "slow" candidates. He had often seen men examined at the College of Surgeons concerning whom he could not himself say at the end of the ten

minutes they had been satisfactorily examined. He would vote for the resolution.

Dr. CHAMBERS supported the motion.

Sir WM. GULL felt sure that many men were rejected who ought to pass. The student ought to be more considered than he usually is when under examination. He supported the motion.

Prof. HUMPHRY explained that he did not deny that candidates might suffer from nervousness. He contended, however, that the sharp system at the Royal College of Surgeons favoured such persons.

Rev. Dr. HAUGHTON inquired whether the Visitors were of opinion that substantial injustice to candidates had been done through the operation of the time limit at certain examinations?

Mr. Marshall and Dr. Lyons having briefly spoken,

Mr. TEALE said that the Visitors had acted in accord with the directions given them by the Council. He did not think the figures quoted by Mr. Marshall were comparable. The "test" examination at medical schools sifted candidates for the primary at the Royal College of Surgeons. Dr. Gairdner was of opinion that absolute ignorance was too often assumed by examiners on the part of candidates, and that time was often essential to enable adequate knowledge to be shown.

The PRESIDENT eulogised the work of the Visitors, and adverted to the remarkable fact that a long and important discussion had taken place on a most anxious and serious question. He felt quite sure that many excellent men did fail to succeed under present circumstances.

The motion was then put and carried.

On the motion of Dr. Pitman, the Council then resumed.

THE PHARMACOPŒIA.

The Pharmacopœia Committee having presented their report,

Dr. PITMAN moved its adoption.

Dr. STORRAR thought that further information of the Committee's further intentions ought to be given. Such Committees ought not to take any definite step without consent of the Council.

Dr. PITMAN said the Committee intended to follow the lines of former Committees, and to call in outside expert assistance.

Dr. QUAIN explained that the Sub-Committee would appoint editors to report on necessary steps, and their conclusions would be reported to the Council, whose sanction would be preliminary to every action.

In reply to Mr. Turner,

Dr. QUAIN said expert aid would be obtained through "editorial" assistance from without.

Mr. Simon, Sir Wm. Gull, and Mr. Macnamara having spoken, the motion was carried.

UNQUALIFIED ASSISTANTS.

Dr. CHAMBERS moved the following resolution:—"That a Committee be appointed to consider the abuses which arise from the employment of unqualified assistants by registered practitioners, and to report to the Council whether any means can be adopted for checking these abuses."

Mr. BRADFORD seconded the motion.

Sir WM. GULL doubted whether the Council had any power to deal with the matter at all.

Mr. SIMON pointed out that it could do so, inasmuch as employment of unqualified men was a professional abuse, and the employers were therefore culpable. It was highly desirable the Council should register its opinion on this matter.

Dr. Aquilla Smith and Mr. Macnamara having spoken in support of the motion, it was carried.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Halifax 8; Cardiff, Norwich 12; Portsmouth, Leicester, Bradford 14; Birkenhead, Birmingham 15; Wolverhampton, Sheffield, Bristol 16; Huddersfield, Edinburgh, Blackburn 17; Leeds, London 18; Oldham, Salford, Newcastle-on-Tyne, Plymouth, Nottingham 19; Derby 20; Brighton 21; Hull 22; Sunderland, Dublin, Bolton 23; Glasgow, Liverpool 25; Manchester 27; and Preston 28.

ABSTRACT OF THE REPORT OF THE MEDICAL ACTS COMMISSION.

I.—GRANT OF MEDICAL LICENCES.

THE Act of 1858 would appear to have been passed rather in the interests of the general public than with a view to protecting the separate interests of the medical profession. Parliament was not prepared to enact that registered persons alone should practise medicine or surgery, but it seems to have been assumed that, if a statutory distinction were drawn between registered and unregistered practitioners, the public would know how to protect itself against unqualified persons.

The licensing bodies being nineteen in number, dissimilar in constitution, and conferring different titles, it was not to be expected, and not to be desired, that their examinations should be uniform in character, or even approximately equal in standard.

We think it fair to state that the large majority of the licensing authorities have shown a praiseworthy readiness to introduce improvements in their examinations. Since 1858 all the authorities have agreed to insist on a preliminary examination of each intending medical student in general knowledge prior to admission to medical study; and the examinations in science, and, in most cases, the practical examinations have been improved.

On the other hand, it has been stated in evidence, and especially by witnesses who have been engaged in private tuition, that not only do the diplomas and degrees of these medical authorities imply very different standards of skill and knowledge, but that in some cases the possession of a diploma affords no guarantee that the practitioner holding it possesses a competent knowledge of medicine, surgery, and midwifery.

Several distinct causes appear to us to lead to this result, such as the imperfections and low standard of some examinations; the fact that some examinations are injudiciously divided into parts, the first part of the examination of one corporation being accepted by another, as in the case of the Apothecaries' Hall of Ireland and the Edinburgh corporations: to which may be added the unsatisfactory manner in which the examiners themselves are in some instances appointed, as appears from the evidence laid before us by the representatives of the two Societies of Apothecaries.

Another prominent defect of the present licensing system lies in the fact that nearly all the medical corporations grant diplomas in medicine alone or in surgery alone. Further, even the diploma of the Royal Colleges of Surgeons of England and Ireland does not imply a knowledge of midwifery.

Again, new Universities will doubtless from time to time be created in the United Kingdom, each of which will, of course, lay claim to the privilege of giving a medical degree and of thereby becoming, if the present licensing system be continued, a licensing authority.

Moreover, were the present system continued, new Universities would claim not only to be added to the licensing authorities, but to send representatives to the Medical Council—a body generally allowed to be already too large, though the representation upon it of some of the licensing authorities (as, for instance, of Edinburgh University) is acknowledged to be, under the present system, disproportionately small.

With a view to preserving the principle of the present system, a proposal has been made that no limit should be fixed as to the numbering of licensing Universities and corporations, provided that in every case coadjutor examiners, sent by a central authority, be admitted by the corporation or University to its examining board. For this purpose it is claimed that it causes the least disturbance of existing interests, while ensuring that the Medical Register shall be, what it was intended to be, a record of those persons who have satisfied a State-recognised authority that they are duly instructed and practically competent in medicine, surgery, and midwifery. Having con-

sidered this proposal from every point of view, we are unable to recommend its adoption. The difficulty and expense of adequately inspecting so many examinations and of guaranteeing their efficiency would be great, and the difficulty in the way of a fair adjustment of the representation of existing interests and of the representation of new interests upon the General Medical Council would be almost insuperable.

The present system might also be preserved in another way. It would be possible to require that an examination, conducted on behalf of the State, should be the necessary preliminary to enrolment on the Medical Register; and also that such examination should be open only to those who had previously obtained a complete qualification by licence or degree from some chartered medical authority or authorities. It is urged that, by such an arrangement, the State would only so far interfere with vested interests as to exercise its right to test for itself the qualifications of those to whom it grants exclusive powers and privileges. It is represented that such a plan would tend to raise the standard of medical education by affording a public competitive test of the examination standard of each medical authority. It is further urged that the diplomas of the less worthy bodies would be less and less sought by a process of natural selection. To these arguments there is one powerful answer, that the general voice of the profession is opposed to any plan which will add a new examination; and this objection is based not only on the additional expense, but on the distraction of the students by two different examinations, of which the last would be, to them, the most important.

It is our opinion that the holding of a licence ought to be conclusive evidence of sufficient proficiency in medicine, surgery, and midwifery. After a long and careful inquiry, we have arrived at the conclusion that such a standard of proficiency can only be ensured by reducing the number of licensing authorities.

Our proposal, stated in general terms, is: that there shall be one medical Council, and that, in each of the three divisions of the United Kingdom, there shall be a Divisional Board, representing all the Medical Authorities of the Division; that the right of admitting to the Medical Register, and a general control over the proceedings of the Divisional Boards, shall vest in the Medical Council; and that, subject to such control, each Divisional Board shall, in its own Division, conduct the examinations for licence.

Our detailed proposals with regard to Divisional Boards are as follows:—

1. In each Division of the United Kingdom a Divisional Board shall be appointed, whose certificate shall be necessary for admission to the Medical Register.

2. Each Divisional Board shall contain one or more delegates of each chartered University and Medical Corporation, whether now existing or hereafter to be created.

3. The number and proportion of such delegates should, in the first instance, be fixed by Parliament; and provision being made for a decennial revision of the allotment of members, with a view to altering the proportion, if changes in the relative importance of the bodies hereafter render such alteration desirable; such revision to be made by the Medical Council subject to appeal to the Privy Council.

4. The members of the Divisional Board shall be elected from time to time for a term not exceeding five years, and shall be capable of re-election.

The duties and functions of each Divisional Board shall be—

1. To appoint members of the Medical Council.
2. To prepare regulations for a course of professional study and rules for examination.
3. To nominate from time to time the medical educational bodies, whose certificates shall be accepted as to sufficiency of education.
4. To take all necessary steps, by inquiry or otherwise, to ascertain the sufficiency of the education given in each medical school in the Division.

5. To appoint the examiners for the Divisional Board examinations, and to supervise those examinations.

6. To visit from time to time separate professional examinations conducted in the Division.

7. To take such cognisance as may be necessary of the preliminary examinations, and to keep a Register of the medical students in the Division.

8. To receive and act upon the reports of the examiners, and to report, after each examination, the result thereof to the Medical Council.

9. To make an annual report of their proceedings to the Medical Council.

We think it right that all proposals for regulations should proceed, in the first instance, from the Divisional Boards, as directly representing the professional and teaching bodies, but always subject to the subsequent approval of the Medical Council.

II.—“THE GENERAL MEDICAL COUNCIL—CONSTITUTION, FUNCTIONS, POWERS, AND PROCEDURE.—RELATION TO THE UNIVERSITIES, COLLEGES, AND MEDICAL BODIES, AND TO THE MEDICAL PROFESSION.”

The duties assigned by the Act of 1858 to the General Medical Council in connection with medical education and examination are of a limited character.

It is, in our opinion, clearly proved that the General Medical Council has rendered valuable services to the profession and to the public. It is to the General Medical Council that the universal adoption of a preliminary examination for intending medical students is mainly due. The Council has also elaborated and published full and detailed recommendations, which have had a very beneficial influence upon the education and examinations of medical students.

Further, it has instituted visitations, which, so far as they have gone, have had an excellent effect in improving particular examinations and generally raising the standard of examination.

We propose that the Medical Council shall consist of eighteen members, chosen for a term of five years, and eligible for re-election; of whom six shall be nominated by the Crown; two elected by the registered members of the Medical Profession resident in England; one by the registered members resident in Scotland and in Ireland respectively; four by the English Divisional Board, and two by the Scotch and Irish Divisional Boards respectively.

In our opinion, the Crown ought to make its selections on the ground of fitness alone, irrespective of nationality; and we would suggest, that one or two distinguished persons, not members of the Medical Profession, might with advantage be appointed.

The Branch Councils will in our opinion cease to be necessary, as the Divisional Boards will take their place.

The direct representation of the profession upon the Medical Council is a question which has been so long and fully argued that we feel it unnecessary to enter upon it further than for the purpose of expressing our conclusion. While we insist that the reason of the existence of the Medical Council is the interest of the public, we cannot but recognise the vital interest of the whole Medical Profession in the constitution of that Body. It seems to us highly important that the Profession should have full and complete confidence in the Council, and, seeing that the governing bodies of the Medical Corporations, which now elect members of the Council can hardly be said to represent the great majority of practitioners, we think it advisable to give the general practitioner an effective voice in the body which will be the principal authority of the Medical Profession. We see no reason to suppose that the members elected by direct representation will be less eminent than those nominated either by the Crown or the Divisional Boards.

Holding the opinion that the Medical Council ought to be as far as possible removed from individual influences and prejudices, we have proposed that the members representing upon it the Medical Authorities should be

appointed by the Divisional Boards, and no longer by single Universities and Corporations. It will be seen also that the proposed form of election does away with the difficulty in regard to representation on the Council, which, if the present system were continued, would arise from an increase in the number of Medical Authorities.

We propose that the Medical Council shall be the sole licensing authority.

The Medical Council will receive annual reports from the Divisional Boards of their proceedings. It ought also to be in general communication with the Boards, and it will be familiar with their opinions through the members sent by the Boards. The Council should also have power to visit any examinations, to make any inquiries, and to call for any information from the medical schools, the Medical Authorities, or the Divisional Boards.

In the event of a Divisional Board failing to perform its duties, the Medical Council should be empowered to act in its stead.

The Medical Council ought also to take proper steps to ensure, as far as possible, equality in curriculum and examination between the three Divisional Boards.

But while the Medical Council will thus be the supreme medical authority, and will exercise a general control over everything relating to medical licensing, we do not intend, or anticipate, that the Council shall be the executive, or even the initiating body in questions relating to medical education and examination. It will indeed be in the power of the Council to inform the Divisional Boards with regard to such conditions of education and examination as ought in its opinion to be of universal obligation throughout the United Kingdom; and, when the proposals of the Boards are submitted for approval, the Council will have the power of varying them as it may see fit. But the regulations will originate with the Divisional Boards, which also will be the executive bodies for administration.

III.—“COURSES OF EDUCATION.”

Although we have recommended that the Divisional Boards should prepare, and submit for the approval of the Medical Council, regulations for courses of study, we are of opinion that these should be only a general outline of what is necessary. It would be a mistake to introduce absolute uniformity into medical education. One great merit of the present system, so far as teaching is concerned, lies in the elasticity which is produced by the variety and the number of educating bodies. Being anxious not in any way to diminish the interest which the teaching bodies now take in medical education, or to lessen their responsibility in that respect, we desire to leave to them as much initiative as possible. In certain matters of general importance, such as the duration of study and the age at which a student should be permitted to practise, common regulations ought, we think, to be laid down; but we wish to record our opinion that nothing should be done to weaken the individuality of the Universities and Corporations, or to check emulation between the teaching institutions of the country.

IV.—“COURSES OF EXAMINATION.”

As we propose that in future a medical licence shall be given only after satisfying the examiners of the divisional boards, we have not thought it necessary to institute a minute inquiry into the examinations of the present licensing bodies. There is, however, a notable concurrence of opinion among the witnesses that the examinations of the Apothecaries' Societies have not been satisfactory, and opinions to the same effect have been expressed with regard to the Edinburgh College of Surgeons and the Glasgow Faculty of Physicians and Surgeons.

We agree in the opinion universally held by the witnesses, that every intending medical student ought to pass an examination in general education before entering on medical study. We are of opinion that the general scope of the examination should be defined by the Divi-

sional Boards, subject to the approval of the Medical Council; but that the conduct of the examination should be left to the Universities or such other educational or examining bodies as may be approved by the Medical Council.

During the course of medical study, professional examinations, other than the final examination next mentioned, ought, we think, to be held by examiners of the Divisional Boards. But we think also that power should be given to the Medical Council to accept the results of similar professional examinations conducted by the separate medical authorities, on being satisfied that such examinations are of a sufficient standard.

The final examination in systematic and clinical medicine and surgery and in midwifery ought, in our opinion, to be conducted by the examiners of the Divisional Boards in every case.

It has been strongly urged upon us by the Scottish Universities that, in their case, we should make an exception with regard to the final examination. In other words, it is proposed that they should retain their licensing power, on condition of admitting a certain number of examiners *ab extra*. To this request we much regret that we find ourselves unable to accede. To accede to their request would be to raise the Scottish Universities above all the existing medical authorities, and to leave to them alone the licensing power which we propose in every other case to take away. It must not, however, be imagined that we are transferring the licensing power to a central authority in which the Scottish Universities will have no share. On the Scottish Divisional Board the Scottish Universities will possess a preponderating influence which will be felt in many ways.

We consider that there should be power to hold the examinations of the Divisional Board at more than one place in each division of the Kingdom, if this should be found desirable.

Subject to the discretion of the Medical Council, examiners ought not to fill the office of examiner for a continuous period of more than from four to six years.

With a view to promoting approximate equality in the examinations, some of the examiners in each division may with advantage be selected from another division of the United Kingdom.

The fees to be paid by candidates for admission to the examinations of the Divisional Boards should be of such amount as will be sufficient to cover the cost of the examinations and the other expenses of the Divisional Board, and also to provide the sum required to compensate the medical authorities, or such of them as may be entitled to compensation, for any pecuniary losses they may hereafter sustain by reason of the abolition of their privilege of conferring a licence to practise; provided that the fee to be paid by medical graduates, or persons holding University certificates of having passed the professional examinations qualifying for admission to the final examination of the Divisional Boards, shall not exceed their proportion of the sum sufficient to cover the cost of the examination and other expenses aforesaid; but this reduction of fee is not to be allowed to a member of any University which obtains such compensation as aforesaid.

The Divisional Boards shall prepare schemes for the division of the surplus fees arising from the examinations applicable to compensation, which schemes shall be submitted to the Medical Council for approval.

V.—“GRANT OF MEDICAL DEGREES AND OTHER DIPLOMAS.”

If our recommendations be adopted, the statutory privilege of conferring a medical licence will no longer attach to the diplomas and degrees of the medical authorities, and in a certain sense their importance will be diminished.

We do not propose to interfere with the present powers of Universities or corporations to confer their titles, with or without examination. We think, however, that, in

the case of persons entitled to be registered, a discretion should be given to the Medical Council to permit these titles to be registered or not, as they see fit.

We think that each medical corporation ought to receive a statutory power to accept the certificate of a Divisional Board, in lieu of any examination, for admission to its lowest qualification, and that each University should receive a statutory power to accept the same certificate in lieu of its final examination in systematic and clinical medicine and surgery and in midwifery for primary graduation.

We cannot too strongly deprecate any interference with the examinations of the medical authorities for their higher titles. To higher titles we attach the greatest value, as a means of encouraging the acquisition of knowledge and skill in the medical profession.

It must, we think, also be conceded to every University, which has received, or shall hereafter receive, a charter, to give its own medical degrees; and we recommend that the Victoria University be in this respect placed, without delay, on the same footing as the older Universities.

In order to obtain admission to the Medical Register it has hitherto been necessary to possess the diploma or degree of one of the Medical Authorities; but if our recommendations be adopted, the certificate of a Divisional Board will in future of itself confer a right to registration on payment of the fees. Affiliation to a Medical Authority will thus no longer be necessary; but we hope and believe that medical men will not be contented with a bare licence to practise, and that they will continue to seek to belong to one or more of the Universities or Medical Corporations.

We do not propose to interfere with the discretion of the Universities or Medical Corporations in the matter of fees.

VL—"PRIVILEGES OF PRACTITIONERS:—RESTRICTIONS, DISABILITIES, AND PENALTIES."

We consider it undesirable to attempt to prevent unregistered persons from practising, but, at the same time, we think they should be prevented from representing themselves as being registered, or from assuming titles which would lead the public to believe that they are regular medical men. The assumption by registered persons of titles to which they have no right is an offence with which the Medical Council may deal.

We consider that prosecutions for offences under the Medical Acts should be undertaken in England by the Public Prosecutor, or by anybody with the assent of the Attorney-General; in Scotland by the Procurator Fiscal, or by anybody with the assent of the Lord Advocate; and in Ireland by the Crown Prosecutor, or by anybody with the assent of the Attorney-General.

The Association of Surgeons practising Dental Surgery ask that qualified dentists not on the Medical Register should be prevented from styling themselves "surgeon-dentists." We do not see our way to make such recommendation.

The British Dental Association have asked for direct representation upon the Medical Council. We cannot recommend that this should be granted.

The London School of Homœopathy has laid before us a petition praying for the establishment of a Homœopathic School. Their request does not appear to fall within the terms of the Commission.

The Medical Herbalists presented a petition. We are unable to recognise the justice of their demands, which strike at the principle of the Medical Act of 1858, by seeking to extend to unregistered persons all legal rights and privileges of registered persons.

On behalf of women, Mrs. Garrett-Anderson submitted to us a paper. In effect Mrs. Garrett-Anderson contents herself with entering a caveat against placing women in a worse position than they occupy at present.

If Divisional Boards be appointed as we have recommended, it appears to us only fair and reasonable that

women should be admitted to the examinations on the same terms as men, and should, if successful, be entitled to registration.

We do not propose to enter further into a much-disputed question, but it is only right to acknowledge the moderation with which the views of women have been laid before us, and the unwillingness of their advocate to retard medical reform by bringing forward extreme demands.

VII.—"FOREIGN DIPLOMAS."

The majority of professional witnesses are in favour of conceding the foreign and colonial demand. The evidence on this point, however, is by no means unanimous.

It is evident that there must be a considerable difficulty in discriminating between the diplomas given by different Universities abroad and in the colonies. We cannot, however, suggest a better solution of the difficulty than that proposed in the Government Bill of 1880. The duty of discriminating between the different foreign and colonial diplomas is thereby entrusted to the Medical Council; and safeguards are provided against the possibility of a British subject obtaining a foreign or colonial diploma merely for the purpose of avoiding the medical examinations in England, Scotland, or Ireland.

Signed—Camperdown, W. C. Peterborough,* W. H. F. Cogan, G. Jessell, M. R., George Sclater-Booth,* William Jenner, John Simon,* Thomas Henry Huxley,* Robert McDonnell, William Turner,* James Bryce.*

JOHN WHITE, Secretary.

June, 1882.

* The Commissioners to whose signatures an asterisk is affixed dissent from parts of the Report, and separately express their respective opinions thereon.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 5, 1882.

THE THIRTY-THIRD SESSION OF THE GENERAL MEDICAL COUNCIL.

It is satisfactory to be able to say that the present, the thirty-third session of the General Medical Council has been productive of a greater amount of beneficial work than it has been possible to accredit to it for many years. The first two days were, it is true, wasted, so far as any practical good resulting from the discussion which marked them is concerned, but the subsequent sittings have been chiefly devoted to a lengthy discussion of the report presented by the Visitors appointed to inspect the examinations conducted by the various licensing boards of the United Kingdom, and it is impossible to withhold a measure of praise at the substantial advantage likely to accrue from the proceedings of the Council in this connection. It is remarkable, too, that the deliberations on this report have exhibited a spirit of earnest desire on the part of a majority of the Council to set decisively to work in the direction of reform; in place of wasting precious time on subordinate topics, it has determinedly attempted to consider and to frame suggestions for the amendment of abuses which the Visitors have deemed it essential for them to bring into prominent notice in their report; and though when, at a later period, we

enter on a critical review of this document itself, we shall have occasion to point out its many shortcomings; we must nevertheless at once admit, that while dealing imperfectly with many subjects, it is, at any rate, successful in exposing certain leading deficiencies in the tests reported upon.

The President's address to the Council is just one of those productions which might have been expected from an official of Dr. Acland's capabilities. Impressive and polished, so far as diction is concerned, and couched in a tone of dignified defence, it may be regarded as very fitly serving the peculiar necessities of the occasion of its delivery. Threatened with somewhat sweeping reforms and reforms which the most obtuse perception is compelled to associate with inherent deficiencies, the General Medical Council just now occupies a position of peculiar difficulty. Barren of result though the curious report of the Royal Commission on the Medical Acts may be, it still cannot fail to direct especial attention to the performances of the central authority for the remodelling of which it makes particular provision. That the body of the Council is conscious of the importance attaching to its present attitude and performance has been manifest in the increased earnestness of its recent work, and it probably did not need its President's hint to enforce the appropriateness of such a display of zeal upon its members. Dr. Acland could not be expected to view with very great approval the proposals for changes in the *personnel* of the Council. In effect he gave expression to his views in this respect when he declared that "for his own part, he could not convince himself, after many years' observation and experience, that the principle on which the Legislature constructed the Council in 1858 was erroneous." With a loyalty to the cause of professional reform, however, which those who least agree with him will unhesitatingly admire and applaud, Dr. Acland adds, "Yet I would devote my utmost energies to bring about, at the earliest moment, the formation of any council which could be left undisturbed to use the powers which the Legislature might accord to it, and to work for the common purpose of promoting the steady growth of medical knowledge, as distinguished from medical politics, which belong to voluntary organisations, and not to a responsible Council of Education."

Not improbably the view which Dr. Acland takes of the duties of the Council is of a circumscribed nature, the limits set to it being indicated by the traditions familiar to himself, and arising strictly out of his own personal estimate of the Council's proper functions. This view does not accord with the broader conclusions of those who deem it right and proper that a General Medical Council should practically as well as nominally defend the true interests of medicine by assuming judicial functions in addition to merely regulative duties. It may be, indeed, that the difference of opinion within and without the Council on this point is the basis of that disagreement regarding the fitting constitution of the central authority which finds expression in the demand for, and the objections to, "direct representation." On this, however, it would be useless to enter further at the present moment.

The following passage from Dr. Acland's address contains the defence of the Council which it was incumbent on him to deliver in recognition of the Commissioners' Report. It will be accepted as a fair statement of nearly twenty-five years' labour:—"For now eleven years the Council has laboured under an abiding difficulty which it was powerless to remove. Parliament had in 1858 enabled all the licensing authorities of our profession to send to a common Council a representative. The authorities in England, Scotland, and Ireland at that time had in many respects conflicting interests. These had to be fought out in the Council, in continuation of contests which had resulted in the passing of the Act of 1858. Notwithstanding these difficulties the Council, in a very few years, produced a complete *Register* of the profession; exercised discipline which had never before existed; put an end to animosities between institutions; digested a national *Pharmacopæia*; created the efficient conduct of a central office, which was gradually collecting and diffusing information of educational value to the whole medical profession and to the country at large and brought about a marked improvement in education, general and professional. This is well illustrated by the fact that the Royal College of Surgeons of England has relinquished its examination in arts for examinations to be conducted by the national educational bodies in compliance with the strongly-expressed desire of the Council, that the same tests of general education as belong to the higher education of the country should be also applied to all medical students; and at the same time one of the older Universities agreed to establish special local examinations at the period of the year most suited to the circumstances of youths about to enter the profession of medicine.

"Among other things which the Council advocated and would have carried out in some form, under the pressure, no doubt, of Lord Ripon's Bill in 1871, was a fusion of the licensing bodies for examination purposes. But suddenly all progress was blocked by discussions on the constitution of the Council, carried on within the profession so persistently that I acknowledge with deep regret that justly or unjustly a doubt has been thrown on the wisdom of Parliament in having entrusted the education of our profession to the representatives of our old institutions, though it is by them that medical education and medical science have been raised to their present condition in great Britain. Had Lord Ripon's Bill passed, we should for the last ten years have been working a combined examination system of some description. No one would have been placed on the *Medical Register* who had not had a complete medical, surgical, and obstetrical education. Our whole force would have been harmoniously expended on perfecting that education and on solving the various problems which, in consequence of the vast progress of knowledge, year by year present themselves. As it is, we have necessarily been distracted by collateral discussions on Parliamentary Bills which have failed to pass, and we have been, without ceasing, impeded by the doubts and uncertainty attending deferred legislation."

The subject of a bill for the registration of midwives, the necessity of which we insisted on in a leading article

about 15 months ago, has at last come under discussion in the Council, and it is not improbable that the measure we have persistently urged will now be pushed forward, and the fruitful evils of the present system be effectually repressed.

Another important matter has been taken up by the Council, in consequence, we are bound to believe, of the action pursued by the *Medical Press and Circular* in exposing the serious evils of the Unqualified Assistant System, the last of a series of twelve articles on this subject having appeared in our columns a week ago. On the motion of Dr. Chambers, a committee has been appointed to consider the whole question, and to report on the means to be taken for checking the abuses to which the system gives rise. This committee, however, will not report until the next meeting of the Council, but it will strike most observers that its appointment is somewhat opposed to the opinion held by Dr. Acland as to the proper functions of the Council, the regulation of the practice complained of being really a matter of "medical politics," as apart from the "promotion of the steady growth of medical knowledge." It would therefore seem that even the Council takes a broader view of its own responsibilities than does its President.

With the most important part of the Council's work, the discussion on the Examination Visitors' Report, we must deal subsequently, as, at the time of going to press, the matter still remains under debate. We shall, however, discuss it somewhat fully in later issues.

PERSONATION.

THE resolution which the General Medical Council has adopted on the motion of Mr. Macnamara to appoint a committee for the purpose of inquiring into the possibility of personation at examination is well worthy of consideration now that new arrangements are being framed for the examinations of the future. There can be no doubt that there is an increasing danger of this sort of fraud, because of the tendency to generalise examinations. Indeed, we have this week an illustration of what may be attempted in this way in the case of the Irish medical student, for whose capture a warrant has been issued, as reported by us in another part of our issue. It may reasonably be suspected that this young man did not evolve the notion of passing by deputy from his own inventive genius, for it seems much more reasonable to suppose that he was emboldened to attempt to do so by the knowledge that others had done the same with impunity. There is really nothing but the fear of detection to prevent wholesale personation. Neither the Registrar of a College nor its Examiners can probably have the least knowledge whether the person who enters himself as Brown is really Brown, and it must necessarily be excessively difficult to render either the personator or the personated amenable to punishment unless one or the other turns Queen's evidence.

It may be possible effectually to guard against this proceeding by requiring the written application for examination to be countersigned by a clergyman or sworn before a magistrate who has a personal knowledge of the applicant, and who could forward it direct to the Registrar of

the College; but we may hope that the Committee of the Medical Council will be able to devise some satisfactory method of defeating the ingenuity of idle students and rapacious grinders.

Notes on Current Topics.

The Royal College of Surgeons of England and its Examinations.

DURING the debate in the General Medical Council on the report of the Visitors appointed to inspect examinations, Mr. Marshall, representative of the Royal College of Surgeons of England, took exception to statements made by more than one member of the Council, to the effect that the examinations of the College bore unfairly on candidates. In support of his proposition that the reverse was the case, he quoted from tables of the numbers of candidates passed and rejected by the various corporations to show that the percentage of rejections at the College, 29.4, was, in reality, with one exception, the lowest recorded. This certainly is a somewhat startling revelation, and one that might not have been anticipated. It should be remembered, however, that the action of "test" examinations at the schools is to reduce the number of "shaky" candidates to a minimum; and that by their operation only students who have shown their fitness to pass the ordeal are permitted to present themselves at the primary. Consequently, instead of a percentage of 29.4, a percentage of zero ought to be attained if no circumstances unfavourable to the candidate come into play during his examination. It is true that schools of the best reputation in many instances have now abolished the "test," but only so recently as to make its omission without much effect on the tables quoted by Mr. Marshall; therefore his argument in favour of the advantages obtained by candidates at the College loses all its force. Notwithstanding the fact that it is claimed for the College that its low percentage of rejections implies unusual fairness, in view of the difference between it and that of the Edinburgh Colleges, where the number exceeds 50 per cent., we are induced to ask for further information as to the manner in which these statistics are compiled. It is sufficiently notorious that not a few students who seek to pass the primary examination present themselves as many as two, three, and even four times. Now, if it should chance that at one institution every rejection goes to swell the percentage, while at another only the number of candidates rejected during the year is counted, it will be evident that such tables are valueless for comparison, and any argument based on them must be fallacious. Mr. Marshall was inclined to lay little stress on the complaints constantly urged against his College to the effect that well-prepared candidates could feel no certainty concerning the result of their examination. We trust, however, that he will take to heart Sir Wm. Gull's earnest assurances that these complaints were, indeed, very real ones, and well deserved attentive consideration. Those who have much to do with students do not need to be informed that the uncertainty of the College of Surgeons' test is a subject of common debate among them, and frequent expressions of

opinion to this effect are obtained from teachers also. Moreover, the "time limit," notwithstanding Mr. Macnamara's and Prof. Humphry's protest, does bear most unfairly on men not endowed with the iron nerve of examiners who can boast a dozen or twenty years' experience in the art of testing knowledge. There is something ludicrous in the assertion made by these two members of the Council, that nervousness is another name for ignorance, and it is to be hoped that they will disabuse themselves of the idea in favour of future examinees who come before them.

The Way Anti-Vaccinators are Made.

A COGENT illustration of the manner in which anti-vaccinators are manufactured has recently been afforded by Dr. George Wyld, in a letter to the *Echo*. In a preceding issue of the newspaper referred to an anti-vaccinatory letter entitled "The Animal Lymph Catastrophe at Georgia" had been published, in which an account was given of the evil effects following vaccination of persons in Georgia with calf-lymph. Dr. Wyld has investigated the particulars of the case, and finds that a Yankee speculator had kept some lymph in a moist state until decomposition set in, and then distributed the poisonous material, with the result that blood-poisoning was set up in all those persons who had been vaccinated with it. Dr. Wyld adds: "Fresh calf-lymph has been applied in millions of instances with perfect safety, and it is asserted that, so far as experience goes, not one death from small-pox has occurred in those so vaccinated. I would, therefore, most earnestly urge on fathers and mothers to beg of their medical attendants that calf-lymph only should be used in vaccinating their children."

Personation.

LAST week, in the Dublin Police Court, a medical student named Joseph Lavers was summoned to show cause why information should not be taken against him for having attempted to enter into a conspiracy with Dr. Norris, of Camden Street, London, to fraudulently pass his examination for his medical diploma. Mr. Murphy, Q.C., for the Crown, said he believed Mr. Lavers had no intention of appearing, so he asked for a warrant for his arrest. Lavers resided for some time at 22 York Street, and was attending an hospital in this city. It was his intention to become a duly qualified medical practitioner. But he appears to have encountered some difficulties in his studies, and to have been apprehensive of the result of the examinations. So he entered into communication with Dr. Norris, having become acquainted with that gentleman's name by articles which the latter had contributed to the *Lancet*. After making some preliminary inquiries, Mr. Lavers wrote to Dr. Norris, proposing that the latter would come over to Dublin and personate him, and pass his examination for him (Lavers). In the first instance Dr. Norris should receive £150 and afterwards £100. The diplomas should then be handed over to Mr. Lavers, who would go abroad to practise as a duly qualified medical man. Mr. Murphy read a couple of the letters, in the first of which, dated May 10th in the present year, Mr. Lavers said that he was anxious to become qualified, and that he was well up in practical work, but

that he was too delicate to read for the degrees. He wished to go as soon as possible to a warm climate, as he was constantly in bad health here, and offered the money to Dr. Norris to aid him in getting the diploma. Dr. Norris felt very much hurt by the proposition, and considered it an insult to himself as well as to the whole profession. He immediately communicated with the police, and hence the proceedings.

The magistrate gave the warrant for his arrest.

Boycotting the Profession in America.

It will be remembered that we some time ago commented on the fact that, at a meeting of the New York State Medical Society, a resolution was passed to the following effect:—"Members of the State Society, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." At the time this was affirmed it was generally known that it had direct reference to the case of homœopaths, and throughout the States almost unanimous disapprobation was aroused at the action of the New York Society. Protests were freely raised against the resolution, and at the annual meeting of the American Medical Association these were practically embodied in a complaint addressed to that body, and a demand that admission should be refused to representatives of the errant society. The Judicial Council of the Association accordingly considered the objections, with the result that, "Having carefully examined the code of ethics adopted by the New York State Medical Society, the Judicial Council find in the said revised code provisions essentially different from, and in conflict with, the code of ethics of this Association, and therefore, in accordance with the provision of the ninth by-law of this Association, decide *unanimously* that the said New York State Medical Society is not entitled to representation by delegates in the American Medical Association." The announcement of this conclusion was received with prolonged cheering by the Association, which, to the number of 863, met at St. Paul from June 6th to the 9th last; it is a distinct utterance of the opinion in which temporisers with irregular practice are regarded by the respectable section of American practitioners. There is a good opportunity now for a similar course of action on the part of the American Association's British prototype, for, if we remember rightly, one of the branch associations in this country has adopted a similar elastic code to that approved by the New York Society. It is certainly highly desirable that opportunity should be taken of this occurrence to follow the example set in America, and emphatically protest against the unwise playing with danger unfortunately advocated at the last meeting of the British Medical Association.

NEGOTIATIONS for the establishment of a new medical school in New York City, under the auspices of the Cornell University, are progressing. The move was started by the members of the medical department of the University of New York who recently seceded from that body.

The Royal Commission and the Scotch Examining Bodies.

It is not to be expected that the Scotch corporations would relish the suggestions of the Royal Commissioners on the Medical Acts, or that Professor Turner would remain silent at this important crisis in the history of these bodies. Unfortunately for his clients, Professor Turner's advocacy is somewhat weakened by several important considerations. There is a large spice of the *egomet* in his assumed blindness to the badness of a system that has few, if any, defenders outside Scotland. Let us try to place the facts of the case clearly before our readers. It is well known that a student may obtain from a Scotch University two degrees which entitle him to place his name on the Register for a sum of money which he would be obliged to pay to any of the large hospitals in London for his education alone. Due to this cause, and to the care in teaching which has always characterised the Edinburgh School, and which is still maintained, large numbers of students are constantly repairing to Edinburgh to prosecute their medical studies. The fees from the students find their way into the pockets of the professors, who, in many cases, have discovered many ingenious artifices to make these as large as possible, one of these being a judicious application of the old priestly device of delivering certain esoteric doctrines, thus compelling students to attend their classes so as to become acquainted with them for examination purposes. It can easily be seen that, if the power of the Universities to give degrees, which are also licences to practise, be taken away from them, the classes will certainly be decreased in numbers. There is this, also, to be said—that the degrees will be of less value as a guarantee of sound general information or higher culture than they are now, for the professors will still be the examiners, and a graduate will simply be a living compendium of professional crotchets. This difficulty with regard to the Universities would not be felt in the case of the corporations. These bodies are in reality the cause of all the discontent which the profession has felt as to the existing state of affairs. Professor Turner's advocacy of them is only intelligible on the ground that he may feel that the corporations cannot be got rid of, and the Universities allowed to remain, and therefore he is compelled to defend them to save the Universities. Scarcely any one will be found to deny the statement that the methods of examination in the past, if not now, have been as bad as bad could be, and that a process of underselling the English corporations was as systematic as it was barefaced. Even now these colleges will accept of almost anything sooner than allow an intending candidate to pass by them. Anatomy may be passed here, physiology there, and chemistry anywhere, so long as the final, including the primary, fee is paid. At the College of Surgeons an intending candidate may be examined in midwifery or medicine by a dentist or by an examiner whose competency for the task is shown by the fact that for the last few months he has been known to have purchased largely of the "Aids Series." While the College of Physicians has in wiser moments been trying to meet the wants of the times, the College of Surgeons has contented itself by continuing in its old ways, waiting quietly to

die, or be forced out of existence. With regard to the Glasgow Faculty, all that can be said of it is that it gets all that Edinburgh cannot pass.

St. Peter's Hospital for Stone.

WE doubt the propriety of the decision which induced the governing body of this hospital to invite H.R.H. Prince Leopold to the new building on Thursday last for the purpose of declaring it "open;" and we can only hope that many poor patients in the country may not have been induced by the announcement in the lay press to take a journey to London in the expectation of being received within its walls, as several weeks must elapse before it is free of workmen. Of the necessity for a special hospital for stone it is not our intention here to speak; nor do we deny that good work has been performed in the little building where it was first started in Berners Street; our purpose is rather to condemn the cruel system of declaring places open, especially hospitals, when in such a manifestly unfinished state. Of the new building itself or its adaptability to requirements, it is of course too early to speak, with no more than bare plaster walls before us: externally it is a handsome structure of red brick, in Queen Anne style of architecture, the total cost of which will, we understand, be about £13,500, added to which there will be the cost of fittings, furniture, and other extras. The committee estimate that when all is accomplished, about £3,000 will be required beyond the funds in hand, and as there are several promises, and public attention has been prominently drawn to the institution by the presence of Royalty at the formal opening, there is every reason to expect that it will start free of debt. This result is mainly due to an anonymous gift of £10,000, added to which, a bevy of young ladies presented purses to Prince Leopold, amounting to over £1,200. Of the ceremony little need be said, that having been already fully described in the lay press. H.R.H. gracefully performed what little there was to do, but it must have been with a feeling of grim irony that he pronounced the words which were put into his mouth—"I declare this hospital open."

The Registration of Foreign Diplomas.

IN connection with the recommendations on this subject which are to be found in our Abstract of the Report of the Royal Commission on the Medical Acts the following is interesting:—Dr. Reeves in an address before the West Virginia Medical Society, says: "By her varied supply of diploma mills, Ohio is probably entitled to the greatest distinction. Any sort of a diploma, and gauged in price to suit purchasers, may be secured without trouble, expense, and the farce of the applicant." As illustrating the bad faith of the American medical colleges, he gives the following illustration:—An applicant for a medical certificate came before the district board at Wheeling, and failed to pass a satisfactory examination within the meaning of the law. Ten days later he knocked at the door of the graduating class of the Columbus Medical College, and was admitted. Within one month from that time he was graduated, and at a brilliant display at the Opera House he received his diploma. In the same

graduating class was one man "who did not know what the iris was, nor the pupil; could not locate the mitral or tricuspid valves; placed the valvulæ conniventes in the brain, and the ileo-cæcal valves in the rectum." As Dr. Reeves is connected with the State Board of his State, he is in a position to know of what he speaks.

DR. LAFFAN has been elected Chairman of the Cashel Town Commissioners for the ensuing year.

DR. W. B. CARPENTER, F.R.S., is announced to deliver the next Lowell lectures at Boston, U.S.A.

DR. JOHN POPHAM, of Cork, has been presented with an address and piece of plate on the occasion of his leaving that city after a residence there of nearly half a century.

THE Professorship of Anatomy in the Harvard Medical School has had but three incumbents in the century of its existence—Dr. John Warren, Dr. John Collins Warren, and Dr. Oliver Wendell Holmes.

THE highest annual death-rates per 1,000 in the large towns last week from diseases of the zymotic class were:—From whooping-cough, 1·8 in Sunderland and 1·7 in Bristol; from measles, 2·6 in Hull and 2·3 in Bradford; from scarlet fever, 1·3 in Derby and 1·0 in Blackburn; and from "fever," principally enteric, 2·1 in Preston and 1·6 in Portsmouth. Of the 31 deaths from diphtheria 19 occurred in London, 6 in Glasgow, and 2 in Portsmouth. Small-pox caused 10 deaths in London and its outer ring of suburban districts, 3 in Nottingham, and 3 in Leeds.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 33, Bombay 22, Madras 29; Paris 25; Geneva 18; Brussels 20; Amsterdam 25, Rotterdam 24, The Hague 20; Copenhagen 28; Stockholm 22; Christiania 19; St. Petersburg 48; Berlin 29; Hamburg 25; Dresden 28, Breslau 33, Munich 35, Vienna 28, Prague 29, Buda-Pesth, 37, Trieste 21, Rome 29, Naples 35, Turin 28, Venice 29, Alexandria 46 (including 10 which resulted from wounds inflicted during the riot of 11th June), New York 29, Brooklyn 23, Philadelphia 20, and Baltimore 23.

At a meeting held at the Langham Hotel on Wednesday, June 28, Dr. Farquharson, M.P., in the chair, it was unanimously resolved to present a testimonial to Mr. Ernest Hart, M.R.C.S., in recognition of his eminent public and professional services, and that an appeal for subscriptions should be made to the medical profession and the general public in support of the movement. It was further agreed that the testimonial should take the form of a portrait of Mr. Ernest Hart, to be presented to Mrs. Ernest Hart. Mr. Spencer Wells, F.R.C.S., was appointed treasurer; Mr. Arthur Myers, Surgeon to the Coldstream Guards, and Mr. Noble Smith, 24 Queen Anne Street, London, W., were appointed hon. secs.; and an executive committee, with power to add to their number, was nominated.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE SURGEONCY TO THE QUEEN IN SCOTLAND.—We have to congratulate Dr. Patrick Heron Watson on his appointment as Surgeon to Her Majesty in Scotland, *vice* Professor Spence, deceased. Dr. Watson has well deserved this evidence of the Royal favour, for, besides his large general practice, he is a most skilful surgeon and bold operator.

SURGEON TO THE EDINBURGH TRAMWAY COMPANY.—We hear that Dr. Littlejohn, the Medical Officer of Health for Edinburgh, has been appointed to the above-mentioned Company. In view of the late scandals connected with the Company, we hope that our information is incorrect, for it is difficult to see how Dr. Littlejohn could well act as Surgeon to the Police and to the Company as well. Surely the interests of the two appointments are not identical.

THE EXTRA MEDICAL MURAL SCHOOLS IN SCOTLAND.—We hear that since the publication of the Report of the Royal Commission on the Medical Acts, proposals have been made with the object of bringing about a coalition of the Edinburgh and Glasgow Extra-Mural Schools for their mutual benefit and protection. These schools have long been in an unsatisfactory condition, for although the Colleges compel each lecturer to undergo a special examination in the subject taught, and demand fees for the same, no further interest is taken in the welfare of the school. In Edinburgh the school is supposed to consist of licensed teachers, each of whom pays three or four pounds a year to one of the lecturers, who acts as general advertising agent. The "school" meets two or three times a year to prepare the "Bill." Apart from this the lecturers teach in several buildings, and issue private bills throughout the town. In some cases these bills are addressed to the general public as well as to the students, for we find proposals to analyse water, beer, sweets, and other "breadstuffs" at the shortest notice, and presumably on economical charges. It is time that the Colleges stepped in and put matters on a better footing. They should be teaching as well as examining bodies, which would then place them on the same footing as the Universities. As far as examining candidates, the Government is quite as capable of doing so as any corporation in existence.

DEATH UNDER PECULIAR CIRCUMSTANCES AT GLASGOW.—As the result of what the newspapers have called "a horrible outrage," a boy, aged about 11 years, died recently at the Royal Infirmary, Glasgow. The newspapers seem to have discovered by experience that by debasing representations of humanity the public mind is brutalised, and their circulation thus increased. It seems hopeless to expect a higher *morale* from the daily press. The death of the poor boy in question was due to the accidental thrusting of a red-hot iron into his rectum. As represented in the newspapers, the public were led to infer that the victim was seated over an aperture, from under which another boy deliberately and diabolically thrust a red-hot iron into the victim's rectum. As the result of an examination of the locality, and information derived direct, we are pleased to be able to state that such was not the fact. In one of the pavement flags over the workshops underneath there is a circular hole, about an inch and a-half in diameter. If this hole were covered it would be impossible for any person underneath to say whether there was any person above. That boys congregated there, and were there on this day playing, was well enough known to the two boys accused of the crime. It occurred to one of them, it appears, for the purpose of "a lark"

—certainly an unjustifiable one—to heat a poker in the fire and to thrust it through this hole, when, by a marvellous accident, it seems to have penetrated the rectum of the victim. It appears, then, quite conclusively that the guilty boy had no idea where the poker was being thrust into. This is a sufficiently melancholy accident, no doubt, but the alleged brutality of the occurrence disappears on this view of the facts. The representations which appeared in the Glasgow newspapers were in the highest degree reprehensible.

THE CHAIR OF SURGERY AT EDINBURGH.—The Curators of the University of Edinburgh met on Wednesday last with reference to the vacancy in the Chair of Surgery caused by the death of Professor Spence. It was resolved to hold another meeting in July, and it is requested that intending candidates transmit applications, accompanied by any testimonials they may desire to submit, on or before July 10th, to the following gentlemen, who now constitute the Curatorial Board, viz.:—The Lord Provost, Sir Alexander Grant, Bart.; Lord Kinnear, Mr. Campbell Swinton, Mr. Duncan McLaren, Bailie Colston, and Mr. John Boyd, and also to Mr. R. Bruce Johnston, W.S., honorary secretary. The candidates already announced are Dr. Heron Watson, Mr. Joseph Bell, Dr. John Duncan, and Mr. John Chiene. In professional circles, Mr. Chiene seems to be the popular candidate. Dr. William McEwen, of Glasgow, is said to have offered himself as a candidate.

THE PROPOSED UNIVERSITIES EXECUTIVE COMMISSION.—At a meeting of the Committee appointed by the General Council of the University of Edinburgh with relation to the proposed Executive Commission on the Scotch Universities, held on Friday last, the following resolution was passed:—“The Committee regret to observe that it has been inferred from recent statements that the Government see no immediate prospect of bringing forward a bill for appointing an Executive Commission on the Scotch Universities; but, while fully recognising the propriety of not introducing a bill of the kind until there is a reasonable opportunity of carrying it through, the Committee at the same time feel very strongly the extreme desirability of early action, and venture to express a hope that such an opportunity may still be found during the present session.”

Correspondence.

THE ETHICS OF COMPULSORY VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The medical question of the value of vaccination is one upon which most medical men have made up their minds; the moral question of the compulsory enforcement of vaccination is one that has received but scant consideration. The hon. member for Leicester, Mr. P. A. Taylor, M.P., has repeatedly invited the attention of Parliament and the public to the subject, but both have hitherto turned a deaf or unsympathetic ear to his entreaties.

The question, however, is one worthy of discussion, and is to be settled not by impassioned declamation, but by an impartial analysis of the subject, not by an *argumentum ad populum*, but by an appeal to the common principles of ethics. On the one hand we hear that vaccination is the greatest blessing ever conferred upon mankind, that unvaccinated persons are social nuisances, and that anti-vaccinators ought to be suppressed like noxious vermin.

“The Vaccination Acts rob me of my parental rights, urge me to sin against my conscience, and make me bear the risk of polluting my child's blood, while at the best they confer a doubtful benefit,” the hot-headed anti-vaccinator replies.

What has our morality to say to these two diametrically opposed opinions? The foundation of our social relations is what is known as the law of equal liberties. Every man has a right to exercise his liberty to the fullest, provided he does

not interfere with the liberty of his neighbour. The infringement of the rights of others is the only limit to be placed upon the rights of each.

Now, the vaccinator claims this principle as the foundation of the Compulsory Act. If anyone transgresses the law of equal liberties, he says, it is surely he who by allowing his children to remain unprotected, permits them to disseminate small-pox at their own sweet will. Small-pox, he argues, is a most infectious disease; all are liable to it; in vaccination we have an all but certain protection; to neglect this safeguard, then, is to endanger the health and lives of the rest of the community, or as Sir William Gull puts it, it “would be much the same thing as to take a fire brand and push it into an arsenal of gunpowder.”

Superficially viewed this style of argument has an air of plausibility about it; and it would seem that compulsory vaccination is a necessary corollary from the law of equal liberties. Further examination, however, will prove such conclusions to be erroneous. In the first place it is evident that to assert that the unvaccinated can endanger their vaccinated neighbours is a virtual surrender of the question—it implicitly denies the efficacy of the prophylactic it seeks to enforce. If the unvaccinated only endangered themselves by their folly they might justly be left to self-extinction; policy which must eventually bring about the consummation which is so devoutly wished for, a community entirely protected by vaccination or previous small-pox. To this it is at once replied, that if the neglect of vaccination *did* endanger only the individual himself, the State would not be justified in interfering, any more than it interferes with the incurring of a variety of other voluntary risks, but that the Vaccination Act deals not with adults, responsible men and women, but with helpless and innocent children; and it is the duty of the State to see that their lives are not jeopardised by their neighbours' omissions.

This position, too, appears at first sight unassailable; but it is evidently based upon the gratuitous and illogical assumption, which is this:—That an unvaccinated person is *ipso facto* in a state of small-pox infection, a “focus of contagion,” that he carries small-pox germs in his person or pockets, and that he is all life long in a state of chronic variola. Now, an unvaccinated person either has small-pox or he has not. If he have it he is just as liable to communicate it to others as one who contracts small-pox after vaccination, for everybody knows the most discrete variola is as contagious as the most confluent. His exposure in public under such circumstances is sufficiently guarded against by the Public Health Act. If, on the other hand, he have not got it, he is no more able to impart small-pox to others than a man can give what he has not got, or than the most thoroughly and efficiently vaccinated and re-vaccinated.

Those who argue thus commit the absurd mistake of confounding the liability to a disease with the disease itself, and would leave people to infer that the liability to a disease is contagious, which is simply ridiculous.

However strange, then, it may appear, and however much at variance with current notions it may seem, nevertheless, if we abide by the loss of equal liberties, and if we reject the irrational and untenable supposition that an unvaccinated person is *per se* a danger to society, we must conclude that the compulsory enforcement of vaccination is morally unjustifiable, and that in this, as in so many other cases of “parental” legislation, the State has exceeded its function and has sacrificed the liberty which it should seek to secure.

Your obedient servant,
W. J. COLLINS, M.B., B.S., B.Sc. (Lond.).

[Our correspondent assumes the medical value, but assails the legal compulsion of vaccination; hence the question becomes narrowed in scope. He seems to us to have quite missed the point when he supposes the view to be held that an unvaccinated person is a danger to society *per se*; it is not because he is unvaccinated that he is a danger, but because being unvaccinated, he is a *potential* source of infection to others. It must also be borne in mind that the unvaccinated who get small-pox endanger the unvaccinated who are exposed to the infection proceeding from them; it is not a question of the unvaccinated endangering the vaccinated (the danger of post-vaccinal small-pox in a duly vaccinated subject being infinitesimal), but of their spreading the dis-

ease amongst others similarly unprotected. The State, relying on the vast difference in the severity and fatality of post-vaccinal and natural small-pox, conceives it to be its duty to endeavour to place the community in such a position that, when an epidemic arises—whether by importation or in other ways—there shall both be as few members of it as possible unprotected (and, therefore, liable to a severe and fatal form of the disease), and also a minimum number free, by multiplying the centres of infection, to become sources of danger to other similarly unprotected persons with whom they may come into relation.—Ed.]

Royal College of Surgeons, Ireland.—The annual distribution of prizes to the successful students of this College took place on Tuesday, June 22nd. The chair was taken by Dr. Barton, President of the College, who, after a few preliminary remarks, distributed the prizes as follows:—First Prize—Senior Class, value £10 and a gold medal. Won by Mr. Austin N. Cooper. Second Prize—Senior Class, value £10. Won by Mr. Mayner L. Dutch. First Prize—Second Class, value £12. Won by Mr. William L. Simmes. First Prize—Junior Class, value £10. Won by Mr. George E. Greene. Second Prize—Junior Class, value £5. Won by Mr. Richard R. Fetherstone.

University of Durham.—The following practitioners of 15 years' standing have satisfied the Examiners for the Degree of M.D.:—

Adams, Josiah Oake, F.R.C.S.
Alexander, John, L.R.C.P.
Cowen, Philip, M.R.C.S.

Moore, Harry Gage, L.R.C.P.
Sanders, Richard, M.R.C.S.
Smith, Solomon C., M.R.C.S.

The following candidates have passed the ordinary examination for the Degree of M.D.:—

Cheestham, Walter Henry, M.B.
Coley, Frederic Collins, M.B.
Dowding, A. W. Woodman, M.B.
Giles, Bernard Faraday, M.B.

Hatton, George Stokes, M.B.
Mears, William Pope, M.B.
Porter, William Smith, M.B.
Roué, William Barrett, M.B.

The following gentleman has passed the Second Examination for the Degree of M.B. (Honours, Second Class):—

Price, William Elliott, M.R.C.S.

The following have likewise passed the examination for the Degree of M.B.:—

Beasley, Wm. Crump, L.S.A.
Bair, Charles Samuel.
Greenwood, Fredk., M.R.C.S.

Irvine, James Robert.
Milburn, Charles Henry.
Vise, Christopher, M.R.C.S.

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. M. (Tiverton).—In your zeal for the "honour of the profession" we think you have taken a wholly mistaken notion of its meaning in the present instance; we are sorry, therefore, that we cannot assist you in attacking a legitimate object or individual.

INCORPORATION OF THE PARKES MUSEUM.—The Parkes Museum, which was first instituted in 1876 as a memorial to the late Dr. Edmund Parkes and in order to promote the health of the community for which Dr. Parkes so successfully devoted the best years of his life, was formally incorporated on Wednesday last, June 28th. The Museum has been temporarily located in University College, London, since its establishment, and negotiations are now being made for acquiring a permanent building in a more central position. The following are the officers elected for the ensuing year:—Treasurer, Prof. Berkeley Hill, F.R.C.S.; Secretary, Mr. Mark A. Judge; Hon. Solicitor, Mr. Basil Field.

A PROVINCIAL PRACTITIONER.—We have seen the prospectus, and agree with you that it is a mistake.

THE NON-ALCOHOLIC TREATMENT OF DISEASE.—From the ninth annual report of the London Temperance Hospital to hand, it appears that since the opening of the Hospital, October 6th, 1873, 1,354 in-patients have been treated, of whom 749 were dismissed cured. The deaths were 61. The out-patients treated have been 10,478. The new buildings opened by the Lord Mayor in March, 1881, afford accommodation for 51 in-patients, and the number of these treated in the last year has been nearly threefold the average of the preceding years. The non-alcoholic treatment has been so successful that the managers state it has had the effect of considerably reducing the quantity of alcohol prescribed in some other hospitals.

DR. W. C. (Cyprus).—Letters to hand; hope to be able to refer to the subject in our next. We consider you have been unfairly used by the Government, and shall not fail to bring the matter before the proper authorities. On the second matter we will make inquiries and inform you of result by private note.

MR. KIRKLAND.—We do not prescribe in these columns. If you are too poor to pay for the advice of a medical man—of whom you must have several near you—we can only suggest that you present yourself at an hospital and be treated as an ordinary hospital out-patient. We fail to see the logic of your argument.

A STUDENT.—The matter was postponed indefinitely; no further announcement has yet appeared, so that we cannot assist you.

MR. HENRY HERTFORD (Paris).—By the term slight refreshment it was intended to be conveyed that something in the way of food should be taken which, while not overburdening the stomach, would yet prevent the evil effects of bathing in a fasting state. A cup of coffee (not tea), or glass of milk with half a round of dried toast, or a slice of bread-and-butter, is all that is required. We cannot approve the plan of taking stimulants at such a time.

DR. F. M.—Many thanks for suggestions, and for the offer contained in your letter. If the necessity arises you shall be consulted before any definite steps are taken.

MR. JAS. FANSHAW.—The numbers were obtained after lengthened inquiries, and are the result of much labour and investigation. You can accept them as thoroughly reliable. Any assistance that we can lend you in the prosecution of your task we shall be happy to render.

A STUDENT cannot do better than consult the translation of Casper's work contained in the New Sydenham Society's Series. We believe that two of these volumes are out of print, but they may probably be obtained through a dealer in second-hand works. The "Manual" is now ready.

R. L.—The case is by no means unique, though of sufficiently uncommon occurrence to make its publication desirable. Diffuse aneurisms present many features of interest, and you have done well to keep careful record of the progress of the case under your care.

MR. FREDERICK JONES.—The Council will consider the circumstances, and by the time this reaches you a decision will have been pronounced. We cannot pretend to prophesy the result.

GUY'S.—We were not aware of the fact. Will you forward further particulars? The information at hand is too slight to be of any practical value.

H. S.—FEES TO MEDICAL WITNESSES.—Under the Attorney-General's rule a medical Crown witness at Sessions held elsewhere than the town in which the witness resides is entitled to £2 2s. fee, irrespective of distance, and the amount of travelling expenses actually paid; also 15s. a night hotel expenses if necessarily incurred.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At the annual general meeting on Friday next, at 8.30 p.m., the following papers will be presented:—Mr. Oglesby, "On Miner's Nystagmus." Messrs. Lang and W. A. Fitzgerald: (1) "On a Case of Homonymous Insular Scotomata;" (2) "On the Movements of the Eyelids in Relation to the Movements of the Eyes."—Dr. Bralley, "On the Tests of Vision for Service at Sea." Dr. Bralley will also show Charts by Joy Jeffries and Magnus for Educating the Colour-sense.—Mr. Rudall, "On Micrococci in the Eyeball."—Mr. Snell, "On Acute Glaucoma caused by Atropine and cured by Esferine."—Card and Living Specimens at 8 o'clock.—Dr. Bralley: (1) Peculiar form of Cyclitis; (2) Detachment of Pars Ciliaris Retinae.—Dr. Stephen Mackenzie: Sections of Retinal Hemorrhages.—Mr. Lindsay Johnson: (1) An Ophthalmoscope; (2) Appliance for Adjusting Lenses.—Mr. M'Hardy: Sequel to a Case of Black Cataract.—Mr. Stratfield: Living Specimen.

Vacancies.

Belmullet Union, Knocknallower Dispensary.—Medical Officer. Salary, £100, and £10 as Medical Officer of Health Election, July 10th.

Cambridge County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to be addressed to the Clerk to the Visitors on or before July 14th.

Central London Sick Asylum District.—Assistant Medical Officer. Salary, £100, with board and residence. Applications to be addressed to the Clerk to the Managers, at the Asylum, Cleveland Street, Fitzroy Square, London, not later than July 17th.

St. Thomas Union, Devon.—Medical Officer and Public Vaccinator. Salary, £90, including the usual extra fees. Applications to be sent to the Clerk on or before July 18th.

Births.

CONSTABLE.—June 27th, at 127 Kennington Park Road, London, J. C. Constable, M.D., of a daughter.

FENN.—June 28th, at Diss, Norfolk, the wife of C. D. Fenn, M.R.C.S., of a son.

HUGHES.—June 24, at Boyne Cottage, Navan, the wife of Surgeon-Major J. H. Hughes, M.D., A.M.D., of a man.

PALMER.—June 23, at the County Infirmary, Armagh, the wife of J. Mansergh Palmer, F.R.C.S., of a son.

Deaths.

BREDIN.—At his residence, 181 Great Brunswick Street, Dublin, Hall Bredin, M.D., aged 80 years.

COPE.—June 19th, at High Cross Street, Leicester, Walter H. Cope, M.R.C.S., aged 47.

HARRIS.—June 25th, at High Street, Old Brentford, Richard Harris, M.R.C.S., aged 41.

LEWIS.—June 25th, at 120 Drummond Street, London, N.W., H. Harman Lewis, M.R.C.S., aged 54.

LING.—June 28th, at Abbotford, Torquay, E. Clayton Ling, M.R.C.S., of Aldborough, Suffolk.

MURDOCH.—June 29th, at Bunedin, New Zealand, Anne, wife of Jas. Murdoch, F.R.C.S. Ed., and elder daughter of Professor Blackie, of Edinburgh. (By Telegraph.)

REID.—June 20th, at Hankow, China, Arthur G. Reid, M.D., second son of the late Arthur Reid, Banker, of Fochabers, N.B.

WILCOX.—June 23rd, at his son's residence, Warminster, Charles Wilcox, M.R.C.S., of Southsea, aged 74.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 12, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIA- THESIS IN RELATION TO SURGICAL DIS- EASE.

*Delivered at the Royal College of Surgeons of England,
June, 1882.*

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and
Surgery, Royal College of Surgeons, England.

(Continued from page 8.)

LECTURE III.

MR. PRESIDENT AND GENTLEMEN,—I hope I have made it sufficiently clear that I am not purposing to trouble you with any list of the idiosyncrasies; as well for your relief as my own exculpation, it is perhaps desirable that I should again make this statement. What I said about egg poisoning in my last lecture was intended to suffice as an illustration of what is possible, indeed, I would suggest not infrequent, in reference to a whole group of food idiosyncrasies. The same remark applies to the somewhat detailed discussion on the susceptibilities in reference to tobacco. We are engaged in the examination of the laws of idiosyncrasy, and not in any attempt to record exhaustively its facts. I shall bring before you no more narratives of cases or statements as to facts than may seem absolutely necessary to illustrate the general laws to which we refer. In Monday's lecture we glanced briefly at certain peculiarities of structure which are sometimes met with in external parts which are congenital and hereditary. For these I propose the name of structural idiosyncrasies, and asked that we should apply the knowledge that we can easily gain respecting them to those which are much more obscure, from the fact that they are betrayed only by derangement of function. I next alluded to certain forms of inflammatory disease not present at birth, and in most cases not

commencing until a considerable period after it, but concerning which the general facts suggest that they must be due to some inborn peculiarity of the structure implicated. Lastly, I adverted to examples of complicated or secondary idiosyncrasy in which the individual peculiarity is not displayed immediately on the application of its exciting cause, but waits as it were for the co-operation of other influences. We found one of our best illustrations of this in the chronic poison denoted chiefly by amblyopia to which heavy smokers are in exceptional instances liable. I concluded my lecture by a brief allusion to idiosyncrasies in reference to arsenic, and was obliged by want of time to defer till to-day what I have to bring before you on the important subject of the iodides and similar salts. I shall be obliged to omit altogether what I had prepared in reference to belladonna, opium, and certain other drugs, an omission which I shall regret the less because, as just said, I am seeking only for illustrations of law and of these perhaps we shall have enough. The iodides and bromides offer us, indeed, such excellent and various illustrations of the laws of idiosyncrasy that I am almost tempted to wish that I had excluded all others and thus secured more time for the consideration of them. The modes in which these salts can produce disagreement are exceedingly varied, and concern very different parts of the system, whilst many of them are displayed by the skin in a manner which permits of their easy identification and examination. Not even the syphilitic virus itself is capable of producing such a multiplicity of pathological changes in the integument. Now it is a hæmorrhage, now a thrombosis, now an erythema, now a bulla; the commonest of all forms is an acne, but in addition to it and those which I have named we may have pustules, button-like tubercles, and in aggravated cases enormous soft tuberosous growths. If time had permitted me I should have taken occasion to advert also to a topic of much importance to us in operative practice, and should have suggested that in a considerable number of the accidents with anæsthetics it is idiosyncrasy which we encounter. Many of the deaths from chloroform occur to persons apparently in perfect health, and when only small quantities have been given and with

every possible precaution. Such cases ought probably to be placed side by side with those in which individual susceptibility becomes unexpectedly revealed to us in reference to such drugs as opium, belladonna, and the like. We waste our labour when we search for proof of heart disease, or for some flaw in the apparatus, or for some want of care in the administration. The last patient in whom, under my own care, we came near to a fatal event with chloroform, was a man at Moorfields, in whose case extraction of cataract was about to be performed. He would certainly have died but for the vigorous use of artificial respiration and the nitrite of amyl. In discussing the case afterwards I was reminded by our house-surgeon that three years before, when the other eye was operated on, the same man had caused us alarm by precisely similar symptoms. The occurrence had unfortunately been forgotten. It is probable that there are persons in whom, owing to peculiarity of nerve organisation, and not in the least to anything which we can recognise as ill health, the inhalation of chloroform will always cause an extreme depression of the heart's action. In such, if the precaution of giving beforehand a dose of opium, alcohol, or ether, be omitted, there is the utmost risk of a fatal event. Probably each anæsthetic related conditions of idiosyncrasy.

I have passed over also another subject owing to want of time which has considerable surgical interest. It is the influence of inherited structural peculiarities in favouring the occurrence of lesions which at first sight suggest no suspicion of such origin. Examples we have of this in the easy occurrence of dislocation, owing to peculiarity in joint formation, and the proneness to intussusception of the bowels, owing to the cæcum ascending colon being provided with a mesentery. I have several times known the tendency to intussusception to show itself in several members of the same family, and in some of the most marked instances in which several of the children had died of it in succession the condition referred to was found at the autopsy of one of them.

I now turn to the subject of the idiosyncrasies in reference to the iodides and bromides. It seems probable that the difference in form which the inflammation of the skin assumes is dependent upon the peculiarities of the individual, for if the patient has shown a tendency to an unusual development of the iodide rash on one occasion, and the same salt be given to him on another, even after a long interval of time, it will produce exactly the same effect. This I have witnessed repeatedly. Idiosyncrasies as regards the iodide are not manifested solely by the skin, are perhaps not primary in it, and seldom confined to it. Congestions, with excessive secretion of certain tracts of mucous membrane, are of yet more frequent occurrence than are skin rashes, but they differ from the latter in that they are, in a majority of instances, only transitory. An eruption on the skin, once developed by the iodide, persists—and indeed becomes increased—so long as the drug is given; sometimes even after it has been suspended. The iodide coryza, as it is called, on the contrary, seldom lasts more than a few days; or if it becomes chronic, always subsides into a slight affair. Thus the one would appear to imply idiosyncrasy in a far less degree than the other, and this suspension is borne out by the observation that in those who suffer from any of the more serious forms of skin eruptions there are usually other evidences that the drug is producing injurious effects. The tone of the nervous system is always lowered by it, and sometimes to an alarming extent. There is, perhaps, no drug that can be mentioned respecting which variations in the degree of idiosyncrasy are so great. I have repeatedly known doses of only half a grain produce, in the course of a couple of days, definite symptoms of poisoning; and, on the other hand, I have known a patient swallow an ounce and a-half a day of the best Apothecaries' Hall iodide for a week together without any special effect, except a feeling of lassitude and a want of tone. It is also very remarkable how, in a large majority of cases in which definite and peculiar susceptibility is at first

manifested, tolerance may subsequently be attained, and doses of ten, twenty, thirty times the amount given without obvious effect. Probably there is no drug respecting which the assertion can be more easily demonstrated, that it is not the dose, but its effect, which we should regard. It by no means follows that because a patient has an idiosyncrasy against some drug or article of diet, that we ought wholly to abstain from its use. Rather this susceptibility, in the majority of cases, proves that in him minute doses will effect the cure first as efficiently as larger ones in others. I have repeatedly cured tertiary ulcerations of the throat and skin in patients in whom I was assured iodide was a poison in all doses by giving it in quantities of half, or even a third, of a grain. In the year 1862 Mons. Bazin, of Paris, an excellent specialist, and at the same time an excellent physician, described a new disease under the name of hydroa. Of this malady he recognised several varieties, one like varicella, one resembling small-pox. On reading M. Bazin's description I was at once struck by the closeness with which they applied to several cases which had been under my own care, and in 1870 I wrote in the *British Medical Journal* a report on "hydroa," quoting M. Bazin's description, and recording my own cases together with others supplied to me by my friends. I had previously been to Paris and seen M. Bazin's models. At the time neither of us had any idea of the usual cause of the eruption, nor, I believe, had any of our readers or critics. One of the latter suggested that we had not named it correctly, and that it was only urticaria bullosa, but in doing this he gave us no clue to its cause. At this date we all knew of the acne which so commonly results from the iodide, but were not aware that this salt could in connection with idiosyncrasy produce other symptoms so much more formidable. In the session of 1869 Dr. Cholmondeley brought before the Clinical Society an example of a remarkable confluent eruption produced by the bromide; several papers had also appeared in Paris on the subject, and subsequently I convinced myself that the disease to which we had given a new name was really the bullous form of the iodide eruption. From that time to this I had seen but very few examples of "hydroa" except as the consequence of iodides or bromides. It will be seen that we had made no error in observation, but had simply described and named a disease which was new to us, and new to medical literature, but of which at the time we had not discovered the cause. When the cause was found the name became of little importance. As already hinted, however, we have by no means in mentioning the iodide acne, the iodide "hydroa," concluded the list of symptoms due to this drug. Respecting a case which I have to mention in the next group, I shall not be surprised if many remain still in doubt as to whether it ought to be placed in this position. A man came to me at the London Hospital covered with huge soft tumours, some of them as big as a child's fist. They occurred chiefly in his face, chest, and limbs. That I may avoid a lengthy description, I will simply refer you to the sketch on the wall, which is a rough copy from an excellent drawing which I now display. It will be enough to say that the moment I saw it I believed it to be an iodide eruption, and that my diagnosis was based upon the recollection of other cases unquestionably due to that cause which I had previously seen. The man had just been discharged from another hospital, and on inquiry I found that during his month's stay in it he had been steadily taking the iodide in increasing doses the whole time. The eruption was not present in the least before the drug was begun. The patient died within a fortnight of his admission under my care from exhaustion, apparently due to the extent of surface implicated. The *post-mortem* revealed nothing which threw further light upon the cause of his malady. It seemed probable that he had never had syphilis. He had gone into the hospital on account of another complaint, and when the eruption appeared it was considered to be syphilitic, and instead of suspending the remedy, its dose was increased. The dose was never more than fifteen grains three times a day. To those who

are still inclined to doubt whether this terrible eruption was really due to the iodide, I admit I have no right to be surprised if the number comprises all my audience. I would put the question, What else could it be? The microscope showed in the tubers only the results of common inflammation, and there was nothing in the least suggestive of malignancy. Above all, I would ask that a careful comparison be made with the other drawings which I have placed by its side. It will be seen that the two closely resemble each, and differ only in the greater severity in the case I have just described. In the essential features of the eruption they are exactly alike. Now there is not the slightest question as to the cause of the eruption in No. 2. It was produced by the bromide of potassium, and it occurred in connection with the drug twice to the same child. I may here remark that I know of no difference between the eruption due to iodides and those due to bromides. The same variety occurs, I think, in both, and the general laws as to idiosyncrasy are the same. The iodide, however, depresses the system far more than the bromide. The eruptions produced by bromides are, I think, attended by less constitutional disturbance, even when locally very severe, than are those due to iodides. A case well illustrating this came under my notice a few weeks ago. I was asked by a medical friend to see an infant in whose case the diagnosis had been varicella, and next small-pox; complete isolation had been enforced, but as the eruption had steadily got worse, and the child now at the end of a month remained perfectly well, all had become convinced that there was a mistake in diagnosis. I have mentioned the names which had been given to the eruption as the best means of suggesting the appearance it at first assumed, and I may add that the surgeon who attended the case was an experienced and sagacious man. The infant, when I saw it, was fat and smiling, but with its face and all four extremities absolutely covered with large buttons of most formidable appearance. Many of them had scabs, but none of them had ulcerated much. At first I was told that the eruption was present before a medical man was consulted, and before any medicine had been given, but on pressing for accurate dates, I found that my suspicion was correct, and that the surgeon was first consulted for a slight feverish cold, for which he prescribed small doses of bromide of potassium, and that the rash did not begin to appear till three days later. No suspicion having been entertained, the bromide had been continued until the day of my visit. My friend told me that he was very fond of the bromide for children, and had given it in thousands of cases, but had never before seen any eruption produced. In looking back on the experience of former years, I recollect several cases under my own care, and that of other surgeons, in whom I think there is great reason to suspect that persistence in the iodide caused death. They were cases in which an eruption which was probably due to it alone was mistaken for a specific one, and the drug pushed still further. In the report which I published in the Clinical Society's "Transactions" I have published two cases in which our eyes were opened only just in time. They were all cases in which the salt had been continued for some weeks. It may be possible, however, for fatal poisoning to occur in connection with the first few doses. In the case of a man admitted into the London Hospital some years ago, only two or three doses had been taken, and an eruption which looked like hæmorrhagic variola had been produced, together with such an amount of swelling about the neck and throat that nothing but the prompt performance of tracheotomy could have averted immediate death. The facts respecting this case were published by my colleague Dr. Stephen Mackenzie, and the same indefatigable observer has placed upon record the most extraordinary example of iodide poisoning with which I am acquainted. In this instance an infant, at 5 months, died of iodic purpura after a single dose—two grains and a-half.

(To be continued.)

Original Communications.

UNIVERSALLY CONTRACTED PELVIS, DETERMINATION OF, BY EXTERNAL MEASUREMENT.

By Prof. C. BRAUN VON FERNWALD.

Abstracted and Translated from the *Wien. Med. Zeitung*.

By Dr. J. E. BURTON,

Physician-Accoucheur to the Lying-In Hospital, Liverpool.

It is sometimes important to determine whether a particular pelvis is contracted without having recourse to a vaginal examination. In such a case external measurements may be taken, and from these conclusions drawn as to the internal capacity of the pelvis. This method originally introduced by Bugeau, was demonstrated recently by Prof. Braun on a woman in labour. The first step was to take the girth by a measuring tape, the point chosen being the symphysis and the spinous process of the last lumbar vertebra. The circumference of the pelvis at this point was 75 ctm. (29½ inches). The average circumference of the normal female pelvis, according to Stein, is 90 ctm. (35½ inches), and the conjugate diameter, 11 ctm. (4 3-16th inches). According to observation, a diminution of 5 ctm. from the normal pelvis measurement corresponds to a decrease of 1 ctm. in the conjugate. Thus, if the circumference is—

90 ctm. the conjugate will be 11 ctm.

85 " " " 10 "

80 " " " 9 "

75 " " " 8 "

Or in English measurements, if the girth at the above point is—

35½ inches, the conjugate will be 4 3-16th inches.

33½ " " " 3 14-16th "

31½ " " " 3½ "

29½ " " " 3 2-16th "

Roughly speaking, it may be said that a diminution of 2 inches from the normal girth will correspond to a shortening of the conjugate to the extent of 1-3rd inch. Thus, a girth of

35 inches will correspond to conjugate 4½ inches.

33 " " " 4 "

31 " " " 3½ "

29 " " " 3½ "

Minor differences in circumference will not be of much importance; but, on the other hand, a slight bony structure, with excess of the panniculus adiposus may influence the result. In order to test the accuracy of the method, the conjugate was shown by actual measurement to be 8½ ctm., 3 5-16th inches. The other measurements showed it to be contracted in all its dimensions, in fact, a universally contracted pelvis.

THE CHINESE MATERIA MEDICA.

By FREDERICK NEWCOME, F.S.S.

(Continued from page 548, last vol.)

CHITZU.—The berries of a species of barberry tree (*Berberis lycium*), largely grown in the province of Szechwan, and other parts of China. For these berries there is always a constant demand at reasonable prices—30 to 70 taels a picul, according to quality—on behalf of the Cantonese, the natives there fully appreciating their many perfections and putting them to an innumerable variety of purposes. Several kinds of barberry are to be found in China, all of which seem medicinally useful. The Chinese make little use of the bark except for dyeing silk and cotton goods.

YOHUA (*Carthamus tinctorius*).—This greatly esteemed remedy is neither more nor less than our ancient friend the safflower blossom of the dyer, in another form. For

medicinal purposes only such blossoms are picked as have arrived at a state of maturity, whereas those intended for the dye-market are plucked before they have completely unfolded. As the properties of this drug are so well understood any lengthy reference would be supererogatory. It once held a certain reputation here, but like many another fancy has practically had its day. On the contrary, its fashion is daily extending in China. Warm infusions are there deemed safe diaphoretics, and in a like form it is frequently taken to promote the menstrual discharge—an ancient practice in this country. It is also used in a variety of other ways. In certain districts the seeds are occasionally swallowed as a purgative, but even the "wicked Kitats," as the Tartars call them, seemingly distrust their effect. While upon the safflower question it may not be quite amiss to make a digression and say a few words anent its services as a dye. In this field its sphere of utility seems practically limitless. The better quality flowers coming from Szechwan are valued in Hankow at sixpence a pound. These are employed by the Chinese in colouring silks and satins, whereas the commoner kinds grown in Honan are reserved for cotton and paper fabrics only. It is the former dye which frequently imparts its delicate tints to the ground work and figures of the pretty silk fans now-a-days so common in shop windows. In one especial district the native dyers have apparently acquired the almost impossible art of fixing this fugitive colour so as to resist for a long while the action of both sun and atmosphere.

Somewhat curiously, medicinal safflower is only received from the Honan district, where it is commercially worth fifty per cent. less than the commonest dyeing article. This striking difference in price, added to the fact that the matured blossoms are alone bought by druggists, leads one to conjecture that only such as are found by growers to be unserviceable in dyeing are converted to medicinal uses; unless, which is quite possible, the flowers inherit more active properties through lengthened exposure to the sun's action. Upon this point it is well-nigh impossible to obtain a reliable opinion; only regular experiments, scientifically conducted, are at all likely to solve the riddle. The Chinese, it is certain, place little faith in infusions made from young buds, such as are pressed into the square cakes used by dyers. If we mistake not, it is this safflower which is sold here, not the well-matured blossoms used by native doctors. Without venturing an opinion either way, it may not be out of place to suggest that this may have something to do with the low opinion in which safflower is now held among Europeans. Anyway, it would be interesting to learn for certain why in China the buds are used for dyeing and the full-grown flowers as medicine. Needless to add the manufacture of rouge from safflower buds is carried on to a very large extent throughout the Empire.

CH'UANFU consists of the roots of the plant (*Aconitum variegatum*). These tubers are generally dark brown in colour, two inches in diameter, and resemble in shape the common English turnip. When divided longitudinally they present an ashy gray, greasy appearance, with an odd-looking irregular star in the centre. For market the roots are salted, dried, and then cut into thin strips. This medicine is distinguished by several names according to its age,—that which is four years old is called Tienh'siung, that which is three, Loufu, while that which is two years old is known as Futzi. However, the commercial value does not seem to be much affected by these distinctions, about the same price being obtained for one and all. It is said to be employed by the Chinese as a stimulant in very small doses. T'sao Wu is another drug derived from Monkshood, but from what variety is not apparently ascertained.

PATOU (*Croton Tiglium*).—About the only feature worth noting with regard to this drug is the peculiar method of administering it adopted in China. The

seeds, and not the expressed oil are given as a drastic cathartic. The croton oil plant grows in many provinces, but only seems to be cultivated regularly for the purpose in that of Szechwan.

HUAISHAN (*Dioscorea sativa*).—This medicine, which, as mentioned previously is commonly mixed with Ch'uantung (*Ophopogon Japonicus*), consists of the long tuberous roots of a species of yam, cultivated on a large scale in the province of Shensi. The roots run about six inches long by two in circumference, and when peeled have a perfectly smooth white surface and interior. They are without smell or taste, and when dried, very brittle. Huaishan is reckoned an admirable tonic and stimulant.

The inexorable laws of space and limit preclude a separate notice being given of each leading "physic," and henceforth we must content ourselves with a running fire of commentary on a few among the next most important. One somewhat mysterious medicine, Matouling, holds a high reputation for its direct action in pulmonary diseases. It is a native of Szechwan, apparently, and we further observe that it figures among the exports from Ningpo and elsewhere. Above and beyond this, and that its reputation is good, very little is known about it. Dr. Porter Smith's work does not mention it, neither has its botanical name been defined. Much the same remark applies to Tienchi, another drug, which, according to Mr. Walter Lay, Commissioner of Foreign Customs at Tamsui, in the island of Formosa, is held in deep veneration by the Chinese soldiers there "on account of the valuable properties attributed to it." What they are we know not. Here, again, all is darkness respecting the scientific name of the plant whence the drug is derived. Indeed, this state of nebulousity involves the whole question of Chinese pharmacopoeia. Botanical names have from time to time been given to most all the Chinese sanatives, but, unhappily, scientists are not quite agreed in their opinions. Dr. Bretschneider disagrees with Dr. Porter Smith, *et instar omnium*. In giving, then, the scientific name of any herb as the origin of a specific drug, it must be clearly understood to be given subject to some reservation. No end of Chinese plants are yet without name. Of these, many are unquestionably medicative, and although unrecognized, certainly find their way to the ports where they get classed among better known drugs. Moreover, Chinese plants vary materially from their European, American, or African types. In classing them, botanists are apt to go astray, especially when they have only a dried root from which to form conclusions. But be this as it may, let the names we know them by be right or wrong, there can be no gainsaying one fact, namely, that the soil of Central and Northern China is essentially suitable to the development of the active principles possessed by different herbs. Exemplary of this law we have the tea plant, rhubarb, and ginseng, all grown to most perfection there. Consequently it is unwise to assume that any one specimen of the vegetable kingdom is worthless to science, just because species of the same plant with which botanists are familiar elsewhere have been proved of negative value.

(To be continued.)

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Wolverhampton 9; Huddersfield, 12; Sunderland, Brighton, Norwich 13; Leeds 15; Birmingham, Bristol, Portsmouth, Blackburn, Plymouth, Leicester 16; London, Birkenhead 17; Sheffield, Nottingham, Cardiff 18; Edinburgh, Newcastle-on-Tyne, Derby, Bradford 19; Dublin, Halifax, Hull 20; Oldham, Salford 21; Liverpool 22; Glasgow, Bolton 23; Manchester 24; and Preston 25.

Clinical Records.

THE MIDDLESEX HOSPITAL.

Tetanus with Facial Paralysis.

Under the care of Mr. HULKE, F.R.S.

[For the report of this case we are indebted to Mr. W. ROGER WILLIAMS, F.R.C.S., Surgical Registrar.]

THE patient, a single man, æt. 27, a carpenter by trade, was admitted into the Middlesex Hospital on the morning of March 30th, 1882, with the following history:—On the previous evening he had a "stiff neck," and the following morning a "weakness" of the right side of the face. On account of the latter he walked to the hospital, not feeling very well; it was then noticed that he had right facial paralysis, together with inability to open the mouth sufficiently wide to protrude the tongue, though he could separate the teeth for nearly half an inch. Axillary temperature 100·4° F. On the back of the first phalanx of the left index finger a small pustular sore was noticed, about the size of a pea, and near it several scabbed scratches. These, he said, resulted from the graze of a saw seven days previously. Over the middle of the bridge of his nose there was a sore about the size of a sixpence, the edges of which were red and angry-looking. He said it resulted from a fall five days before admission. No enlarged glands or inflamed lymphatics could be detected in the vicinity of either of these wounds. E. T. 99°. P. 78.

The next morning the following note was made as to the patient's condition:—

He is a well-formed, well-nourished, healthy-looking man of about middle height, of dark complexion and hair, his face florid and of an icteric tint. He generally lies quietly on his back with the eyes closed, indifferent to what is going on around, except when roused, as by a loud noise, &c. Occasionally he has convulsive attacks, which seem to arise in connection with fits of dyspnoea, brought on by violent unsuccessful attempts to cough. At these times he puts his hands to his throat; the trunk and limbs are convulsively moved, and the posture rapidly changed, as if seeking relief; the face being congested. The right side of the face is completely paralysed; on the left side there is a well-marked *risus sardonicus*. Both pupils are small, equal, and active. Sclerotics are white and not jaundiced. The conjunctival blood-vessels are normal. There is no impairment of audition on either side. When spoken to he answers rationally, being quite clear in his mind, though speech is defective, because he cannot open his mouth.

The teeth are firmly clenched together, but by making an effort they can be separated for a small extent. The masseter muscles, however, are not obviously contracted, and they do not feel rigid. The muscles at the back of the neck are firmly contracted, so that he has a stiff neck, only limited lateral movements being possible.

He complains of pain in the throat and over the sternum, also of difficulty in breathing; but the sight of water does not induce excitement or convulsive attacks, and he is quite sure he has never been bitten by a dog. He is able to swallow fluids. His habits have been rather intemperate. No signs of syphilis.

P. 64, rather hard. R. 24, quiet shallow, chiefly abdominal. T. 103°. skin moist, warm. Tongue cannot be protruded, no sordes.

This afternoon, after a consultation of the physicians and surgeons of the hospital, he was transferred to the care of the former, who regarded the case as one of cerebro-spinal meningitis.

In the course of the next 24 hours the respiratory embarrassment increased, and he died the following evening with symptoms of asphyxia. Shortly before death the temperature reached 105°.

He was treated with morphia, bromide of potassium, chloral hydrate, hypodermic injection of extract of physostigma, and ice-bag to neck and head, but none of these remedies afforded much relief.

The autopsy was made 14 hours after death, by Dr. Fowler, whose notes I have followed. The weather was fine: *rigor mortis* was well-marked. The face retained the same expression it had during life—the right side placid, the left drawn, and with a *risus sardonicus*. The head and the upper part of the trunk were livid, especially posteriorly. There was a little frothy mucus about the nostrils and lips. The teeth were clenched. The body was well nourished and muscular.

The cerebral meninges were normal. The vessels over the

convexity of the brain in the occipital region were unduly full. At the base there was a little excess of sub-arachnoid fluid, but no sign of inflammation. The lateral ventricles were rather full of fluid. Otherwise the brain was normal. No fracture of the cranial bones could be detected; the temporal bones were carefully examined. The medulla and the spinal cord appeared normal; no signs of any meningitis, &c. Pleuræ normal. Bronchi contained frothy mucus. Both lungs intensely congested; recent hæmorrhagic extravasation into both lower lobes.

Right side of heart distended with dark, partially-clotted blood; left contained some post-mortem clots, but not much blood. Valves normal and competent. Muscular substance healthy. Spleen, liver, and kidneys congested. The muscular tissues throughout the body of an unusually deep reddish colour. No additional lesion could be detected in the vicinity of either of the small wounds noticed during life.

Facial paralysis as a complication of tetanus is such an exceedingly rare event, that it is not even alluded to by most authors. Dr. Ross, in vol. ii. of his "Treatise on Diseases of the Nervous System," p. 847, says:—"Motor paralysis is a rare symptom of tetanus. Rose observed paralysis of the muscles of one side of the face in a case in which the primary lesion was in the area of distribution of the facial nerve."

Whether the latter condition held in this case is doubtful, since there was a prior wound on the finger, the case illustrates the importance of recognising the occasional association of facial paralysis with tetanus.

As pointed out by Mr. Hulke, other noteworthy points in connection with it are:—The complete absence of tetanic contraction of the muscles of the trunk and limbs; the clonic character of the spasms of these parts; the complete absence from them of motor disorder during the intervals; and the ability of the man to execute complex purposive movements.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 551, last vol.)

THERAPEUTICS OF CHALYBEATE WATERS.

A MORE moderate estimate is now entertained than that which formerly prevailed concerning the value of chalybeate waters. This change of opinion may be partly due to the reaction which naturally follows exaggerated views, but is probably still more to be attributed to the progress of chemistry having placed at our disposal so many ferruginous preparations. Moreover, careful study of the therapeutics of iron has led to greater discrimination in its use. The best effects of the metal can usually be obtained from appropriate pharmaceutical preparations, but we need not, therefore, overlook the benefits which so often accrue from the complete change involved in a visit to one of the many agreeable spas. Many cases of poverty of blood are easily cured by diet, fresh air, exercise, and other influences which promote nutrition. The healthy system can extract sufficient iron from a suitable diet. On the other hand, there are many cases in which the deficiency of this constituent of the body is best directly supplied by the presentation of the metal to the stomach in a suitable form.

Generally speaking, the more acute and direct the anæmia, the more rapidly will the iron be assimilated. As a necessary constituent of the body, the metal may be regarded as a food. Its deficiency is at once shown in a change in the blood, the corpuscles of which are rapidly replaced under its influence. Its hæmatinic effect can therefore be determined in any given cases by counting the corpuscles. But for this purpose only small doses are required, and should be given in the most easily assimilable form. It has been estimated that in health a grain per day is usually taken up and removed, but in some chlorotics that four or five times as much has been for a short time assimilated. Further estimates have been formed of the total deficiency of iron that may take place in disease and be restored by treatment. According to these calculations, the deficiency never exceeds 15 or 20 grains; from 37 to 47 grains are present in the blood of a healthy adult. The blood will not take up more iron nor form more hæmatin than the normal amount, so that we cannot increase the richness of the blood beyond the standard of health. But it does not follow that unlimited quantities may be given. On the contrary, large doses are likely to derange the digestive organs, and thus defeat the object with which they are given. They impede the secretions, and thereby hinder absorption and constipate the bowels. Something, of course, depends on the form in which the iron is presented, the preparation, and the degree of dilution; something, too, on the state of the stomach. The presence of carbonic acid is also a point not to be overlooked, and we have already discussed the effects of this gas. The unabsorbed portion of the dose passes away in the fæces, chiefly as a sulphide, and is the cause of the blackening of the evacuations. Small quantities of sulphide constipate by checking the secretion of the intestinal mucous membrane, but larger quantities may act as an irritant, and so produce diarrhoea.

After absorption iron is eliminated by the kidneys, skin, and liver. It chiefly passes into the urine, and the rate at which this occurs seems to accord with the rate of absorption, the amount excreted increasing with the smallness of the dose taken.

Somewhat contradictory results have been reported as to the effect iron has on the pulse. It is reported generally to give tone to the circulation and to make the pulse slower. Others, however, state that it increases the frequency of the pulse, and it is a common observation that it appears to increase congestions. The effects of iron waters, which contain carbonic acid, ought not to be brought forward to elucidate this question, as the gas itself would manifestly affect the result. As the iron favours oxidation, it may be assumed that this tends to increase the production of heat and to quicken the pulse, but this last symptom may be more than neutralised at a later stage by the increased strength which follows improved sanguification. Iron would seem to give tone to the capillaries and even to stimulate their contraction, to which effect may be partly ascribed its power over hæmorrhages and discharges.

If the final use of iron in the system cannot be completely traced, we may certainly conclude that it is necessary to the formation of the blood globules, and when deficient should be supplied in the lightest form. The small quantity present in chalybeate waters is suffi-

cient to produce the therapeutical effects just as in the cases of other preparations. Small doses, as already stated, are most efficient. In the mineral waters carbonic acid is a frequent constituent, and this will often stimulate the stomach and prove an excellent digestive. When too abundant a portion may be allowed to escape, and, indeed, when the bottled waters are used they may often be safely warmed, and will then be more grateful to delicate stomachs for, as previously shown, large quantities of gas are often injurious. In most of these waters the iron exists as a carbonate of the protoxide. Those which contain the sulphate are much heavier, and disagreeable to the palate. They are, however, occasionally useful.

Some of the weakest chalybeate waters have been spoken of in our account of table waters. We have now to enumerate those of which an analysis has been given in our last report.

Roisdorf contains only a small amount of solid ingredients. The proportion of iron gives it a distinct value as a mild, uncomplicated, chalybeate water.

Homburgh is more frequented for its salt springs, while its position makes it a favourite resort. Nevertheless, it boasts its iron spring, with which the other treatment may be combined or supplemented. We do not frequently employ the bottled waters.

Spa, the name of which has become generic, is an agreeable and easily accessible resort, where the chalybeate waters can be supplemented by luxurious bathing, horse exercise, and other agreeable circumstances. The town is situated 1,000 feet above the sea level, in one of the valleys of the Ardennes, and is a pleasant, bracing, but mild resort. The bottled waters seem to be rather weaker than those of the principal spring—the *Pouhon*, but they are of the same character.

Wiesbaden, so famous for gout, is generally classed with salt waters, the proportion of chloride of sodium being large. It also contains chloride of ammonium—as much as 5·7 grs. per half-pint. The saline ingredients are 33·6 grs. out of a total of 45·4, and the iron is only 0·3. It also contains arsenic. Only one of the seventeen wells is used for drinking, the fame of Wiesbaden depending on its thermal baths.

Harrogate, so renowned for its sulphur waters, has also a remarkable iron spring, in which the metal is found as a chloride. This well is a most valuable addition to the other springs of this celebrated English resort, the bracing climate of which is more tonic than that of many Continental Spas. There are other constituents of this water which add to its value, and give it a position quite unique.

Royal is often classed with Ems, for which it is a very good substitute, while its climate is better, for being 1,380 feet above the sea (Ems is only 291), the heat in July and August is not so great nor so oppressive as at Ems. It is a mild alkaline chalybeate water, and is recommended in mucous catarrhs, and dyspepsia attended with anæmia.

Pyrmont, once the leading chalybeate Spa, still offers sufficient attractions to make a sojourn pleasant, while its waters have for centuries held a high place among chalybeates. They are highly charged with carbonic acid, and the stimulating effect of this is compared by some

enthusiasts to that of champagne. The water is agreeable to the taste. The iron is here associated with calcareous salts.

Shelfanger, a mild alkaline chalybeate, in which the iron is associated with magnesia, does not seem to constipate, and is of agreeable flavour.

GENERAL MEDICAL COUNCIL.

SIXTH DAY, MONDAY, JULY 3.

VIVA VOCE EXAMINATIONS.

DISCUSSION was resumed on the Visitors' suggestion that candidates who failed to pass the written part of an examination should be precluded from proceeding to the *viva voce* test.

Mr. MARSHALL considered such a regulation would act unfairly on many candidates. Although at the present time anyone getting less than three out of ten marks was unable to make up the lost ground at the primary examination of the Royal College of Surgeons, still he did not think that the few who thus failed should be stayed from proceeding to the oral test.

Mr. MACNAMARA, in seconding the motion, urged that it was futile to continue the examination of candidates hopelessly rejected at an early period. He thought it very desirable that written examinations should be held at local centres, the then answers forwarded to the examiners at the general centre, by whom they would be carefully considered, and all candidates who had failed irretrievably in this first stage should be informed of their position, and thus saved the expense and annoyance of subsequent rejection. Even if the Council did not endorse the Visitors' conclusion then, he was sure it would at a future time.

Dr. WARREN thought it a great hardship that candidates who fail in a single subject should be compelled to go through the whole test again. He wished the Council could see its way to recommend that examining bodies should consider the advisability of not requiring the whole area of the examination to be gone over again. Non-qualified assistants would accept such a change as highly advantageous to them. He thought it would be advantageous if some such instructions as the following were added: "And that where a candidate has been referred in his written and oral examination only because he has not obtained pass marks in one or more, but not in all, the subjects, when he again comes up to examination he should not be examined in those subjects in which he had obtained satisfactory marks; and that any candidate who has once been referred may take any of the subjects in detail, and should not be obliged to present himself for all the subjects included in that examination."

Mr. SIMON desired to register a *caveat* as to many of Dr. Watson's conclusions. The system advised would meet with his strong dissent. He was inclined to vote for the motion, but would hesitate to do so in the face of objections from the Royal College of Surgeons. The economy of time resulting from the adoption of the motion might be considerable.

Dr. HUMPHRY thought the mode of conducting their own examinations should be left entirely to the Boards. There was danger that if candidates were admitted to a "stages" examination, the tests would become too meagre. There were objections to stopping candidates who fail to pass the written part of an examination. Such men would be prevented from obtaining that experience of examination which was of material assistance to them in their further preparation. He was sure the real cause of the high number of rejections was consequent on their inability to accomplish all required of them in the time given.

Dr. QUAIN said the influence of the Council was exerted formerly by framing general recommendations. It ought not to interfere with the minute arrangements of the bodies.

Mr. MARSHALL admitted there would be economy of time often in adopting the proposal, but to so small an extent that it was unworthy of consideration. The examiners did not desire to economise in that way, and they had other reasons also against the scheme. It was better for a man to pass through the whole examination, whatever his certainty of

rejection. Mr. MARSHALL maintained that the experience of the oral was of high service to candidates. He was certain the splitting of the examination into segments, permitting candidates to pass bit by bit, would lead to the greatest abuses. He agreed with Dr. QUAIN.

Rev. Dr. HAUGHTON thought the Council might be glad to hear the views of the Universities on the question under discussion. No one in Dublin University could understand Conclusion 11 of the Visitors; that was due to there being no oral examination as such, but *practical* examinations in dissecting-rooms, wards, and laboratories. This examination was ten times as important as the written answer to papers of questions. It was wrong to permit candidates to pass any examination bit by bit. The *morale* of the motion of Mr. Teale was questionable, and he would oppose it.

Mr. MACNAMARA wished Dr. Haughton to explain how he could oppose piece-meal examination when at Dublin University candidates passed the subjects in groups.

Dr. SCOTT ORR agreed that candidates who were rejected at examinations obtained valuable experience while undergoing the test. Moreover, justice to candidates demanded they should be allowed to go through it all.

Dr. HALDANE and Sir Wm. GULL opposed the motion.

Mr. TEALE considered that, although opposed to the spirit of the Council, Dr. Watson's suggestions deserved consideration. The conclusions were not put forth as recommendations, but they simply enabled discussion of the Visitors' report to be more readily entered on.

The motion being about to be put to the vote, Sir Wm. Gull moved, and Mr. Simon seconded, the "previous question," which was negatived, and the original motion being put, was lost.

ADDITIONAL SUBJECTS OF EXAMINATION.

Mr. TEALE then moved the conclusion of the Visitors, that, "In any future revision of the curriculum the subjects of hygiene, ophthalmology, and mental disease should have serious consideration—and perhaps admission—under careful limitation, as distinct elements of examination." In support of this Mr. Teale urged the necessity of every surgeon being able to treat common eye diseases, and that he should have a bird's eye view of special subjects. Prof. Swanzy recommended that students should be specially examined in ophthalmology.

Dr. BANKS urged that no part of a general practitioner's duty was more important than that of deciding on the mental state of patients. Two years previously the same question was considered by the Council and shelved. He was convinced of the absolute necessity that mental disease should form part of every examination for qualifications to practise. Three months' attendance at an asylum ought to be required. He would second the motion.

Mr. TURNER expressed surprise at the appearance of such a resolution. He could conceive no adequate curriculum from which the subjects named were absent; and since it was certain that the subjects were part of regular study, it was unnecessary to pass such a resolution.

Dr. STORRER said the University of London always regarded mental diseases as part of the subject of medicine, but feeling the impossibility of making any special regulation on it, had made three months' attendance at an asylum alternative with other clinical work, and further advised candidates for the M.B. to make themselves particularly acquainted with the clinical aspect of insanity. He thought, however, it would be unwise to frame a recommendation to the licensing bodies on this subject.

Sir Wm. GULL agreed that it was undesirable to split up study too much.

Rev. Dr. HAUGHTON said that the five examining bodies in Ireland did not examine on the subject of insanity. Any questions bearing on it were vague ones on the law, &c., and did not in any way benefit the public.

Mr. MACNAMARA opposed the motion.

The motion was lost.

HYGIENE.

Mr. MACNAMARA moved that the Committee should note with approval the conclusion arrived at by the Visitors in respect to the importance of hygiene as a subject of examination. The Royal College of Surgeons of Ireland appointed a Professor of Hygiene, but had not yet established examination in it. A knowledge of hygiene, however, was of great value and high importance to every practitioner.

Mr. COLLINS seconded the motion.

Mr. SIMON moved, and Mr. TEALE seconded, "That, considering how important it is to all medical practitioners to possess a competent knowledge of hygiene and preventive medicine, the Council takes note of the suggestion of Dr. Gairdner and Mr. Stokes that these subjects ought to form a more independent part than they do of the examinations of all corporations."

Mr. TEALE explained that he did not agree with the suggestion of Dr. Gairdner and Mr. Stokes in regard to making hygiene and preventive medicine compulsory subjects of examination.

Dr. PETTIGREW considered that the period of study spent by students of medicine did not permit the addition of fresh subjects to the curriculum. The matter would have to be discussed ere long in connection with revision of the curriculum.

Dr. LYONS took objection to the term "preventive medicine," which he contended was a loose term, meaningless, and unworthy of being employed by so august a body as the Medical Council.

Mr. SIMON pointed out that the term had been used by the Visitors, and this was a sufficient reason for retaining it. He was surprised at the objection raised to the use of the term, and could not understand Dr. Lyons' onslaught.

Rev. Dr. HAUGHTON regretted the Council should waste its time in useless discussion. He would not accept either of the proposals before the Council; the differing opinions as to the meaning of the terms employed explained the diversity of conclusions expressed by members of the Council. The Dublin University estimate of "State medicine" included a knowledge of law, pathology, medicine, meteorology, engineering, chemistry, &c., &c. No candidate could enter for it unless previously a Bachelor of Medicine or Surgery at Oxford, Cambridge, or Dublin. It was, therefore, impossible to defraud the public by endorsing a less inclusive description of hygiene.

On a division Mr. Simon's amendment was carried. It was then put as a substantive motion and carried.

This concluded the consideration of the Visitors' Report, and the Council at once resumed.

UNQUALIFIED ASSISTANTS.

The following Councilmen were appointed:—Dr. Chambers, Dr. Lyons, Mr. Macnamara, Mr. Simon, Dr. Pyle, and Dr. Watson.

VISITORS' REPORT.

Rev. Dr. HAUGHTON thought that the Council, having completed its consideration in Committee of the Visitors' Report, it was right that representatives of the corporations visited should be invited to add any remarks they wished supplementary to the Visitors' conclusions, in accordance with his own motion of June 29.

The PRESIDENT having admitted this,

Sir WM. GULL said this course would involve much waste of time. The Council had really heard already all that could be said.

After considerable further conversation on the matter,

Mr. SIMON suggested that the representatives of licensing bodies should take the opportunity of debate on the question of Prof. Haughton's motion to make any statement desirable.

Dr. AQUILA SMITH congratulated the Council on having arrived at this decision. He drew attention to the absence of specimens of answers given at examinations of the Royal College of Physicians of Ireland. In view of the strong remarks made by Mr. Teale on a preceding day respecting the deficient education of rejected candidates at many examinations, it was regrettable the Visitors had not decided to submit the answers in their possession to the Council together with the report.

Dr. HALDANE said the report did not express the Visitors' opinion of the examinations surveyed, and this, he held, nullified the value of the report, as it was of the first importance for Visitors of examinations to say in what regard they thought them capable of amendment, and in what excellent. The Visitors also had omitted to inspect the single examinations of the Colleges of Physicians and Surgeons, Edinburgh; they visited only the double qualification examination. The report also contained several errors. Examiners were elected for special knowledge, and were not, as the Visitors said, appointed to groups of subjects after election. The Visitors had committed errors in many other matters also.

Dr. WATSON, on behalf of the Royal College of Surgeons of Edinburgh, asked if the Visitors were dissatisfied with the

tests imposed by that College. The Visitors had, in fact, never visited the examination. He went at some length into a repudiation of the charges brought against the College of Surgeons.

Mr. TEALE said an answer could not be given until he had consulted his colleagues. He might explain that the reason why examination papers had not been printed was because of the very considerable difficulties in the way of selection and correction in printing such a mass of papers.

Dr. QUAIN explained that the Visitors had no right to demand the answers.

The subject then dropped.

SEVENTH DAY, TUESDAY, JULY 4.

CHARGE AGAINST A REGISTERED PRACTITIONER.

The Council was occupied during the whole sitting in the investigation of a charge of disgraceful conduct. The subject was brought under the notice of the Council in the following letter, dated June 8th, from Mr. R. H. S. Carpenter, the Secretary of the Medical Alliance Association.

"Gentlemen,—I have to apply to you to remove from the Medical Register the name of David Beatson Murdoch, for disgraceful conduct in the practice of his profession, as described upon oath during the proceedings of two inquests held by Sir John Humphreys on June 7th, a report of which, taken from the *Telegraph* of to-day's date, I herewith enclose to you. You will see the various addresses of Dr. Murdoch, ranging from Dalston to the East India Road, in the accompanying report."

The case was first investigated by the English Branch Council, and placed by them in the hands of the Registrar, to be brought before the General Council.

Mr. FARRER, the solicitor to the Council, stated that he had, in accordance with instructions, summoned Mr. Murdoch to attend the meeting. The charges against him were—1. That he had a number of "dispensaries" at which he employed unqualified assistants; 2. That he allowed unqualified persons to sign in his name false certificates of death; 3. That, in cases under the care of his unqualified assistants, he presented himself at the last moment so as to be able to sign a certificate. Mr. Farrer was of opinion, with regard to the second and third charges, that there was no evidence that it was Mr. Murdoch's habit to act in the manner stated. He (Mr. Murdoch) had stated that false certificates had been signed without his authority, and there was no evidence that he had given such authority. There was, however, proof that he had employed unqualified assistants, both in the evidence given at the coroners' inquests and in his own letters. The evidence at the inquests, which was laid before the Council, showed that two children, who had died, had been attended at a so-called "Provident Dispensary" at 149 St. Leonard's Road, by an unqualified person named Gouverneur Hamilton Griffin, calling himself also "Colonel" Griffin, acting as Mr. Murdoch's assistant.

Mr. MURDOCH had addressed to the Council a letter, of which the following are the main points:—

"I fully admit my fault in not having inquired thoroughly into the antecedents of the man who has brought upon me so much trouble—I mean Mr. G. H. Griffin. I was aware that he had assisted another medical man, and I learned that he was well spoken of by all classes of patients, many of whom stated that he cured their complaints, that *he was clever* (to use a popular expression), and they praised his kind attention and gentlemanly demeanour. I myself was misled into the belief that he was a man in whom I could repose confidence. He informed me that he had studied medicine and law in Canada, and that he possessed a Canadian diploma.

"I have been much blamed because a certificate of death with my name subscribed was handed to the parents of the deceased by Mr. Griffin. I told the coroner's officer, and also Dr. McGill, who made the post-mortem examination, that I knew nothing about the child's death, and that I had not written the certificate, which has now proved to be nothing more or less than a forgery.

"I swore before the coroner, I have since sworn in the presence of a Commissioner of Oaths, and I have confirmed my oath before a magistrate, that *I have never authorised anyone to sign a certificate of death, or to use my name for such a purpose.*

"I acknowledge my error in employing unqualified assistants, although I have never expected them to do more than treat common cases, such as coughs and colds, simple diarrhoea, &c., which many people would treat themselves without con-

sulting a medical man. I know that it is no excuse for me to say that it is a constant custom in the profession to employ unqualified men, and that I err with the multitude of my professional brethren.

"I see now the evil of such a system, and I assure you, gentlemen, I have learned a sad lesson.

"In conclusion, I ask your pardon. I promise to exercise more discretion in future, and I trust that you will have no reason to complain of my professional conduct. I shall not employ another unqualified assistant, except for subordinate duties, unless he be under the direct surveillance of a legally qualified man; and, further, I will not undertake more duties than I can fully and conscientiously perform."

Mr. MURDOCH was called in, and questioned by Mr. Farrer, and by several members of the Council through the President and Solicitor. His replies were generally in accordance with his letter.

The Council deliberated in private for more than two hours, after which Mr. Murdoch was again called in, and informed by the PRESIDENT that the Council had adjudged him, in the words of the Medical Act, to have been "guilty of an infamous conduct in a professional respect," but that they had decided not now to remove his name from the Register, he having promised to desist from the practice of which complaint had been made.

EIGHTH DAY, WEDNESDAY, JULY 5.

The minutes of the preceding day's meeting having been read,

Mr. SIMON took objection to the form in which these minutes were recorded. He doubted their accuracy as a report of the proceedings.

The PRESIDENT said this question had occurred to him when he first saw the printed minutes. The minutes had been amended, to meet the requirements of the case.

Half-an-hour having been spent in discussing the subject of revision, the Council resolved to confirm the minutes as amended to represent what actually took place.

IMPROPER QUALIFICATION.

Mr. MACNAMARA introduced the case of Mr. Dixon, which had been complained of by the Australian branch of the British Medical Association, this person having, it was asserted, obtained a medical qualification without fulfilling the necessary curriculum and passing prescribed examinations. The Australian authorities demanded to be informed on certain points, and to have an explanation of the irregularities committed by the Apothecaries' Hall in Dublin.

Mr. COLLINS explained that the Hall had power to depart from rules laid down for education, &c., in cases where it seemed desirable. Two accusations of carelessness and informality were charged against the Hall. He had carefully taken part in the deliberations on the case in question, and it had been most fully and carefully discussed. Mr. Dixon's education commenced three years before 1858; he had been unable to remain in North Europe long enough to complete a curriculum on account of delicate health. It was true he had not conformed to all the requirements laid down in respect of candidates for the licence of the Hall, but in its discretion the Hall had acted in this case, as had been done in previous cases by direction of the Government, which, in 1840, required the Hall, in pursuance of powers conferred on it by Act of Parliament, to license a number of practitioners in the North of Ireland. Several legal opinions concurred in showing that the Hall had considerable power of action to license persons whom it considered it desirable to so license in the public interest; it could, indeed, examine candidates *sine curriculo*. The Hall thought it had done rightly in admitting Mr. Dixon to examination, and, when he passed this satisfactorily, to license him. He would move that the Council, having considered the statements respecting Mr. Dixon, and the reply of the Hall thereto, should decide it to be unnecessary to act further in the matter.

Mr. MACNAMARA seconded the motion. He thought it should be said that no mercenary motives influenced the College in their action.

Rev. Dr. HAUGHTON supported the motion.

Mr. SIMON concurred, but suggested a rider should be added to indicate that future examinations *sine curriculo* should be conducted with the sanction alone of the Council or Branch Council.

The motion was carried as proposed by Mr. Collins.

THE CASE OF G. S. SYMMONS.

On the question of a petition from George S. Symmons, who had been struck off the Medical Register on account of criminal conduct and imprisonment, for restoration of his name to the Register,

Dr. PITMAN insisted that the Council had no legal power to restore names to the Register, notwithstanding that it had previously done so. He moved that opinion of counsel be taken on this subject.

Dr. CHAMBERS seconded the motion, which was carried.

THE CASE OF WM. STORY.

The case of Wm. Story, convicted of arson in October last, came under consideration in connection with a letter received from the Royal College of Surgeons of England, announcing that Mr. Story had been deprived of his Fellowship of the College.

Mr. SIMON and Mr. MACNAMARA thought a decision on the question of removing the name from the Register should be deferred till counsel's opinion on the point raised by Dr. Pitman had been obtained.

Rev. Dr. HAUGHTON moved that the name be at once removed from the Register.

Mr. MARSHALL seconded the motion.

Mr. SIMON would vote for the motion if the Council retained the option of restoring the name at the termination of the period of punishment awarded by the law. As it was he adhered to the opinion he had already uttered.

The PRESIDENT said the same doubts had been expressed by Sir James Paget.

The motion was carried, 8 voting for, and 5 against.

THE CASE OF DR. HOAR.

The evidence relating to the divorce suit in which, on June 20th last, Dr. Wm. Hoar, of Maidstone, was found guilty of adultery with one of his own patients, and cast in damages of £5,000, having been brought under the notice of the Council,

Mr. SIMON and Dr. QUAIN intimated that the case could only be considered on the ground of infamous professional conduct, and could only be tried in a regular, formal manner.

Dr. HAUGHTON moved that the case be referred for consideration by the Branch Council.

This course was followed.

VISITATION REPORT.

The Report of the Committee of the whole Council on the conclusions of the Visitors of Examinations was presented, and consisted of the following clauses:—

1. "That it is desirable that every 'primary' or 'first part' examination shall include dissections by every candidate.
2. "That in view of the great and increasing range of chemical and physiological science, it is particularly desirable, in regard to those subjects, that examining bodies should comply with the Council's Recommendation 40, and that candidates should be apprised beforehand of the limits of the examination in these subjects.
3. "That at the final examinations, candidates should be practically examined in anatomy, in its relation to practical medicine and practical surgery.
4. "That the application of bandages and splints should be required in every surgical examination.
5. "That it is desirable that in every final examination for a surgical diploma, candidates should, as far as practicable, be required to perform operations on the dead subject in accordance with the intention of the Council's Recommendation 44.
6. "That the practical examinations in chemistry should be conducted in a laboratory.
7. "That it is desirable that the recognition of microscopical specimens, normal and morbid, should form a part of the examinations for medical and surgical diplomas.
8. "That the Committee agree with the following opinion of the Visitors:—'That in oral examinations, notwithstanding any general rule which limits examinations, for instance, to ten minutes or a quarter of an hour, a margin of additional time for satisfying the Examiners in all doubtful cases should be provided.'
9. "That considering how important it is to all medical practitioners to possess a competent knowledge of hygiene and preventive medicine, the Council takes note of the suggestion of Dr. Gairdner and Mr. Stokes, that these

subjects ought to form a more independent part than they do of the examinations of all Corporations."

DENTAL BUSINESS.

The question of purifying the Dental Register, and of the opinions as to the Council's power in the matter, was opened by

Dr. QUAIN, who said the Dental Committee had been much misunderstood. Its first step had been to require from candidates for registration a schedule of their claim, and statements as to their employment, as advised by the Dental Reform Association. When the Register was published numerous communications were received from different persons and Associations. Mr. Turner, B.D.A., was to be regarded as plaintiff in the charge. This gentleman addressed a letter to all newly registered dentists not on the Chemists' Register, requesting them to demand the erasure of their names from the Dental Register, and holding out a threat of prosecution for mis-statement if they did not do so. On the other hand, registered dentists had forwarded letters in defence of their conduct, they having been astounded at the receipt of the letter referred to from Mr. Turner. This gentleman had sent a second circular, in the same terms, to all whose names were objected to by his Association. The Dental Committee, July 16, 1880, resolved that the letters and documents referred to it by the Council should be placed in counsel's hands for report and opinion thereon. The Committee subsequently considered the suggested expurgation of the Register, and found out numerous facts, which were submitted to the General Council, and inquiry at a cost of £600 was gone into. Mr. Ouvry carefully went into all the facts, and obtained other eminent opinions on them to sustain his own. The questions respecting other opinions, of Mr. Bowen, Mr. Fitzgerald, &c., were not reasonable. The Council, on Feb. 3rd, 1881, decided that no evidence was forthcoming to show that the dentists complained of were not *bona fide* engaged in dentistry at the time the Act passed, and further, that it saw no reason to direct the removal of any of the names so complained of from the Register. The British Dental Association had forwarded a communication quoting the opinion of the late Sir John Holker and Mr. Fitzgerald, on which the Executive Committee decided that it was the function of the Association, and not of the Council, to proceed to steps for the removal of a name from the Register. This being unsatisfactory to the Association, it had addressed the following letter to the Council:—

"40 Leicester Square, July 16th, 1881.

"Dear Sir,—I am requested by the Business Committee of the British Dental Association to forward to you the accompanying opinion, and to beg that you will place it before the Medical Council, together with the enclosed explanatory resolution.

"I am, dear Sir, yours very truly,

"JAMES SMITH TURNER,

"Hon. Sec. B.D.A."

The explanatory resolution is as follows:—"That in strict conformity with the practice uniformly followed of placing before the Medical Council any facts or opinions bearing upon the administration of the Dentists' Act of which the Association may have become possessed, the joint opinion of Sir John Holker, Mr. R. S. Wright, and Mr. G. A. R. Fitzgerald, upon the meaning of Section 6, Subsection (c), be at once forwarded to the Medical Council: that the Association venture to hope the Council will cause to be placed on their minutes the accompanying joint opinion, together with the high legal opinion of Mr. (now Mr. Justice) Bowen, read before the Council in July, 1880, with the opinion, also then read, of Mr. G. A. R. Fitzgerald: and that the Association earnestly hope in the presence of a great preponderance of high legal opinion in favour of a correction of the Dentists' Register, the Council will restore to the Register the recently erased descriptive terms 'with medicine,' 'pharmacy,' &c.: and at its convenience proceed to the correction of the Register by the erasure of names registered in the midst of doubt, or take such other steps as may lead to the production of a Register legally correct."

On this the Dental Committee passed the following resolution:—

Resolved:—"That the Committee acknowledge the receipt of the foregoing communication, and inform Mr. J. S. Turner that, in the opinion of the Committee, the steps requisite to be taken to try the correctness of the course taken by the General Council, under the advice laid before it, rest with the

Dental Association, and not, as suggested in the opinion now forwarded, by the removal of a name which, in the judgment of the Council, is registered in conformity with law."

Mr. TURNER explained the opinion of Mr. R. S. Wright, Sir John Holker, and Mr. Fitzgerald, which was different from that given by counsel previously applied to. He had requested the latter to reconsider their conclusions, and the result was that he had obtained a most carefully considered opinion, which he regarded as the best yet enunciated. They decided that any person engaged *bona fide* in the practice of dentistry could claim to be placed on the Register, notwithstanding they might carry on other business than that of dentistry. The Legislature, they thought, in passing the Act, desired to preserve the full previous rights of all persons practising dentistry before the Act became law. Mr. Turner strongly advised the Council to follow the advice given by the counsel appealed to by themselves, and not to pursue the action recommended by legal advisers of the opposite side.

Dr. STORRAR moved, "That the opinions of Mr. Bowen, Mr. Fitzgerald, the Solicitor-General, and Sir John Holker, in regard to the registration of dentists under the Dentists' Act (1878), be entered in the General Council's minutes." This course, he said, he urged because the Council should carefully avoid the suspicion of favouritism, and hence all their opinions should be placed on the minutes.

Dr. PYLE seconded the motion.

Mr. TURNER said he had asked last year to see Mr. Justice Bowen's opinion, and he still thought it should be brought before the Council, especially since it had been obtained by the Council for its own guidance. He thought Dr. Storrar's request a reasonable one.

Mr. MACNAMARA suggested that all the opinions were guided by the Dentists' Act, whether they preceded or followed the compilation of the Register. He thought Dr. Storrar's request worthy of support.

The PRESIDENT pointed out that the opinions were obtained for the Council itself. Every member could obtain copies and examine them at any time; but they were not intended for publication.

Mr. TURNER said it would be very unwise to make known publicly confidential opinions of counsel.

Rev. Dr. HAUGHTON asked why, if Mr. Farrer's advice was right, certain opinions had already been printed and circulated?

Dr. QUAIN said Mr. Bowen's opinion had been acted upon, and through it all the trouble experienced had arisen. He had himself privately obtained an opinion from Mr. Lumley Smith, who urged that any person combining dentistry with other calling was not ineligible for registration. He insisted that it was the duty of the Council to protect the poor who earned their bread, as well as to guard the interests of dentists with medical qualifications. He moved, as a rider to the motion, that Mr. Lumley Smith's opinion should be entered on the minutes. The Council, when it accepted one opinion, ought not to tack on to it other opinions. The dentists were themselves to blame for their anomalous position. They had no position of their own, and had acted foolishly in not obtaining powers to conduct their own affairs, in place of relegating the functions proper to their own authorities to the Council. He hoped the question might be dropped.

Dr. AQUILLA SMITH urged the necessity for caution in the matter under discussion, and that the Council should accept Mr. Turner's advice.

Sir WM. GULL opposed the motion as being impracticable. The opinions obtained by the Council should be considered confidential, and moved an amendment to that effect, which Dr. Lyons seconded.

Dr. STORRAR said the opinions obtained by the Council since its foundation had, with few exceptions, been entered on the minutes. He insisted that there was no ground to charge the Dental Association with omitting to obtain powers to govern their profession. The Council's duty was to administer the Dentists' Act, and he still considered his motion should be passed.

The PRESIDENT, after pointing out that opinions had been formerly entered on the minutes, said he had received many communications on the subject of the Dentists' Register.

The amendment was then put and carried, and, being put as a substantive motion and carried, the original motion was lost, the minority consisting of Drs. Haughton, Pyle, Scott Orr, Storrar, Mr. Turner, Mr. Macnamara, and Dr. Fergus.

Mr. TURNER then moved, in view of the discrepancies existing between the opinions received, and to save future

discussion, that the Council adopt the recommendation of the executive committee to obtain further advice on the whole subject.

NINTH DAY, THURSDAY, JULY 6.

VISITATION OF EXAMINATIONS.

Mr. TEALE moved that the above report (see above, Wednesday's proceedings) be received and entered on the minutes.

This was carried.

Mr. TEALE then moved each conclusion separately. No opposition was given to 1, 2, 3, but on 4,

Rev. Dr. HAUGHTON thought the recommendation should take the form of an injunction.

The clause was passed, as also were 5, 6, and 7.

To No. 8 Rev. Dr. HAUGHTON strongly objected. The Council was going undesirably and dangerously outside its province in going into such details. The University of Dublin would register a strong opinion adverse to the Council if such a recommendation were forwarded to it. He thought the principle of the clause a good one, but that it was unwise for the Council to descend to such details.

Dr. PETTIGREW supported the clause.

Dr. HALDANE thought Dr. Haughton's objections fairly grounded, and he would not support the clause.

Mr. MARSHALL thought it the duty of the Council to advise on the character of examinations, but not to suggest the mode of carrying them out. Such details as those dealt with in the clause were no concern of the Council. After all, the resolution, if passed, would be of doubtful effect, or of none whatever, for it was open to examiners to deny the existence of "doubtful" cases.

Prof. HUMPHRY suggested modification of the clause, and moved as an amendment, that the "Council should direct the attention of examining bodies to the 'opinion of the Visitors that,' &c.

Mr. TURNER seconded the amendment. He thought it would be a pity if the clause was lost; it had been discussed at some length by the Council, and if it went down to the bodies it might do good.

Dr. AQUILLA SMITH supported the amendment.

Dr. LYONS thought the objection of interfering with details not tenable after the recognition of such interference given in preceding clauses. He could see no difference of principle in the several cases of interference authorised by vote of the Council.

Rev. Dr. HAUGHTON thought the amendment open to greater objection than the original clause. Any communication to the examining bodies should proceed direct from the Council itself, and not from an unknown Committee.

The amendment was put and carried, and being put as a substantive motion, was carried also.

Mr. TEALE thought it unnecessary to move the acceptance of No. 9.

Mr. MACNAMARA regretted the action of Mr. Teale, especially because of the latter's disagreement with the opinion expressed in No. 9. He would move that the clause be officially brought to the attention of licensing bodies. These should be encouraged in any attempt to foster the study of hygiene.

After further discussion,

Mr. TEALE proposed, and Mr. MACNAMARA seconded, that both 8 and 9 should be recommended to the attention of the licensing bodies.

Dr. BANKS remarked on the omission of mental disease from the clause, and moved an amendment that "the subject of mental disease be drawn to the attention of the authorities."

Rev. Dr. HAUGHTON seconded the amendment.

The President pointed out that the proposal should take the form of a substantive motion, and follow after clause 9.

Clause 9 was then passed, and on Dr. Banks' addition being proposed,

Mr. SIMON deprecated emphasising any particular study.

Mr. MACNAMARA said this was necessary whenever there was palpable evidence that particular diseases were not sufficiently studied.

Sir WM. GULL referred to the frequency with which this subject came before the Council.

Dr. LYONS said the subject of mental diseases was, to his personal knowledge, often examined on at the King and Queen's Colleges of Physicians in Ireland. Hygiene and preventive medicine were likewise included in the same examinations.

Mr. TEALE explained that he had withheld approval from the suggestion of his two colleagues because he felt the danger of burdening students with another subject so extensive as hygiene unless its limits was most carefully defined for examination purposes.

After considerable discussion on the wording of the motion proposed by Dr. Banks, it was finally put as follows, and carried:—"That the subject of 'Mental Disease' be added to those of 'Hygiene' and 'Preventive Medicine' in the foregoing resolution."

Mr. MARSHALL moved, and Mr. TEALE seconded, "That the Council adopt the first seven paragraphs of Report of Council in Committee, and directs that they be transmitted with the Recommendations relating to oral examinations, mental disease, hygiene, and preventive medicine, to all licensing bodies."

Mr. TEALE moved, "That copies of the Visitors' Report, the Remarks by the Bodies visited, and the Resolutions of the Council thereon, be sent to all the Medical Authorities and Medical Schools of the United Kingdom."

Sir WM. GULL seconded the motion.

Dr. Watson, Prof. Humphry, Dr. Quain, and others, having spoken on the motion, it was carried.

REGISTRATION OF MIDWIVES.

The Report of the Committee appointed to consider the draft bill for registration of midwives was read and entered on the minutes.

ERASURES FROM REGISTER.

Dr. PITMAN moved, "That it would be desirable that, in any amendment of the Medical Acts, provision be made as regards persons whose names may be struck off the Medical Register, under Section 29 of the Medical Act (1858), that every such person shall *ipso facto* forfeit any medical title which he may at the time hold from any of the Medical Authorities; subject, however, to the further provision that any Authority, if it sees fit, may afterwards renew to such person the forfeited title on condition of its not being again registrable under the Medical Acts, except with the consent of the General Medical Council."

The object of this proposal was to remove an embarrassment which prevented the Council from acting as it might desire in all cases in which names had been removed from the Register. Many, if not all, of the licensing authorities were powerless to strike names off their lists under clause 29, and it was desirable to give them the power. Such amendment also would give the Council a power of restoration it did not possess.

Mr. SIMON seconded the motion.

Mr. TURNER said some bodies undoubtedly do possess power of removing names from their lists, but no University possessed such power of degrading graduates. The motion proposed to give power of renewal of such forfeited title with consent of the Council. This seemed a difficult matter in a legal sense. It might be that re-examination would have to precede restoration of a degree. Adoption of the motion would place enormous difficulties in the way of anyone desiring restoration to professional status. He could not vote for the motion.

Dr. STORRAR, while respecting Dr. Pitman's motives, quite saw the force of Mr. Turner's objections. The Universities would demur to an external body like the Council degrading their graduates. How would the Council treat graduates like those licensed by the Archbishop of Canterbury. Dr. Storrar thought the penalties inflicted under the Medical Act, which deprived a disregistered man of his professional privileges, met the necessities of the case. He would require to think the matter fully over.

Rev. Dr. HAUGHTON said the Universities could not be deprived of their privileges by any Act of Parliament. Dublin University found twenty years ago that they had no power to take away a degree once conferred.

Dr. HALDANE advocated deferring further consideration of the motion.

Dr. BANKS sympathised with the aim of the motion, but thought the removal of the name from the Register met the case.

Mr. MACNAMARA suggested that bodies not possessing power to take away licenses once conferred by them, should seek to have it. He thought the corporations would regard with a jealous eye the degradation of their licentiates by any body but themselves. He was sure any person

adjudged guilty of infamous conduct by the Council would find scant mercy at the Royal College of Surgeons of Ireland.

Dr. LYONS did not think any Act of Parliament with such sweeping clauses would ever be passed. The object held in view by Dr. Pitman was undoubtedly good as aiming at deterring all persons from criminality. But the practicability of his scheme was more than doubtful. His object might be obtained by the ventilation given to the subject by the discussion. It was to be hoped that the motion would not be pressed to a division.

Prof. HUMPHRY agreed with Dr. Lyons. It should be remembered that under the scheme of the Commissioners a University degree in medicine would not be included in the Register, and such a proposal as Dr. Pitman's could not then be entertained.

Mr. SIMON thought the purpose of the resolution had been served by the discussion on it. He thought the Universities ought to have power of degradation.

Dr. QUAIN referred to the case of Lamson, who had been accustomed to adopt titles to which he had no right. The Branch Council referred the case to the bodies which had licensed him, and these latter replied that they thought it was the duty of the Council to take away titles from practitioners guilty of infamous conduct.

Dr. PITMAN explained that his desire was to have the opinion of the Council expressed. All the corporations ought to have power of degrading persons who abused the privileges they possessed. The Archbishop's graduates could not be registered. He was willing to withdraw the motion.

Motion accordingly withdrawn.

Dr. AQUILLA SMITH moved to bring before the Council correspondence between the King and Queen's Colleges of Physicians and the Registrar of the Branch Council for England. The College accused a man named Prosser, holding diplomas M.R.C.S., L.S.A. Eng., who had performed a post-mortem examination, and on his evidence a verdict of manslaughter was returned. Subsequent examination of the body proved that the result given by Prosser was unsubstantiated by fact. He had not removed the organs. The College claimed that this conduct was infamous, and especially since an Irish practitioner, Mr. O'Leary, L.K.Q.C.P., had suffered false imprisonment through it on a charge of manslaughter. The College thought Mr. Prosser's conduct should be considered by the Council, under Section 29 of the Medical Act. The Council had at one time decided to complete the investigation of the case, and Dr. Smith, in consequence of the Branch Council for Ireland having declined to take action against Mr. Prosser, requested this might still be done.

Mr. TURNER urged that Dr. Smith was out of order. The case was closed, and could not be re-discussed.

Dr. SMITH said the Colleges of Physicians were dissatisfied with the inquiries made by the Branch Council, and were exceedingly anxious to carry out the investigation of the case.

Mr. TURNER insisted that any additional evidence must be laid before the Branch Council.

Dr. LYONS contended Dr. Smith was right in bringing the matter before the Council. The case was a most important one.

Dr. SMITH continued his explanation, and said that the Colleges of Physicians were very dissatisfied with the dilatory action of the English Branch Council, which had not taken any steps to make out the real facts of the case. Their College had done very much to defend the dignity of the profession; their Licentiates were required to observe strict professional etiquette every way. He moved that the Branch Council for England be requested to investigate the case of Prosser at once, and submit the result to the Council.

Dr. BANKS seconded the motion. The case referred to was most infamous, and ought to be thoroughly investigated.

Sir WM. GULL said, as a member of the Branch Council, he remembered that the case had been properly investigated, and it had been decided that not sufficient evidence was forthcoming to justify any action in the matter.

Mr. SIMON expressed a similar opinion.

Dr. LYONS said he had been much interested in the case, having been personally acquainted with Mr. O'Leary. He had been so impressed with the circumstances that he felt a public inquiry should be held into it. He was not at liberty to state the conclusion of this. The action of Mr. Prosser towards a professional brother was most regrettable. The consequences were too grave in character for the request of the College of Physicians to be ignored by the Council so far as regarded reconsideration of the case. No censure of

the Branch Council was intended, but it might be thought the Branch Council should have brought the subject to the notice of the General Council. He thought further attention should be given to the matter; he supported the motion to re-consider it.

Mr. MACNAMARA reminded the Council of the fact that the perjury took place in England. It might have been wise to bring the matter when it was fresh to the notice of the Public Prosecutor. Mr. Prosser was undoubtedly guilty of perjury. It was much to be regretted the Branch Council did not at once refer the case to the proper legal authority.

Dr. AQUILLA SMITH replied briefly, and insisted on the necessity for reconsideration of the case, especially since the evidence of Prosser was founded on a most imperfect post-mortem examination. The Colleges of Physicians had done all they could in the matter. He disclaimed any desire to impute any impropriety to the Branch Council.

Mr. SIMON suggested that additional documents relating to the case should be submitted to the executive committee, to be forwarded, if necessary, to the Branch Council.

The PRESIDENT said he quite thought Dr. Smith had acted within his right in bringing the matter before the Council. He explained that the Branch Council had acted on the advice of the solicitor to the Council. The action, however, was a distinct vote of censure on the Branch Council, which was wholly undeserved. If the Council desired the executive committee to reconsider the matter it would willingly do so.

Dr. SMITH denied any wish to move a vote of censure.

Dr. BANKS advised Dr. Smith to accept Mr. Simon's proposal to permit the Branch Council to receive further documents.

This course was followed.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 12, 1882.

THE COUNCIL'S ATTITUDE TO UNQUALIFIED PRACTICE.

FOR the first time since it came into existence, the General Medical Council seemed, early in the session just concluded, to be on the verge of performing an act which should both redound to its high credit and advantage the profession it is presumed to champion. For the first time there seemed a certain probability that acts already universally condemned by the voice of public opinion as well as by every honourable medical man, would meet the deserved punishment at the hands of those who are in strictest measure the guardians of professional interests. In a word, the question how to determine the future conduct of unqualified practitioners has come before the Council in concrete form, and the Council has decided—what? Not that the employment of unqualified persons is an indefensible act; not that unqualified practice is an enormity which it is a primary duty for it to suppress at all costs; not that the irretrievable injury done to the public by authorised quacks who are countenanced by qualified employers demands immediate and adequate attention; not even that it is a duty to prevent the repetition of flagrant improprieties by a stern exercise of judicial functions: but, instead of all this, it prefers to adopt an attitude of benevolent imbecility, and to those who are accused before it of practices grossly inimical to public and professional welfare it piteously exclaims, "*Please don't do it again.*"

It is impossible to regard the helplessly weak performances of the Council in respect to the several cases on

which it has been lately called to adjudicate with any other feeling than one of unmitigated regret. Nor has its conduct in any way been marked by the dignity which might have been expected from it while considering matters of such vital import to the profession as those which affect the relations existing between the latter collectively and its members individually. On Saturday week the Council was informally told that arrangements were made for the trial of a certain notorious case of professional misconduct before it, and that the following Tuesday was the day fixed for it to take place. On the Monday a more impressive announcement to the same effect was made, and on the appointed day of trial it is not too much to say that both the Council and the public were alive to the fact that something more than usually important was on the eve of occurring. The case, too, was sufficiently noteworthy to justify the excitement evoked. A duly qualified practitioner was accused of "running" four or five dispensaries, at several of which the charge of patients was mainly undertaken by wholly unqualified assistants. All the facts had been published in full in the lay press, and had been called forth as a consequence of grave malpractices resulting in such exposures as of necessity brought the owner of the dispensaries under the prominent notice and censure of the coroner's court before which he was summoned to appear. All the circumstances had been duly laid before the Medical Council, and even the examination of the principal delinquent in person afforded no suggestion in opposition to the opinion expressed by the Council when it adjudged him "guilty of infamous conduct in a professional respect." Notwithstanding, however, it forthwith proceeded to make the additional extraordinary statement that "the Council did not now direct the Registrar to erase his name from the Register," and the reason for this vicious clemency is that the acts complained of are to be discontinued.

Anything more disastrously injudicious than this unwise leniency it is impossible to conceive. The consequences will rest not simply on the Council, but to a vastly greater degree on the public about which it prates so exceedingly. Conduct more childish, more ridiculous, or more mischievous it could hardly be guilty of. In the most obstinate and intentional manner it proceeds on a course of the plainest self-stultification; in a single session, within a period of three days, indeed, it (1) declares that the employment of unqualified assistants is a great abuse, and must be inquired into, and appoints a committee to carry out that object; (2) it receives information of perhaps the most flagrant example ever offered of the condemned abuse, and declares by its collective voice that the person inculpated has been guilty of infamous conduct; and (3) forthwith forgives him for doing the very thing the Council has been at special pains to insist ought not to be done. If it is in this way the General Medical Council expects to verify its President's claims on its behalf, then the sooner the reformed constitution called for in it is effected the sooner will those who trade on the lives of the poor by practising in a manner to bring infamy on the profession be taught to respect the laws they persistently outrage. It is only too evident now that no assistance in putting down the villanous abuses that make the profession of medicine suspiciously regarded by the people can be looked for from those who are by

right and by appointment the guardians and the vindicators of professional honour. The Council is not desirous of exerting its influence in the direction of purification, if its recent decision is an index of its intentions; it probably considers that its time was improperly abstracted, by the case referred to, from consideration of matters relating to the examination of gentlemen, who, once they have responded to its ever-increasing demands in this respect, may, for all it cares, violate every provision in the code, outrage every feeling of an honourable kind, and, so that the Council be not thereby disturbed, play fast and loose to their hearts' content.

It may be that we are somewhat bitter in expressing the keen disappointment created by the wholly unexpected failure of the Council to carry out its imperative duty in the matter referred to. We confess to a hopeless despair of any good ever resulting from its action. The appointment of a committee to consider the abuses of the unqualified assistant system can be nothing more than a formal measure, for the vote of the Council on Tuesday indicates only too surely that, even should the committee report in favour of disregistering employers of unqualified assistants, these persons have too many "friends in council" to admit of such a measure ever receiving its sanction. To the energetic Association which was mainly instrumental in bringing the case referred to under notice, the result of its application to the Council must be peculiarly disappointing. There can be no doubt that this Association shared the general belief that the Council is in act as well as in theory the guardian of the rights of medical men; but it is at least satisfactory that such a mistaken notion has been effectually and for all destroyed, since so long as it was in existence time and labour might have been vainly bestowed in attempts to stir the lion to its work. Now, however, we know the Council declines to exercise a power which might injuriously affect the future well-being of persons who are guilty of infamous conduct in a professional sense; and so it will be evident, to such as may be, on the other hand, interested in maintaining the reputation of the profession, that in consequence of the Council's repudiation of its functions some efficient substitute for it must be devised.

It is a little unfortunate that the prospects of a new Medical Act are so remote, as the encouragement given to employers of unqualified assistants and others by the General Medical Council will, even in a little time, produce most evil results. This, however, must serve to stimulate the defenders of the profession to greater efforts; and it may be that they will be able to countervail the impetus to infamous conduct given by the Council.

VACCINATION AND SMALL-POX.

DR. SWEETING recently presented to the Committee of the Fulham Hospital a short memorandum on the subject of vaccination in relation to small-pox. In that document he traced the discovery and theory of vaccination; he adduced evidence as to its protective efficacy against and in mitigation of small-pox, and concluded with a review of the subject from a public health and medical point of view.

The circumstance is noticed by him that about the

year 1786, "from a chance remark of a Gloucester dairymaid," Jenner was led to the thoughtful observations and scientific experiments which subsequently led to the recognition of vaccination as a protection against small-pox. The fact that Jenner's views on some minor points are not held at the present day in no wise detracts from the practical value of his discovery. Neither at the present time are opinions in accord as to the identity or non-identity of cow-pox and small-pox, one school maintaining that cow-pox is only small-pox altered by cultivation in the cow; the other, that, although members of the same group, yet they are distinct diseases. With a view to illustrate the decrease of the death-rate in London since the introduction of vaccination, a table is inserted by which the general and small-pox mortality are shown during various periods of the last two centuries, the ratio of deaths calculated as per million inhabitants. That table presents several points of considerable interest. In the twenty years 1660-79, both inclusive, the ratio that deaths by small-pox bore to the general mortality equalled 5 per cent. In the thirty years from 1728-57 it equalled 8. In the first of these periods the general rate of mortality equalled 80,000; in the second, 52,000; so that as with the lower general death-rate of the second period there was a very material increase of that by small-pox. In the ten years 1771-80 the general death-rate having been 50,000, the ratio to it borne by small-pox was 10, in other words, an increase equal to 2 per cent. beyond that of the thirty years immediately preceding, the increase being ascribed to the practice of inoculation then so prevalent. Thus we have a total period of 120 years prior to the introduction of vaccination, and by striking the general averages for it, the circumstance transpires that, with a steady decrease of the general death-rate in London from 80,000 to 50,000, there was the very important increase in mortality by small-pox of from 5 to 10; also that with this notable decrease in the general death-rate of the populace, there was an actual numerical increase in the fatal cases of small-pox represented by the difference between 4,170 and 5,020, namely, 850 per million. It was during the decade 1801-10, that vaccination began to be practised. In it, with a general rate of mortality equal to 29,200, that by small-pox to the general mortality 6·20, although, as compared with the preceding period, the actual death-rate by small-pox according to population had decreased from 5,020 to 2,040—equal to 2,980 persons—the decrease being attributed to the circumstance that 30,000 individuals had undergone vaccination. The next period given includes the five years from 1831 to 1835. In it an increase in the general death-rate from 29,200, as above, to 32,000, but with a ratio thereto of deaths by small-pox equal to 2·5, as against 6·20 in the preceding year. And not only did this decrease take place as regards the relative mortality by small-pox, but also in regard to actual prevalence, the numerical deaths having been 830, as against 2,040, equal to a decrease of 1,210—that is, a continuation of the fall which is rendered apparent by a comparison of the periods 1771-80 and 1801-10. But surely there is some misprint in the memorandum where, in reference to this,

the fifth period of the series given, the statement occurs that "we find the general death-rate declining." As first noticed, it really increased; and that increase was, in a considerable measure, due to cholera. The next period given includes the ten years from 1841 to 1850. In it, with a general rate of mortality equal to 24,800—that is, about one-fourth less than that preceding—the relation thereto of deaths by small-pox equalled 1·6; the actual number, 400, as against 830. In the seventh period, namely, 1851-60, with a general mortality rate of 23,700—by small-pox 278—the relative proportion by the latter fell, but only to 1·17, which, with regard to actual decrease as compared with the previous period, amounted to 122 lives. The eighth and last period, statistics of which are given, is the decade 1861-70. In it the general mortality is 24,400, equal to an increase, as compared with that preceding, of 700, while the actual deaths by small-pox were 276, or, for statistical purposes, relatively 1·17, as in that preceding.

No doubt the author of the memorandum has reasons which to himself appear sufficient for selecting the particular periods he has given; for comparing some periods of unequal length; and for omitting others that would make the whole of those represented continuous. In the absence of information as to the nature of those reasons, however, the remark must be made that the omission is calculated to attract the notice of those who delight to take advantage of, and base theories upon, such loopholes. So, also, with regard to the omission of all particulars for the ten years including 1871 to 1880. Indeed, he appears to be aware of this himself, and he offers as an explanation for the omission the precise reasons which, according to the views of the majority of thinkers, ought to have decided him to enter into full details on the subject—particularly when reference is made to the ratios already noticed as given in his table. One of the reasons in question is that from the first to the third period shown, a steady rise had been in progress in the death-rate by small-pox, and from the latter, the date of which was antecedent to the introduction of vaccination as a practice, a decrease had set in which rapidly became more marked to the end of the eighth. He observes with regard to the period omitted by him, namely, 1871-81, that in it three epidemics of small-pox have prevailed, many of the cases in which were of such malignity as to recall the accounts of the mediæval "black pox." Of 113 cases of this description treated in the Fulham Hospital, 108 died; of those so treated, 55 only were registered as having undergone vaccination, and in not one of them was it well and properly performed. Perhaps, however, Dr. Sweeting may be induced to submit a further memorandum containing information in reference to the entire period from 1660 to the end of 1881. If so, the value of his statistical tables would be enhanced were he to give actual numbers as well as ratios as far as practicable in reference to population and mortality.

DR. MAPOTHER has succeeded Dr. Duncan as one of the medical officers of the *Maison de Santé*, Dublin.

Notes on Current Topics.

The Royal College of Surgeons, England.

ON Thursday last the election of three Fellows to fill vacancies on the Council caused by the rotation retirement of Messrs. Marshall, Power, and Baker took place. The result was what we have ventured to anticipate; Mr. Marshall headed the poll, the second and third places being occupied respectively by Mr. Power and Mr. Croft. There were six candidates for the three seats, the unsuccessful ones being Mr. Baker, Mr. Lawson, and Mr. Macnamara, of Westminster Hospital. It is said that the result will create feelings of disapproval in the minds of provincial Fellows of the College; but this can hardly be, since these latter showed so little desire to return their candidate, Mr. Baker, that they came up in the fewest possible numbers, the total number of votes recorded reaching only 246 out of 1,200. Moreover, the near success of Mr. Croft last year, and the freely-expressed opinions as to his almost certain return this year, made it a matter of the highest probability; and that this was admitted by country Fellows generally is shown by the ballot. Of Mr. Marshall's and Mr. Power's election there has, of course, never been any question; the contest has, in fact, been for the third seat, and of the four candidates none was considered to possess so favourable a chance as Mr. Croft, whose success is as satisfactory for the College as for himself. The following is the result of the polling:

Mr. MARSHALL	...	165	including	5	plumpers.
Mr. H. POWER	...	144	"	3	"
Mr. CROFT	...	103	"	21	"
Mr. A. Baker	...	72	"	10	"
Mr. G. Lawson	...	67	"	9	"
Mr. Macnamara	...	48	"	8	"

In the evening the Fellows' dinner took place, under the genial chairmanship of Mr. Prescott Hewett, F.R.S. Among the speakers were Sir James Paget, Mr. Spencer Wells, Dr. Statham, and Prof. Humphry. Mr. Spencer Wells spoke in a kindly manner of the President of the College, Sir Erasmus Wilson, whose absence he regretted on account of ill-health. He was glad, however, to say the President was now well enough to leave London for his marine residence, where he anticipated that his health would soon be sufficiently restored to enable him to return to his College duties.

Rapid Railway Travelling.

In these days of quick journeying it is possible that people forget under what circumstances exactly they perform the rapid transitions from place to place made possible by steam locomotion. Those practitioners, however, who are accustomed to receive the class of patients termed "nervous" observe frequent instances of injury directly traceable to the effects of quick train service, and especially is this so in the case of excitable or morbidly nervous "alarmists." There is a certain type of constitution which cannot undergo the strain put upon it by journeys made under the conditions necessitated by express travelling. Persons of this type, though they may not always show the state of mind they are in, are

nevertheless in constant terror of accidents, any slight occurrence, perfectly natural, perhaps, under the circumstances, but, nevertheless, differing from what obtains in slower trains, sufficing to arouse a nervousness of extreme degree, and so far, of course, exerting a harmful influence. Few people have not had some sort of experience to teach them the truth of this observation. The nervous traveller is an oft-selected object of ridicule for novelist and caricaturist; but it might advantageously be remembered that such persons deserve to be pitied and assisted rather than to be laughed at and abused. Their nervousness is as real and inseparable from themselves as any peculiarity of temperament. To them it might well be advised that they should abstain from incurring risks by which their susceptibilities would be irritated, and it cannot but be accepted that one potent risk of this kind is found in rapid travelling.

Charles Darwin Memorial.

THE executive committee of the Darwin Memorial Fund recently held a meeting at the Royal Society's Rooms, Burlington House, where the subscriptions received or promised amounted to £2,487. A decision was arrived at that a marble statue of the late naturalist should be executed, and a sub-committee was appointed to arrange for this being done. The site chosen for the statue is the large hall of the Natural History Museum at South Kensington, for permission to place it in which the trustees of the British Museum will be petitioned. The sub-committee referred to consists of Sir J. D. Hooker, Professor Huxley, Mr. W. Bowman, Mr. C. T. Newton, Sir F. Pollock, Mr. W. Spottiswoode, Mr. J. Evans, Mr. E. Dove, and Professor Bonney.

The Opposition to Compulsory Notification of Infectious Diseases.

WE are glad to observe that the profession is bestirring itself throughout the country for the purpose of offering a determined stand against the iniquity of compulsory notification. Last Friday a meeting of medical men of Liverpool and neighbourhood was convened for the purpose of forming an association for opposing "the compulsory notification of infectious diseases by medical men." A short time ago a circular was issued for signature by those opposed to the extension of this Act, which, it is alleged, had, in most instances, been forced upon the profession and upon the public without their knowledge, much less their consent, and in the space of ten days 184 signatures were obtained. At the meeting referred to, Dr. Wm. Carter, Physician to the Royal Southern Hospital, and Lecturer at University College, Liverpool, was chosen President and Secretary, *pro tem.*; Mr. R. Hamilton, F.R.C.S., Member of the Health Committee of the Liverpool City Council, Treasurer; and the following gentlemen were elected members of committee:—Drs. Adam, Costine, A. C. Hughes, Barr, Whittle, Nevins, Caton, and Bligh; and Messrs. R. Jones, T. D. Leigh, Manifold, McCheane, and Rushton Parker, of Liverpool; and Drs. Spratly, of Rock Ferry; Miller, Lamb, and Lambert, of Birkenhead; Fitzpatrick, of West Derby; Buck, of Leicester; March, of Rochdale; Macfie, of Bolton; Forsyth, of Greenwich; Murray, of Newcastle-on-Tyne;

Walker, of Bootle; and Cooper, of Widnes. The objects of the association will be to petition Parliament for the repeal of this Act in towns in which it is already in force, and to prevent its adoption by other towns, on the grounds that experience has shown it to be absolutely inoperative in preventing the spread of infectious disease, inasmuch as it leads to extensive concealment of the existence of such disease; that it converts medical attendants into so many spies, it being opposed to the well-being both of the public and of the profession that their office should be charged with such an odious duty; and that its tendency is to destroy the time-honoured and quasi-sacred relation that always has existed, and ought still to exist, between the sick and their medical attendants. Associations having the same object are being founded in various other towns, and it is expected that these will all be federated or united in one, and that as a body they will take active steps to oppose the action of the Parliamentary Bills Committee of the British Medical Association, which in this matter is said to be attempting to carry out a policy disapproved of by the majority of members of the Association. In this movement we can promise our warmest support; from the first we have not hesitated to stigmatise the attempt at compulsory notification as a degrading imposition on the profession and an interference with the trust reposed in it by the public.

A Cyprus Grievance.

THE Turkish journals of Cyprus have recently noticed a case in which it seems to us that a medical officer, acting under Government in that island, has been badly treated. We learn from *Non Kition* of May 27th that Dr. Cullen, who has had charge, as district medical officer, of the dispensary at Nicosia for some time, and who had qualified himself in the Turkish and Greek languages so far as to be able to dispense with the services of an interpreter in communicating with his patients, was, without any complaint whatever of inefficiency, or any explanation whatever, recently superseded by order of the Colonial Office, in favour of a novice who is absolutely ignorant of both the languages and the customs of the country, for whom the Government is obliged to salary an interpreter. The paragraph from the *Non Kition* is translated as follows:—

"It is with real sorrow that we hear of the removal of Dr. Cullen. Having discharged for some time the various duties attached to the dispensary, he succeeded in obtaining the esteem and good-will of the inhabitants. Possessing a knowledge of both Greek and Turkish, he was able to converse without the aid of an interpreter with the patients, and thus became a cause of economy to the Government, which finds itself now obliged to secure an interpreter, as the new doctor cannot speak himself to the sick. What becomes of Sir C. Dilke's promise, made some two years ago, that all future *employés* of the Government should speak one at least of the languages in use in Cyprus?"

The transaction seems to be one respecting which the Ministers for the Colonies might be able to give useful information if interrogated by some member who is interested in medical affairs. While the supersession of Dr. Cullen remains unexplained the Government lies under suspicion of a job and a breach of their own pledges.

Sanitary Primer Competition.

THE competition invited for a prize of £100, to be awarded for a satisfactory military sanitary primer, has not resulted in the production of a suitable work, and the prize, therefore, is not to be given to any one of the thirty-seven manuals sent in. The adjudicators have made the following remarks, which may, perhaps, have some value generally as indicating the view held by authorities on prevalent opinions: "We have examined the thirty-seven manuals submitted for competition, and are agreed that no one of them is, in all respects, suitable for the purpose for which a manual is required, as prescribed in the notification offering the prize. They all, more or less, contain theories regarding the causation of disease which are doubtful, and some of them are directly at variance with Indian experience. Their general tendency, moreover, is to exaggerate the dangers to health from local and climatic causes, and so to instil an unreasonable dread of Indian service." The last sentence is especially instructive.

The Council's Memory.

AMONG the many characteristic peculiarities exhibited by the General Medical Council, perhaps the most amusing to observers is the careful forgetfulness of its own performances invariably shown by its members. One result of this is pretty plain, and has been very clearly demonstrated in the recent session. It enables lengthy discussions to be carried on almost interminably, but to be at any time terminated by the announcement that Recommendation So-and-So already covers the ground of discussion. So frequently indeed does this sort of thing occur, and so fruitlessly is the time of the Council and the money of its constituents wasted thereby, that we venture to suggest the following "recommendation" for addition to those already existing:—"That it be a recommendation of the Council that members of the Council be requested to make themselves acquainted with the recommendations already adopted by the Council; or that, if this act of memory should be found too severe a tax upon the members, they will, previous to proposing new resolutions, convince themselves, by reference, that their suggestions are not already embodied in the 'Recommendations.'"

Smoking—Is it Injurious?

THERE is an energetic discussion now being carried on in the columns of the lay press which more than ever tends to show the wide diversity of opinion that exists on the effects of tobacco-smoking. The probable reason for this is that observers have arrived at conclusions on independent and misleading data—as, for instance, one observer may have noted the effects of a strong tobacco, and another the effects of a mild tobacco. Another very important factor in connection with smoking is the state of the pipe. When Raleigh and the older smokers indulged in the weed they had a large selection of pipes. They did not confine themselves to one, as so many modern smokers do. When the clay pipe went out of fashion, meerschaum and wood pipes came into vogue, and they have since continued to be the pipes in most demand. This, to a great extent, was not a good change. The old-fashioned churchwarden—still much favoured by those of the old school—is the

be an ideal of what a pipe should be. It is cool; the pipe-bowl is a long distance from the mouth, so that the curling smoke does not reach the eyes; it can be easily cleaned; it can be replaced at a very trifling cost; the smoke is exhaled in a more leisurely manner than can be done with the short pipe of the present day: and a good deal of the harm done by tobacco is attributable to the medium through which it is smoked. A pipe frequently used, and foul, must produce unpleasant symptoms. We do not wish to encourage smoking, but we have to deal with facts as they are. The public will smoke. Our patients will smoke. Medical men smoke. We must recognise these facts. Our duty is to advise smoking under the least hurtful conditions. We ascribe a good deal of the unpleasantness arising from tobacco to the use of foul pipes, foul cigar-holders, to holding cigars or cigarettes too long in the mouth. As a step towards obviating this, so that the tobacco of cigarettes—cigarette-smoking being now the fashion—can be burnt without any part of it touching the mouth, an American firm (Bovee and Adams, of New Orleans) has introduced what are called the corn-husk mouth-pieces. These mouth-pieces are attached to each cigarette, so that when one cigarette is finished the mouthpiece is thrown away, and a fresh one is used with the next. The holder is made of material that filters the smoke as it passes into the mouth, so that if there should be the slightest trace of nicotine it is retained in the corn-husk. We do not wish to be misunderstood. We have so frequently expressed our opinion on tobacco-smoking, that it is too late to alter our views. We look upon it with disfavour under certain conditions, as before puberty, when there is heart-weakness and other disorders. In some states it is beneficial; and as for several reasons cigarette-smoking is the best method, we feel it necessary to point out the way in which the dangers due to imprudent or excessive smoking may be avoided or minimised, by the latest American notion.

Viability of Premature Children.

PROFESSOR SPATH recently expressed himself as a believer in the very early viability of premature children (*Wien. Med. Zeitung*, May 20, 1882). After speaking of the generally accepted opinion that children were not to be considered viable until after the completion of seven lunar months' gestation—twenty-eight weeks (the Prussian law pronounces a foetus viable that has been carried thirty weeks)—he went on to say that his own observations warranted him in making the statement that foetus could be kept alive out of the sixth month even. Of course, the sixth lunar month is from the end of the twentieth to the end of the twenty-fourth week of utero-gestation. Particular care would naturally be demanded in bringing up such youngsters. Enveloping the child in cotton wadding was an admirable method of preventing loss of the low degree of body-heat such children possessed. The weakness of the digestive powers should be met by giving such milk as contains but a small amount of casein. As observation shows that the milk of women becomes richer in casein the longer they suckle, only young girls should be made choice of as wet-nurses who have been recently confined. It was

also necessary that the young person chosen should have long nipples; for as the infant itself would be too weak to suck and swallow, the nipples ought to project deeply into the mouth, so that the milk might in a manner run of itself into the stomach. Professor Späth himself had a case under observation in which a child born in the sixth lunar month was successfully brought up in the manner above stated, the child being at the present time six years old, and quite as well grown and strong as its brothers and sisters born at full term. He remarked, in conclusion, that the great mortality of premature children was easily comprehended when one bore in mind the ordinary high death-rate during the first year of infant life.

ON Wednesday last a gratifying presentation was made to Dr. Langdon Down by a committee that had been formed among the friends of that gentleman's patients at Normansfield, "to mark their great appreciation of the devoted care and skill their relatives had received at his hands." The testimonial took the form of an admirably-executed bust of himself in marble, by Mr. J. Sherwood Westmacott.

THE highest death-rates per 1,000 in the large towns last week from diseases of the zymotic class were—From whooping-cough, 2.0 in Bolton and 1.5 in Bristol; from measles, 1.9 in Huddersfield and 1.4 in Plymouth; from scarlet fever, 2.6 in Hull and 2.4 in Brighton; and from fever, 1.6 in Portsmouth, 1.5 in Bolton, and 1.0 in Hull. Of the 23 deaths from diphtheria, 12 occurred in London, 4 in Glasgow, and 2 in Liverpool. Small-pox caused 3 deaths in the outer ring of suburban districts around London; also 3 in Nottingham, 2 in Salford, one in Liverpool, one in Manchester, one in Leeds, and one in Hull.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 30, Bombay 20, Madras 29; Paris 22; Geneva 22; Brussels 24; Rotterdam 21, The Hague 14; Copenhagen 22; Stockholm 22; Christiania 19; St. Petersburg 48; Berlin 35; Hamburg 21; Dresden 23, Breslau 33, Munich 35, Vienna 23, Prague 35, Buda-Pesth, 39, Trieste 30, Rome 29, Turin 28, Venice 31, Alexandria 53 (51 deaths resulted from wounds inflicted during the riot of 11th June), New York 28, Brooklyn 23, Philadelphia 20, and Baltimore 21.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE CHAIR OF SURGERY IN THE UNIVERSITY OF EDINBURGH.—The canvass for this chair is as keen as ever. Every one is sure that the candidate he supports will be elected. Every one admits that each of the candidates has peculiar claims of his own. Copies of testimonials have been flying about the city enough to obscure the few peeps which we have had of the sun for the last week. To analyse these literary productions would be impossible; but from some of them we learn that the appointment of one candidate "would

be received with the greatest satisfaction by the profession in England, who look upon him as the best man for such a post"; from another we are informed that the success of the candidate eulogised would "give general satisfaction to the profession on both sides of the Atlantic"—presumably from the Rocky Mountains to the river Ural. We have first and second series, and may, if the election is long delayed, expect a third, and even a fourth. Illuminated testimonials from students are being presented to the candidates; yet amid all this deluge of epistolary literature the seven Curators are expected to keep their minds "pure and undefiled," and to decide between the merits of the Transatlantic hero and him on whom England would look with delight. It is significant to notice that Mr. Chiene is supported by five of the University professors, and Dr. Duncan by two. There is, we believe, a general feeling in favour of Mr. Chiene, who, of all the candidates, has consistently devoted himself to pure surgery, and who has won many friends by his openness and genuineness of character.

"SHOP" IN THE UNIVERSITY OF EDINBURGH.—Dr. Cossar Ewart, the new Professor of Natural History in the University, appears to be very unpopular among a section of the students attending his class; and with all due deference to his undoubted abilities as a teacher and scientific worker, he has himself to thank, in some measure, for the annoyance to which he is so frequently subjected. It is not the first time we have felt it our duty to call attention to the sundry additions in the expenditure columns of students' fees to the Natural History Professor. With a class of 500 he can afford to behave more liberally than in suddenly discovering the fact that thirty diagrams are necessary for each student, and that thirty pence are an essential requirement of the Professor! And this, after the student or his long-suffering parents have already parted with 4 guineas for the Theory, 2 guineas for the Practice, and half a guinea for specimens of the science. It is not surprising, therefore, that Professor Ewart finds lecturing to turbulent students an unenviable task, and if he loses his temper, as he is accused of doing occasionally, and talks of "nabbing" or "nobbling" an offender (there is a discussion going on in an Edinburgh newspaper as to the exact expression), those who provoke such scenes must not be surprised. Far be it that we should for one moment be misunderstood as encouraging this opposition. We exceedingly regret that students should resort to ungentlemanly behaviour to ventilate their grievances. Such conduct is in the highest degree reprehensible, and always redounds on the heads of the disturbers. There is a legitimate form of agitation, which is more successful and creditable than "rowdiness," and we advise those who consider themselves aggrieved to state the same temperately and fairly in the proper quarter, and no doubt regard will be had to their complaints. Meanwhile, those who side with the professor, and are anxious to pursue their studies, are sorely put about in the attempt; and this, perhaps, more even than the disturbances, is likely to injure the reputation of the University, if the matter be not at once inquired into.

ANOTHER OUTBREAK OF FEVER AT CHAPELHALL.—On Friday morning another serious outbreak of fever was reported from Chapelhall, a village chiefly occupied by the workpeople of the Monkland Iron Company. Dr. Gibb, the medical officer of the works, has had eight new cases placed under his charge, and the fever is said to be of a somewhat aggravated description. Some time ago, on the suggestion of the local authority, Dr. Littlejohn, Edinburgh, visited the village, and reported as to its sanitary condition, and it was expected that matters would have shown improvement; but in the meantime these expectations have

not been fulfilled. The village suffers considerably from the want of a good supply of water, and the inhabitants are endeavouring to remedy this in the future.

APPOINTMENTS.—At the last meeting of the lecturers of the Glasgow Western Medical School, Mr. William Limont, M.A., M.B. Edin., was elected Lecturer on Physiology.—Dr. Macnaughton has been appointed medical officer to the parish of Glenelg, vice Dr. Stephen, recently appointed to the parish of Harris.

DEATH FROM FRIGHT.—For the past few days a large porpoise has been seen in the river near Innellan, much to the amusement of the residents and visitors, and many attempts have been made to catch it. On Tuesday night last week a sad affair occurred in connection with an attempt to secure it. While a large number of pleasure boats were out on the water the porpoise suddenly made its appearance alongside one of the boats, and a young lad who was one of the company in it was seized with a fit caused by the fright, and, before he could be conveyed ashore, died from the effects.

DR. GEORGE HAMILTON, OF FALKIRK.—We regret to learn of the death of Dr. George Hamilton, after a very brief illness, at his residence in Falkirk, on Wednesday morning last. Deceased had been in practice in Falkirk for about fifty years, and was held in high estimation by all classes of the community. Dr. Hamilton was much respected in the ranks of the profession for his urbanity, honesty of character, and literary acquirements. Besides his numerous contributions to the *British and Foreign Medico-Chirurgical Review*, the *Edinburgh Medical Journal*, and the *Obstetrical Journal*, he was author of several small treatises on scientific and popular subjects, including a text-book on animal physiology and a treatise on the steam-engine. He obtained his first degree, M.D. Edin., in 1833, so that he had arrived at an almost patriarchal age, and up to within a few days of his death was in his usual state of health, attending to the duties of his profession. He has left a family of three sons and four daughters, the sons being all members of the medical profession, one of them being the Professor of Pathology in the University of Aberdeen.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 1st inst., the mortality in Edinburgh was 80, and the death-rate 18 per 1000. About 40 deaths were due to diseases of the chest, and 6 to zymotic causes—1 measles; the intimations of this disease, 17.

DEATH-RATE OF GLASGOW.—The death-rate of Glasgow for the week ending with Saturday, the 1st inst., was 23 per 1000 of the population, compared with a rate of 25 per 1000 of the preceding week. For the corresponding week last year the rate was 24 per 1000, and for the same periods in 1880 and 1879 it was 23 and 22 respectively.

Correspondence.

COMPULSORY VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As you have replied to Mr. Collins's letter in your appended note, it may seem unnecessary to notice it further; but though you have well answered his main argument, you have not, I think, sufficiently exposed the fallacy of all his propositions.

In the first place, I deny that "the infringement of the rights of others is the only limit to be placed upon the rights of each." Mr. Collins surely knows that the law punishes those who attempt to destroy themselves; since drunkards and gamblers are under penalties, not merely because they infringe the rights of others, but because they are a danger to themselves. Mr. Collins assumes in his argument against compulsory vaccination, that all but a very few are vaccinated,

and therefore there is no danger to the majority from the small unvaccinated minority. But if vaccination were not compulsory, the minority would probably be much larger, and might even become a majority. If without legislation vaccination would be practised on all but a very few, of course there would be much less reason for compulsion.

In his final proposition Mr. Collins apparently argues that the Public Health Act is a sufficient protection against anyone who suffers from small-pox communicating the disease to others. What a blessing it would indeed be to the community if that Act were so efficient. Evidently Mr. Collins must be acquainted with pathologists who are unknown to the general profession, else he would hardly waste his logic in refuting certain people who consider that the "liability to a disease is contagious."

If Mr. Collins is really converted as to the medical value of vaccination I cannot but think that on further consideration he will come also to believe that compulsory vaccination is both justifiable and indispensable.

I am, Sir, yours faithfully,

SIDNEY DAVIES, B.A. (Oxon.), M.R.C.S.

Tottenham, July 5th, 1882.

THE ETHICS OF COMPULSORY VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me, in response to your editorial strictures upon my remarks to observe that to my mind the idea of regarding unvaccinated persons as "potential sources of infection" of small-pox is an unreasonable one, for they can only be so in the same sense that we might say that those who have not had chicken-pox, scarlatina, or yellow fever are "potential sources of infection" of those diseases, or that a new-born babe is a "potential source of infection" of every zymotic disease under the sun. Surely that is an unnecessarily morbid view to take of mankind.

But, Sir, we legislate not for "potentialities," but for things as we find them; and the fact of having to plead "potentialities" as an excuse for compulsory legislation is, in my opinion, a sufficient reason for refusing to legislate at all.

You observe that "it is not a question of the unvaccinated endangering the vaccinated;" but when one learns that of 491 patients admitted to the London Small-pox Hospital only 21 were not vaccinated, it appears that your correspondent is not the only one who has "quite missed the point" of the argument.

I am, Sir, yours, &c.,

W. J. COLLINS, M.B., B.S., B.Sc. (Lond.)

Albert Terrace, N.W.

ERRATUM.—In the letter by Mr. Collins which appeared in our last issue, the word "loss" should read "law," in seventh line from foot, thus: "We abide by the law of equal liberties," &c.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND.

THE monthly meeting of this College was held on Friday last, and, as there was a considerable distribution of the loaves and fishes, in the shape of no less than two King's Professorships, there was a great gathering of Fellows. For the King's Professorship of Physic, vacated by the resignation of Dr. William Moore, there were two candidates—Dr. J. Magee Finny, the present Registrar, and Dr. J. W. Moore, the former of whom was successful. For the King's Professorship in Midwifery, vacant by the lamented death of Sir Edward Sinclair, there were no less than six candidates, viz., Dr. John A. Byrne, Dr. J. R. Kirkpatrick, Dr. T. More Madden, Dr. R. D. Purefoy, Dr. Neville, and Dr. W. J. Smyly. After a prolonged and exciting contest, Dr. Kirkpatrick was declared duly elected.

HOSTILITIES IN EGYPT.

IN consequence of the commencement of hostilities by the British forces in Egypt, it has been found necessary to materially increase the medical staff at present at the disposal of Admiral Sir Beauchamp Seymour, and the medical arrangements of the department have now been definitely entrusted to Surgeon-General A. Smith, M.D., C.B., who has already seen considerable service.

Literature.

THE SPHYGMOGRAPH (a)

THIS interesting and instructive little volume opens with an historical sketch of the various methods of graphic observation and record of the pulse, commencing with the experiments of the Rev. Stephen Hale, B.D., F.R.S., Vicar of Teddington, in the year 1738, and ending with the sphygmograph of Marey, which may be said to have been the first appliance of the kind practically useful in ordinary medical work. Since the introduction of that instrument we have been steadily using the sphygmograph in one form or another, and therefore welcome Dr. Dudgeon's contribution to the elucidation of a favourite pursuit.

Marey's sphygmograph was difficult of application, and had the great disadvantage of having no means of regulating the pressure of the spring so as to ensure that different sphygmographic tracings were taken under the same exact conditions. The ingenious eccentric and dial added to the Burdon Sanderson and Mahomed instrument supplied this defect, but trouble was still given by the long arm of pear-wood, which was very liable to be broken, and the fracture of which necessitated a visit to the instrument-maker. In the third sphygmograph which we have employed this defect was obviated by the arm being made of a slip of thin cane which slipped into sheaths and could be replaced when broken by any one possessing ordinary mechanical dexterity—a small Japanese fan, costing a few pence, yielding enough cane for a lifetime. This instrument we used until Dr. Dudgeon's portable sphygmograph came under our notice; and we have since had recourse to the latter on account of its small bulk and consequent portability, its accuracy, and, still more, by reason of its dispensing with the long and awkward wooden lever.

In Marey's instrument an ink-pen wrote upon paper, but the pen seldom worked well. In the later sphygmograph a point wrote the tracings upon smoked glass; but this was inconvenient, because, although the tracing could easily be fixed by crystal varnish, it was unsuitable for the case book, and still more for the wood engraver. Dr. Dudgeon hit upon the excellent *via media* of using a point writing upon smoked paper. This can be fixed by varnish and gummed in the case-book; or, if so fixed, and pasted upon a piece of box-wood, the most rudimentary knowledge of wood engraving will enable the white tracing to be carved in, and so the block prepared for the printer. In our experience the Dudgeon sphygmograph is the easiest worked and most accurate of all these instruments. The pressure-gauge shows a range of from one to five oz. troy; and this is a pressure, in our opinion, quite unnecessary, and beyond what can be usually employed with advantage. We would suggest a pressure range of sixteen grams (under 2 oz. troy), and each gram to be divided on the dial into five parts, which would enable the eye to bisect each; we thus read them off as decigrams. Finally, the instrument is only one-third the price of the previous ones.

Passing by the historical or mechanical portion of the book, we come to the pathological section of the volume, commencing with a picture of the sphygmogram of the normal pulse (pp. 34-35), with detailed explanation thereof—an explanation which every scientific physician will endorse, and which is given in terms the clearest and most explicit. With regard to valvular disease, Dr. Dudgeon seems to think that the instrument contributes but little to our means of diagnosis. There is no doubt whatever that permanent patency of the aortic valves affords a most re-

(a) "The Sphygmograph: Its History and Use as an Aid to Diagnosis in Ordinary Practice." By R. E. Dudgeon, M.D. London: Baillière, Tindall, and Cox. Fcap. 8vo. Pp. 72.

liable sphygmogram, much more so, in fact, than any mitral affection; but we will go thus far with the author, and express our opinion that the sphygmograph will do but little in the diagnosis of purely valvular affections that cannot be equally well accomplished by ocular observation, by auscultation, or by digital examination of the pulse. In our experience one of the great uses of the instrument is in the diagnosis of the early stages of fatty degeneration of the heart. Every physician is familiar with the peculiar cardiac action and pulse incidental to the advanced stages of this affection, which is so justly dreaded by insurance companies. Rapidly mounting the stairs will, at an early stage, cause their temporary occurrence; but, in our experience, the sphygmograph displays them at a period when they are quite inappreciable by the best trained ear or finger otherwise. For this reason we never omit to use the sphygmograph in insurance examinations; and in this point of view we regret that the author does not enter into its relations with fatty degeneration. We have also obtained useful information in low fever, and in exhausting diseases generally; and we consider that the instrument has a future before it, particularly in its present improved state. We are aware that by many excellent physicians the sphygmograph is still regarded as a species of scientific toy; but the same has been said of many now well-established appliances. It is liable to error; for example, if a patient expire his breath for a few seconds and then make a deep inspiration he will occasion a very peculiar, and to some, alarming tracing, but such occurrences will not for a moment deceive the careful and practical observer.

University of Dublin.—At a meeting of the Senate, held on June 30th, the following degrees were conferred:—

BACHELOR IN SURGERY.—William Henry Burke, James Clute, James Seymour Carson, George Fredk. Dean, Benjamin Morgan Dockrell, William Francis Law, G. H. Longhead, Chaworth Louis Nolan, William Fletcher Moore Patton, George Blakeley Russell, John N. Seymour, Travers Robert Montgomery Smith.

LICENTIATE IN MEDICINE.—William Hamilton Allen.

BACHELOR IN MEDICINE.—Thomas Robert Bradshaw, William Henry Burke, Wm. Hallaran Bennett, Joseph Bulfin, William Alexander Carte, James Clute, Daniel Crowe, James Seymour Carson, George Frederick Dean, Benjamin Morgan Dockrell, George Lloyd-A-John, G. H. Longhead, Vicars H. Fisher, Robert Howard Fleming, William Francis Law, Michael McHugh, Charles D. Montray, Charles St. Stephen Richard Nason, Chaworth Louis Nolan, Alfred J. Rice Oxley, Henry William Peard, William Fletcher Moore Patton, George Blakeley Russell, John N. Seymour.

DOCTOR IN MEDICINE.—Thomas R. Bradshaw, Frederick Charles Berry, Abraham Cohen, William Lovel Hunter, Henry Malet, Charles Elghatt Trench.

MASTER IN OBSTETRICS.—Benjamin Morgan Dockrell.

Notices to Correspondents.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. WEBER-LIEL (Berlin) is thanked for his note.

DR. WISE (Newburgh).—We were unaware of the facts to which our attention is drawn; we will at once institute inquiries. Thanks.

A CORRESPONDENT (Spa).—The notes of "A Medical Man's Tour in the Ardennes" is unavoidably held over on account of the space occupied by the proceedings of the General Medical Council.

THE THERAPEUTICAL AND POISONOUS EFFECTS OF CARBOLIC ACID.—A correspondent at Scarborough complains of "the looseness of writers when advising the employment of certain drugs without giving precise directions as to doses, or proportions of dilutions." This, he says, "is frequently left to the uninitiated hands of those who have not previously tried them, and might lead to dangerous consequences." He refers particularly to the debate in our issue for Feb. 15th, page 139, "On the Therapeutical and Poisonous Effects of Carbolic Acid." Here, he continues, "the spray is diluted by one to 1 in 40, by another 1 in 20, and by others a stronger dilution is used." He desires to see more definite statements, and thinks it a paramount cause "that we make so little progress in therapeutics."

EAST END.—A correspondent thinks the following an appropriate stanza to certain notorious cases of unqualified practice:—

Our conduct's condemned by a few captious men;
Never mind! we have got it all snug;
Our title is spurious, illegal—what then?
Why, the public is ruled by humbug!

ONE INTERESTED.—The additional experiments were not contemplated in the original plan of the committee, and the unforeseen results arrived at prove that, unless these are completed, no accurate conclusions can be hoped for.

AN ANXIOUS STUDENT.—Our correspondent, if he is yet able to grasp the technicalities of the English language, will be much assisted

by studying the series of Histological Specimens with the literature of the subject which are now being issued by Mr. Cole.

MR. WILCOX will find the subject referred to in our leader columns; we are much pained at this dallying with unqualified practice by the official "guardians of professional honour."

QUESTER.—You are right in supposing Hunter, and not Anel, to have originated the operation of tying the artery for the cure of aneurism. Hunter conceived the idea from his well-known operation upon a deer in Windsor Park. He tied the carotid artery and noticed the effect on the formative velvet of the antler of the deer. The pulsation ceased and the velvet lost temperature. The animal was released, and about a week after caught and examined, when it was found that the circulation was re-established in the velvet. Hunter fancying that he had made a mistake in the operation, had the animal killed and the vessel injected, when it was found that the vessel was obliterated and the circulation re-established through collateral branches—a physiological condition then not conceived, but now readily comprehended by every student.

DR. E. DONALDSON.—Your paper on "Ophthalmic and Aural Practice" shall appear, if possible, in our next.

OCULIST.—Dr. Jacob's promised Lectures are unavoidably held over for illustrations.

A PATRICIAN.—We understand the Italian process of embalming to be as follows: 1. The circulatory system is cleansed by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours. 2. Alcohol is injected so as to abstract as much water as possible. This occupies about a quarter of an hour. 3. Ether is then injected to abstract the fatty matter. This occupies from two to twenty hours. 4. A strong solution of tannin is then injected. This occupies for imbibition from two to ten hours. 5. A warm current of air passed over heated chloride of calcium is now made to dry the body. This may occupy from two to five hours, and the body is then ready for the final process, which is a secret.

DR. GRAY AND DR. A. W. WALLACE.—Early proofs will be sent you.

Vacancies.

Central London Sick Asylum District.—Assistant Medical Officer. Salary, £100, with board and residence. Applications to be addressed to the Clerk to the Managers, at the Asylum, Cleveland Street, Fitzroy Square, London, not later than July 15th.

Flintshire Dispensary.—House Surgeon. Salary, £100, with furnished house, &c. Knowledge of the Welsh language is necessary. Applications to be sent to the Hon. Secretary on or before July 24th.

Hackney Union.—Assistant Medical Officer. Salary, £120, with residence, &c. Applications to be sent to the Clerk on or before July 15th.

Richmond Hospital, Dublin.—Resident Surgeon. Salary, £50, with furnished apartments, &c. Election, July 20th. (See Advt.)

Sussex County Hospital.—Assistant House Surgeon. The emoluments are £40, with board and residence. Applications to be addressed to the Secretary on or before July 26th.

The Guest Hospital, Dudley.—Resident Medical Officer. Salary, £120, with residence, &c. Applications to be sent to the Secretary not later than July 20th.

Appointments.

BRAMISH, W., M.D., L.R.C.S. Ed., Consulting Physician to the Cork Fever Hospital.

CONNELLAN, A. S., L.R.C.S.I., Medical Officer to the Bradwinch District of the Tiverton Union.

CROWTHER, G. D., L.R.C.P., L.R.C.S., Junior House Surgeon to the Halifax Infirmary.

FOTHERGILL, J. M., M.D. Ed., M.R.C.P. Lond., Physician to the Hospital for Diseases of the Chest, Victoria Park, London, E.

GRIFFITHS, P. R., M.B., B.S. Lond., House Surgeon to the Glamorgan and Monmouth Infirmary, Cardiff.

HARVEY, C. A., M.D., M.Ch. Dub., Extra Physician to the Cork Fever Hospital.

LAWRENCE, G. E., L.R.C.P. Lond., M.R.C.S., Medical Officer to the Workhouse of the Bath Union.

MCGEAGH, J. P., M.D., M.Ch., Resident Medical Officer to the Walton Workhouse, West Derby Union, Liverpool.

MCDONOUGH, H. A. H., M.R.C.S., L.R.C.P. Ed., House Surgeon to the Royal Hants County Hospital, Winchester.

Births.

DAVIES.—July 5th, at Jarrow-on-Tyne, the wife of Hugh W. Davies, M.R.C.S., of a son (stillborn).

KEYWORTH.—July 2nd, at Wem, Shropshire, the wife of G. H. Keyworth, M.B., prematurely, of a son (since deceased).

MOORE.—June 30th, at Killacoon, Clones, the wife of Thomas Moore, M.B., of a son.

WILLIS.—July 8th, at Gascony House, Hampstead, N.W., the wife of A. K. Willis, M.R.C.S., of a daughter.

Deaths.

BALL.—July 2nd, at Bruce Grove, Tottenham, Tertius Ball, M.D., Retired Surgeon-Major, A.M.D., aged 55.

BREW.—June 29th, at Pontrhydryn, near Newport, Mon., Charles Adams Brew, M.R.C.S., aged 62.

KERSWILL.—June 27th, at St. Germans, Cornwall, Robert Kerswill, M.R.C.S., aged 74.

KNAGGS.—July 3rd, at Stratford Lodge, Folkestone, Sydney Henry Knaggs, M.R.C.S., aged 45.

NEWINGTON.—July 3rd, Samuel Newington, M.A., M.R.C.P., of Ridge-way, Ticehurst, aged 63.

VALPY.—July 4th, W. H. Valpy, M.D., second son of the Rev. F. E. J. Valpy, M.A., late Rector of Garveston, Norfolk, aged 53.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 19, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

(Continued from page 23.)

LECTURE III. (concluded).

THE domain of Idiosyncrasy in respect to specific fevers is exceedingly important as regards both the physician and the surgeon, and I shall make no attempt to distinguish arbitrarily between their spheres in this matter. That which the surgeon is familiar with in the case of syphilis and those remote and exceptional consequences of measles, scarlatina, and small-pox which come under his care may be used to throw light upon the facts which fall under the observation of the physician in the earlier stages of these latter maladies. There is probably no good reason for believing that the specific animal poisons can vary in their intensity beyond certain narrow limits. Different epidemics of scarlet fever and small-pox do unquestionably vary somewhat, but after all, the limits of deviation from average intensity observed in different epidemics are as nothing compared with what we witness in different individuals attacked apparently under like circumstances. In the latter case we see constantly that it is possible for two individuals infected from the same source and with the same virus, the one to show an eruption consisting only of a few spots almost unattended by fever, the other to develop a confluent or even a hemorrhagic exanthem, which will prove fatal in a few days. Is it possible to give any explanation of these individual differences, excepting by attributing them to individual peculiarities, and when these peculiarities rise to an extreme height, can we name them more conveniently than as idiosyncrasies? I will endeavour to illustrate the subject by facts which have come under my

own personal cognisance. The portraits which I produce exhibit a gangrenous and ulcerative eruption which occurs in connection with varicella. They are, in fact, a peculiar form of varicella in which the eruption tends to persist and the individual vesicles ulcerate or become pustular. The evidence upon which I venture this unqualified assertion is, I think, conclusive, for this eruption has been observed repeatedly with the history that in the first instance it was supposed to be chicken-pox, and whilst chicken-pox was in the family and in a few yet more definite cases, the surgeon who identified the gangrenous case was the witness at the same time of varicella in its ordinary mild form in the patient's brothers and sisters. These facts have fallen under the observation not of myself alone, but of many others, and they receive important incidental corroboration from several narratives published long ago, and without full perception of the interpretation of the facts. My present object is to cite them simply in proof of the possible influence of idiosyncrasy in modifying the course of an exanthem. The case to which the portrait which I next show belongs was that of an infant to all appearance in perfect health, who had several brothers and sisters all healthy, who had all been vaccinated at the usual time with the usual results. In this child, however, vaccination was followed on the seventh day by a general eruption on the skin, which on the tenth day looked like ordinary small-pox, which subsequently became gangrenous, and caused death at the end of a fortnight. The state of the child's skin at the time of its death is well shown in the portraits. It will be seen to be covered by spots and patches of gangrene, the sphacelus involving the whole thickness of the skin. There is no form of variola known which in the least resembles this condition, and none will suggest, I think, that diagnosis. On the other hand, there is a well-known eruption, usually slight and mild, but occasionally very definite, which occurs after vaccination, to which the term vaccinia exanthem is appropriate. My suggestion is that this eruption bears the same relation to the ordinarily mild vaccinia rash which gangrenous varicella does to the common type of chicken-pox, and that its exceptional severity is due to individual idiosyncrasy.

I show next another portrait from a similar case which was observed by Mr. William Stokes, in Dublin, to whose kindness I am indebted for the portrait. The general facts were similar to those in my own case, with the difference that the eruption occurred a day or two earlier after vaccination, that the patches of gangrene were more irregular and more superficial, and that the child survived. I do not know that any

other examples of gangrenous vaccinia have as yet been published, but I have no doubt that such will in the future be observed. I have related some extreme instances illustrating the influence of idiosyncrasy in causing severity of exanthema which are usually very mild. Probably there are quite as striking examples of the converse, instances in which the specific animal poisons pass through the system and produce little or no obvious effect. It may be that these are much more common, and that they go far to explain some of the great apparent irregularities in the course of the exanthemata. We often meet with individuals who tell us that they have never had scarlet fever or measles for instance, although they were exposed in childhood at the same time that their brothers and sisters suffered; and we often see these diseases go through a family and leave one or more children apparently untouched. Still oftener will it happen that one or several individuals under such circumstances will show only a very slight febrile ailment, without any of the more characteristic symptoms of the disease, whilst others suffer severely. It has happened to me recently to witness a family epidemic of scarlatina which remarkably illustrates what I want to say. In mentioning its details, let it not be supposed that I think that it illustrates anything unusual; on the contrary, I believe that similar occurrences fall very frequently within the experience of those engaged in general practice. My facts are briefly these:—A child was affected with sore-throat and feverishness, but had no rash whatever, and beyond a slight fur no change in the condition of the tongue. She was well in a day or two, and nothing subsequently occurred to her. Four days later another child sickened with exactly similar symptoms, but more marked, and in her the usual rash of scarlatina soon appeared; a little boy went through the same course of events: both of these observed precisely the same period as regards the progress of the disease; both had nose-bleeding on same day, followed by rheumatism beginning in the same joints, the wrists, and both had great swelling of the cervical lymphatic glands. Subsequently an older sister, who was believed to have had it some years ago, went through a rather sharp attack. Thus, I take it, there can be no doubt that the disease in this instance was scarlet fever; but to prevent any question on that score I may add that one of the patients was seen by Dr. Gee. It is to what I have next to state that the chief interest attaches. The child who was the first ill, and who had but a day's sore-throat, no tongue affection, no rash, no peeling, was subsequently most fully exposed to the risk of infection, and did not take it, conclusively proving, I think, that the trivial illness she experienced was the fully-developed malady so far as her idiosyncrasy permitted it to show itself. But I have other facts yet more curious. Almost the whole family, and it was a large one, suffered one after the other, during the two or three weeks that the disease was in the house, from sore-throats and a day or two of feverishness. Several of them had never had scarlet fever before, and as to some others, it was doubtful. In all the cervical lymphatics swelled more or less, but in no instance was there the slightest peeling or any sort of sequela. I have yet to add that, when the first child had sore-throat, I was at once told that the family of a cottager living at a short distance from the house had just been suffering from similar throats. This cottager was the milkman, and apart from this fact, there had been personal communication between the two houses. On inquiring at this cottage, I found that the father, mother, and two grown-up daughters had all in succession had sore-throats, attended with a day or two of rather sharp febrile illness, but in no single instance had any rash been observed, nor had any peeling of the skin followed. They were not known to have had scarlet fever on any former occasion, and laughed at the suggestion that what they now had was it. It may be that after all it was not, but the dates fitted well with the possibility that the first of the children affected had got the contagion from this source. The inferences which I wish to draw from such narratives as this is that it is possible for the individual peculiarity of patients—a peculiarity which may be hereditary and may affect many individuals in the same family—to so far modify and minify the course of an exanthematic fever as to make its recognition quite impossible; that we ought to seek for the explanation of these remarkable differences, amounting in many instances to almost total suppression, not in differences in the degree of epidemic virulence, nor in the hygienic surroundings, nor in anything which can properly be called the state of health of the patient, but in that of which we can give no other explanation than that it must rank as an idiosyncrasy. It is needless to point

out what a pitfall of fallacy is here opened for the feet of the investigator. How easily may we find ourselves attributing to influences which were wholly inoperative results which must simply be put aside as those which we ought to expect under the known laws of idiosyncrasy. I will leave for the present the examination of those laws as they influence the course of another specific fever. This is the time at which I ought properly to mention the facts which in the case of the specific fever known as syphilis illustrate its extreme inequality of incidence in different persons. I must not, however, enter into any details, and I leave them aside the more willingly because the facts to which I refer are matters of universal knowledge. We all know how differently chancres behave in different persons; how they may become phagedenic or sloughing without our being able to assign any cause for the difference. We know, also, that the syphilitic rash in many cases is wholly omitted, together with the rest of the train of secondary phenomena. We know also how, when secondary symptoms do appear, how infinitely variable they may be in form and in severity. A roseole, a lichen, a psoriasis, a rupia, an eruption indistinguishable from variola—such are a few of the forms which we frequently see. Impressed by these startling differences, good observers have tried to make out that there are different kinds of virus, but all the facts are in opposition to such hypotheses. I must content myself by suggesting that they are due to inherent differences in the individuals who receive the virus, and must pass on to other topics. Let me next remark that, not only is the sphere of individual peculiarity almost unbounded in its power of modifying the force of the primary outbreak of an exanthem, but that it exercises a great influence in determining who shall and who shall not suffer from complications and sequelae. Under this latter term I am alluding rather to what may be called accidental sequelae; the inflammations of various organs and parts which occur exceptionally and at some little distance of time, and which often bring the patient under the care of the surgeon. The peeling of the skin, and possibly also the nephritic desquamation which follows scarlatina, and are sometimes classed as sequelae, are really parts of the primary disease. As I think my narrative has conclusively shown, peeling of the skin is not a sequel of scarlet fever *per se*, but of one of the symptoms of scarlet fever, namely, of dermatitis, to which it is always proportional, and of which it is the necessary consequence. Inflammations of the ears, and of the bones or joints, stand, however, in a different category, and so does the ophthalmia tarsi, which often follows measles, and the pruriginous affections of the skin which are not infrequent after both vaccinia and varicella. When these events occur, they occur probably not by any means as necessary parts of the disease, but rather as revealing idiosyncrasy in the individual. Inflammations of the ear and allied affections may possibly in some instances reveal diathesis rather than idiosyncrasy. That is, it may be that they occur because the patient is distinctly scrofulous, or the subject of some other form of recognised ill-health. Even as regards them, however, I much doubt whether this is always true, and respecting the affections of the skin to which I have referred, I am sure that they often occur to those who are in good health, and that they are proof of idiosyncrasy only. Variability in the degree of irritability of the skin is common, and may proceed to great lengths. Flea-bites, woollen clothing, nettle-stings, and the like, produce on different persons extremely different results. Urticaria is a form of dermatitis of which probably but few persons are susceptible, and in those in whom it occurs it demonstrates or reveals this susceptibility and nothing more. The patient who gets nettle-rash whenever he eats lobster may yet be able to digest lobster with as little inconvenience as other people. It is his skin, or perhaps the nerves of his skin, in which the susceptibility alone lies. In this suggestion rests, so far as I can see, the real explanation of the maladies which have been grouped together under the name of prurigo. There is no one disease to which the name is applicable. What we see is the power of various sources of local irritation in provoking pruriginous dermatitis in those in whom idiosyncratic susceptibility exists. Now it is the presence of pediculi; in other cases of fleas; in yet others the presence of an exanthem, such as varicella, which is the starting-point; whilst in all, the morbid condition, once initiated, is kept up by the patient's unwise efforts to relieve it, and by the mere fact of its having got possession. I repeat, there is no such disease as prurigo—a malady which has been described by a high authority as if it were self-existent, alike causeless and cureless, but there are plenty of persons

born with that peculiar irritability of skin in which a variety of causes may evoke the symptoms to which the name has been given.

We may probably with much confidence place diphtheria and erysipelas side by side as diseases, or rather type forms of the inflammatory processes which obey parallel laws. Probably no human being is exempt from the liability to them, but at the same time it seems certain that the degree of proneness varies very much in different individuals, is persistent through life, prevails in families, and is matter of inheritance. Thus, then, we attest for both the existence not unfrequently of a sort of constitutional predisposition to which the terms diathesis, or even in some instances, that of idiosyncrasy, is applicable. Both may become contagious, and of both exposure to direct contagion is probably by far the most efficient mode of production. Many persons will take them by contagion in whom other causes would have proved abortive. But both are capable of spontaneous origin and, to speak more correctly, may be produced by exposure to certain non-specific influences, such as the ordinary causes of catarrh injuries, sewer gas, and some others. It is most important that all who value accurate classification should deny both as regards erysipelas and diphtheria their right to rank with those fevers which are due to specific animal poisons. With these, as it seems to me, neither of them has any real affinities. In both, I repeat, it is a personal and inherited peculiarity, giving proclivity when certain exciting causes are brought to bear to peculiar forms of inflammatory action with which we have to deal. In both the disease is probably local at its origin; in both it spreads locally, and the contagion of continuity of tissue and with both constitutional symptoms result which are in some ratio with the extent and severity of the local action. Neither of them in the least protects the individual from future attacks; indeed, although in each single attacks are common enough, yet it is generally acknowledged that those who have suffered once are more prone than others to suffer again, and in both there are not infrequent instances of proclivity lasting through many years. In erysipelas the essential feature is a spreading inflammation of lymphatic spaces in the skin producing goat oedema, and usually great dilatation and enlargements of blood-vessels. In diphtheria we have a spreading inflammation of a mucous membrane, attended by oedema, great dilatation of blood-vessels, and the formation, in greater or less quantity, of a fibrinous pellicle. Although I mention skin as the seat of the one and mucous membrane of the other, let it be distinctly understood that these are only the most usual sites; both may attack cellular tissue or wounds, and each may occasionally affect the usual territory of the other. There may be some doubt as to how, when these inflammations affect repeatedly the same individual, the fact should be explained. It may be that one attack leaves a really increased proclivity to a second, or it may be that the first simply revealed a proclivity which had existed all along, and of which the later ones are merely the manifestations without addition. Probably both explanations are true. It is, I presume, not necessary that I should produce before this audience any citation of evidence in proof that a personal liability to erysipelas and diphtheria may be witnessed. All are familiar with them. It is probable that there are some slightly marked affinities with the diseases just named and such maladies as carbuncles, and boils, and acne. Respecting all these, we have the same questions to ask, how far are they dependent upon constitutional causes? and, how far upon those which are local? We may take it as certain that in all there is a double causation, and our task is to assign in each instance the relative share of each. In the first place, we may say that the liability to acne, to boils, to carbuncles, is often a family matter, and is seen to occur with unusual frequency in relatives. It is often also a personal matter, as is proved by its persistence or recurrence at various periods of life. Further, the association of these maladies with more or less temporary disturbances of health, with diabetic dyspepsia, with constipation and defective tone, is a matter of constant observation. Whoever has reflected, however, as to the real value of carbuncular inflammation will, I think, see reason to believe that its peculiarities are to a large extent local ones. Respecting both boils and carbuncles, it is the fact that the most efficient measures of treatment are those which appeal to the local condition. This is true of all the different

measures in repute, however dissimilar at first sight they may appear. Some have for their object the protection of the inflamed area from further irritation, as when we cover up a boil or commencing carbuncle with leather plaster, others, the subduing of the inflammation by means of cold and the like, as when we use an ice-bladder or a strong spirit lotion. Nor do those who adopt a time-honoured practice of an early, free incision depart from this principle, for their object is still the mitigation of local inflammation by the relief of tension, and by permitting the escape of contaminating matters. From acne, impetigo, and ecthyma to boils is in many cases a matter of degree, and that there is little or no real distinction between a large boil and a small carbuncle, all will, I think, admit. The age of the patient, and his special dietetic condition at the time, place, the influence of different modes of local treatment, are the conditions which determine the final result. If a boil occur in an elderly person, on the nape of the neck, where it is likely to be irritated by the shirt-collar, and especially if, instead of being systematically protected from the first, it be further bullied by premature squeezing and the like, it is very likely to pass on into a carbuncle. I claim the strong testimony which has been borne by Sir James Paget and others to the efficiency of simply protective measures in preventing the development of small carbuncles, and obviating the supposed necessity for incision, as proof that local spreading is, in the main, due to local causes, and has no necessary connection with the general health. In other words, it is not a thing which is inevitable. On the other hand, we know of no internal remedy which possesses any marked power in arresting carbuncular inflammation. If now we ask, In what does the peculiarity of carbuncular inflammation consist? in what does a carbuncle differ from a boil? I should be inclined to reply that it is solely in this tendency to spread. The spreading is effected by contagion of continuity, and it has certain marked resemblances to what we observe in erysipelas. A carbuncle might almost be defined to be an erysipelatous boil with the proviso that the expression is not intended to imply identity of inflammatory type, but only close similarity. Throughout its whole course, and however extensive it may be, carbuncle in combination with its erysipelatous method of spreading retains the characteristics of the furuncular process. Its secretions and its core, or slough, are exactly like those of a boil, excepting that they are much more abundant. In a general way there appears to be a natural tendency independent of treatment to the arrest of the process, and this is not generally observed in erysipelas. In other words, erysipelatous inflammation is more intensely infective than is carbuncular. I must, however, qualify even this admission of difference by reminding you that carbuncular inflammation has such an injurious influence on health and in all cases in which its spread continues in spite of treatment, that the patient quickly dies. Thus many cases occur in which no proof is given of tendency to arrest. It may easily be the fact that in some states of system and some types of carbuncle there is as little tendency to arrest as there is in phlegmonous erysipelas. I fear I am wandering rather far from the subject of diathesis, but my argument, if I have succeeded in making it clear, is this: that there exists a certain state of tissues and constitutions different in each instance, which gives proclivity to erysipelas, to acne, to boils, and carbuncle, and that while the importance, the almost paramount importance in many instances of local influences in exciting and aggravating the diathesis in the background must not be forgotten. Further I have argued that carbuncle is the result of a sort of combination of the erysipelatous and furuncular types of inflammation. I feel sure that these views as to pathology will be found to fit well with therapeutics. Tetanus is a malady so rare, that if we admit its possible spontaneous production without regard to previously existing proclivity, we must not expect to find many instances in proof that the latter does sometimes exist. Yet there are such, and possibly if looked for more than we might suppose. The influence of race is proved by the great liability both of infants and adults amongst the negroes, and also of certain animals. I have met with a few cases in English practice of what appeared to imply that there might be an inherited proclivity to tetanus. A man who looked quite well walked into my room as an out-patient at the Metropolitan Free Hospital and gave me his own diagnosis by declaring "I am going to have lockjaw." I found that

he recently had a slight wound on one hand, and that he was beginning to feel some stiffness of his jaws. His symptoms, however, were exceedingly slight, and his anxiety was caused by the fact that his father had died of tetanus. The poor fellow's foreboding was rapidly realised, and he died within a week.

Here, however, for the present, gentlemen, I must take leave of the subject of idiosyncrasy. I have endeavoured to claim for this form of individual peculiarities a much wider sphere of influence than is usually accorded to them. It is necessary, I am well aware, that one should exercise some scepticism in accepting doctrines of the kind I have brought before you. To fall back on the suggestion of an idiosyncrasy is so easy that it may easily become the resort of intellectual sloth. We must not, however, be deterred by this consideration from the acceptance of such doctrines if they are true. That they are so within certain limits I cannot doubt, and the problem before us is to find those limits. If we begin to recognise, or if we forget the all-obedient influences of idiosyncrasy, we shall not only waste much time in processes of clinical research, but we shall be in constant danger of coming to wrong conclusions by declining to accept evidence as to causes which is really sound, and of adopting false principles in reference to treatment. In every example of curious and unexpected form of disease, our minds should, I think, first ask the question, "How much of this may possibly be due to the individual peculiarities of its subject?" We are often on a wrong track if we seek to make external influences explain the whole. Let me add, in conclusion, and it seems to me of great practical moment, that the individual peculiarities of all patients should be carefully studied, and that they should be made intelligently acquainted with them. There are few of us without our idiosyncrasies and their variety is innumerable. If it should become the custom to record some sort of life-history in permanent form from the birth or infancy onwards all the peculiarities in an individual as the result of medical observation, not only would much be done in the way of preventing subsequent errors in treatment, but valuable contributions would be made as to a knowledge of the real nature of many diseases. It is not only as regards the prescription of many drugs that a knowledge of our patient's peculiarities becomes important to us in practice, but the advice we have to give in respect to places of residence, mode of life, and of general management are often of far more importance than the medicine prescribed, and its wisdom or the reverse may depend on the knowledge or the ignorance of the individual peculiarities, and those peculiarities frequently do not display themselves in any of the symptoms, and can be recognised and revealed only by a correctly-kept life-history.

Original Communications.

FROM THE RED SEA TO THE NILE, JUNE AND JULY, 1801.

By Surgeon-General CHARLES A. GORDON, M.D., C.B.,
Late in Medical Charge of Her Majesty's Forces in India, and
Special Commissioner during the Franco-Prussian War.

WITH the prospect before us, it may be, of a protracted and arduous campaign in Egypt, the following particulars regarding the march of British troops through the Desert in the months of June and July, 1801, have a suggestive interest at the present time.

On the 6th of June, 1801, at 6 p.m. the 86th regiment began its march from Suez towards Cairo. Each man carried three pints of water. After marching two hours in the desert, two officers had become so ill as to be unable to continue their journey farther. At eleven o'clock the troops halted for two hours, then resumed their march until seven in the morning, by which hour they had completed 26 miles. The day of the 7th became intolerably hot. Tents were pitched, but at 10 o'clock in the forenoon the march was resumed, as it was feared that delay would render the camels so weak that they would be unable to proceed without water. The thermometer stood at 109° F. An officer fell behind, and men dropped fast to the rear. About one o'clock a halt took place. Baggage was cut from the camels, and the animals were sent back for officers and men who were unable to keep up. The force then proceeded.

The kamseen began to blow; the thermometer rose to 116° F.; officers and soldiers were seized with giddiness and dreadful sensations; many fell down gasping, and calling for water to drink. At four o'clock p.m. they halted. The water skins cracked by the sun, the water became of a thick consistence; to drink it caused violent pains and vomiting. The officers shared with the soldiers some wine and spirits which they mixed with the remaining water. In the evening the wind ceased; the air became temperate. At seven o'clock, p.m. the march was resumed; seventeen men were left on the ground, and camels left to bring them on. At eleven, p.m. they halted. Officers and soldiers were so much exhausted that sleep immediately fell upon them. At four a.m. of the 8th they again started; the limbs of many among them benumbed by the cold of the previous night. The kamseen began to blow as it had done the previous day; but the men were less affected by it. At four o'clock, p.m. they reached the springs of Elkana. By 8 o'clock all the camels had come up, and the men who had been left behind rejoined during the succeeding night with the exception of nine who perished in the desert. No man had partaken of food since leaving Suez, as their salt rations would have increased their thirst; their salt pork had accordingly been thrown away by them on the first morning of their march. On the 9th of June the troops marched from the springs after nightfall, in order thus to avoid the enemy. At 11 p.m., on the 10th, they joined the Turkish army at Chubra. The soldiers had suffered the loss of their uniform, it having been burnt on account of the plague. They had also to abandon their knapsacks, which they carried when they began their march; and thus, on arriving at Cairo, such was the appearance presented by the men who had performed the journey from Suez that, according to the reports from which these particulars are gathered, "it excited great interest."

A second body of troops began their march from Cosseir at 6 o'clock on the afternoon of 18th July of the same year. The heat was intense. After marching five miles they reached a black rivulet of bitter water. Thirst was intense. They drank, but some experienced the effects of their folly; they fell back faint and oppressed; what air that did exist was like the breathing of a furnace. At midnight they reached the new wells. A guard was put over the wells; the men were ordered to lie down. At daylight (of 17th) their camp was pitched. Thus for ten days their march continued to the Nile, which they reached at Kenna, many men falling behind as they proceeded, and having to be brought on on camels. By the orders of General Baird, wells had been sunk in the Desert as far as it was possible to do so. The difficulties attending this route appear accordingly to have been much less than those to which the first-named force were exposed on their march from Suez to Cairo.

REMARKS ON OPHTHALMIC AND AURAL PRACTICE.

By E. DONALDSON, B.A., T.C.D., &c.,
Medical Officer of Burt District.

THE following remarks have been suggested by the experience of the writer in over 300 cases of ophthalmic and aural diseases. By far the most of these cases occurred within the last year and a-half. The writer himself is a general practitioner, and has no pretensions whatever to the refined knowledge of the specialist. For this reason what he writes will, perhaps, be the more readily attended to by other practitioners.

Of all men general practitioners most require all the aids that modern science has brought to bear on the diagnosis of disease. These aids render diagnosis easy. With a little knowledge of the use of the instruments of precision, a man of feeble diagnostic power can do more to find out the nature of many ailments than a

man of Sydenham's genius can do without them. "A dwarf behind his steam-engine may remove mountains, but no dwarf will hew them down with a pickaxe; and he must be a Titan that hurls them abroad with his arms." If any class of men can do without using the aids we now possess for diagnosis, specialists—not general practitioners—can do so.

There are great inducements to medical men to attain to a little proficiency in eye and ear cases. 1. Their reputation depends to a great extent on the way they manage these cases. 2. The trouble required for attaining the necessary information is not great. 3. A great deal of satisfaction will result from treating any of these cases to a successful issue. 4. Patients are greatly benefited by such proficiency. How easy it is to acquire a great deal of useful knowledge the following remarks will show.

Ophthalmic practice naturally divides itself into three great branches, according as it deals with the operative surgery of the eye, the correction of errors of refraction, and the treatment of all other diseases and inflammatory states of the eyes. The first two are, to a great extent, very justly left to the care of the ophthalmic surgeon. To the last, in which will be found the greatest number of cases, I propose to confine my remarks as much as possible. This class contains the cases the general practitioner is often called upon to treat. In the great majority of the cases no very special skill is required. Strumous ophthalmia is by far the commonest disease of the eyes I have met with. In some cases local treatment gives the most brilliant results, while in others it appears to be of little use. In the latter cases the constitutional disturbance seems to prevent the local remedies from having the required effect. Of all the local remedies I would certainly give the palm to atropine. One can scarcely go wrong in prescribing it. When I am called on to treat a case of strumous ophthalmia in a child or adult, I, as a rule, prescribe atropine for the first day or two, and then cautiously add to the treatment the local application of calomel or ung. hydrarg. ox. flav. If the last two remedies cause too much irritation, I stop them at once, and almost entirely rely on atropine. Some cases are exceedingly difficult to cure. One case of a child, *æt.* 5, came before me in March last, in which, in addition to the remedies mentioned above, I tried eserine and paracentesis of the cornea. Constitutional remedies—cod-oil, tonics, an occasional purge—were prescribed. After a long attendance and little benefit the mother ceased to bring her child. It must be remarked, however, that the mother, although she displayed greater perseverance and care than most dispensary patients, did not fully carry out instructions.

On one occasion I was consulted by a well-to-do shopkeeper's wife. She had previously been under the care of her regular medical attendant. I found that she suffered from a partial staphyloma of the cornea, the result of an ulcer, and that the treatment that had been adopted was not calculated to better the condition of the eye. I ordered a compress bandage and eserine. As the bulging remained stationary, she determined to consult an oculist in Belfast. She did so, and was advised to continue the bandage. It was suggested that iridectomy ought to be performed if the bulging increased or the sight failed. What great skill was required in ordering a compress bandage in this case? Yet owing to the want of it, the reputation of a practitioner in eye diseases, at all events, suffered. The compress bandage has also proved of use in ulcers of cornea and in injuries of the eyes.

A few cases of iritis, badly treated from their own neglect, and occasionally from the want of knowledge of their medical attendants, have been observed. If all practitioners would never treat an eye without first trying to make a diagnosis, and if they would use atropine when in doubt, there would be fewer cases of adhesion of the iris to the lens. The evidence of iritis

is usually clear enough, so that there can be no doubt; but if the diagnosis is difficult, I advise the practitioner to examine the tension of the eye, and, if it is normal, to instil atropine. Most probably he will do his patient good, and clear up the diagnosis.

Two cases of granular ophthalmia came before me. In one case it was possible to make a diagnosis at a glance. The drooping of the lids, and the redness of their edges, combined with the information given by the patient that she felt as if something were in her eyes, rendered the diagnosis almost certain. Closer inspection and eversion of the lids confirmed the opinion. Cases of this kind are occasionally mistaken, and consequently badly treated.

A large ciliary staphyloma is a very unsightly affection of the eye. I have known it to be mistaken for malignant disease.

Dryness of the mouth and throat in one case followed the instillation of atropine. A woman consulted me for cataract. I instilled atropine to see if the lens were ripe. She on her next visit, of her own accord, informed me of the decided effect the drug had on her mouth and throat.

In one case paralysis of the accommodation after diphtheria gave rise to a good deal of anxiety in the parents' minds. They feared lest the boy was becoming blind, as he could not read. Had the true nature of the ailment not been recognised, the parents would have undergone the expense of a journey to a specialist. This case has been published elsewhere. Paralysis of the accommodation from atropine every practitioner has seen, and there can be no excuse for not recognising the same condition after diphtheria.

The lower canaliculus can be slit up without any difficulty. I know of one case of chronic catarrh of the lachrymal sac which had been frequently poulticed, and which at once derived great benefit from simply slitting up the canaliculus. I have found great benefit from this little operation in cases of chronic conjunctivitis in old people where the lower lid has fallen away a little from the globe. It proved of great service in a case of lupus where the lower lid was somewhat displaced. I have not yet derived much benefit from probing the nasal duct; perhaps from want of the necessary skill.

In some of my cases the ophthalmoscope has been found to be of the greatest practical value. Opacities in the lens and vitreous, which could not be seen by the naked eye, were easily seen. The haziness that somewhat resembles cataract was, on more than one occasion, shown not to be due to an opaque lens by aid of the mirror. A sailor was once sent to me by a medical man to examine his eyes. This sailor said he was short-sighted, and claimed a pension, as he was no longer fit for his calling. It was very important that the fact that he suffered from myopia should be clearly proved. By the use of the mirror I saw the vessels at a distance. This was enough to prove to me that there was something wrong with the refraction of his eyes. One lesson on the use of the ophthalmoscope would be sufficient to enable any practitioner to know that this man was no pretender. By means of lenses I also ascertained the correctness of his statements. Very little trouble or expense will enable anyone to learn for himself the good of the ophthalmoscope. I can scarcely understand how any man can undertake, without the aid of the ophthalmoscope, the treatment of a case of "amblyopia" in which there are no changes in the eyes visible by ordinary inspection. Yet I have known this to happen. Such a practitioner would surely feel that the ophthalmoscope is of use, if he were only aware that it could lift some of the darkness from his own eyes.

In aural work some success has followed my efforts. Some cases which have been for a long period deaf have not been at all benefited, and the diagnosis in these cases has, I confess, not always been beyond question.

Necessarily my attention has been often drawn to syringing the ears. I find that some practitioners, when anyone complaining of deafness comes under their care, at once resort to the syringe. If wax comes out, and is the cause of the trouble, all is well and good. If not, they tell the patients they can do no more for them. The practice of syringing ears without first making ocular inspection—by aid of the speculum and mirror—is most unscientific, useless in many cases, and always fraught with danger.

A case of tinnitus, caused by pressure of a small piece of wax against the drum, came under my care. After inspection by means of the speculum and mirror, a few syringefuls of water removed the trouble. This man told me that he had been treated for a long time by two physicians, who prescribed various internal remedies. Any one who had seen the marked effect of Politzer's method of inflating the drum will make himself master of it, and use it, if he has the welfare of his patients at heart.

It is not a very difficult matter to pass the Eustachian catheter. It is much more difficult to diagnose the exact state of the middle ear and Eustachian tube by its aid. Every medical man ought to be able to pass the catheter. The following circumstances may occur at any time to any practitioner:—One of his patients among the better classes may get catarrh of the middle ear accompanied by tinnitus. After a preliminary consultation with his medical adviser, the patient takes a journey to a specialist. The catheter is used, and found to be of service. The patient wants to get home again, and the specialist advises that the catheter be passed twice a week for a time. It now falls to the lot of the regular medical attendant to carry out this instruction. If he does not possess the requisite knowledge and skill, I do not envy his position. This is no imaginary case at all, for it is only a description of a case that came under my own care. On one occasion I passed the Eustachian catheter, and, on inflation, distinctly, but feebly, heard the air impinging against the membrana tympani by means of the otoscope. I withdrew the catheter and re-introduced it, and then heard with and without the aid of the otoscope a very loud perforation sound. The state of the Eustachian tube, middle ear, and membrana tympani, and also the way in which the end of the catheter is introduced influence the sound produced. In the case just mentioned, tinnitus was chiefly complained of. The patient said to me after the inflation, "The tune of the singing is changed." The singing was not so loud as it was before the use of the catheter.

Two cases came under notice in which it was impossible to see the membrana tympani owing to the presence of a large number of hairs. When cases of this kind occur the medical man ought to try to get a view of the drum-head by oiling well the meatus. If this fails the hair ought to be cut by a very fine scissors.

Many cases are benefited by keeping the external meatus clean (such as cases of chronic catarrh, and of exostosis); other cases where the drum is perforated are benefited by cleansing the external meatus, middle ear, and Eustachian tube by warm water. This can be done by any practitioner.

In the above paper I have shown that great success will often follow very simple treatment in ophthalmic and aural cases. I have dwelt on the mistakes made by neglect of these simple matters which came under my own observation. If this paper succeeds in any degree in popularising ophthalmic and aural work among general practitioners, I shall be more than satisfied.

MM. ARLOING, Cornevin, and Thomas have proved that if a cow is inoculated against anthrax during gestation, her calf obtains immunity against the disease.

A HOLIDAY TOUR IN THE ARDENNES.

[FROM A CORRESPONDENT.]

Spa, July 12, 1882.

At this season, and during the coming months, overworked practitioners will be taking their annual holidays. Many will be puzzled in selecting a route which will not only meet their wants pecuniarily, but also supply change of air and scene, so that they may return refreshed to the arduous work of general practice.

A short description of a tour in the Ardennes may not prove uninteresting to my fellow readers of the *Medical Press and Circular*. Tempted by "A Trip to the Ardennes," referred to in your issue of June 14, I selected my this year's holiday on the banks of the Meuse, the Valley of the Vesdre, and the Ardennes. This included a visit to the following towns:—London, Harwich, Antwerp, Brussels, Namur, Dinant, Huy, Liège, Pepinster, Spa; returning by Verviers, Liège, Louvain, Malines, Antwerp, Harwich, London, the cost of a thirty days' return second class ticket, saloon steamer, being only £2 9s. 7d. by the Great Eastern Railway Company: Starting from Liverpool Street Station at 7.10 p.m. Harwich was reached at 9 p.m., where an excellent boat, the *Prince of Wales*, was in waiting alongside the train, for the voyage to Antwerp. The berths were exceedingly comfortable, stewards attentive, charges for breakfast, refreshments, &c., moderate. Antwerp was reached about 10.30, after a pleasant passage, in time to catch the 10.55 train to Brussels. Antwerp affords considerable attractions, which may be found in all the guide-books, as, for instance, its cathedral, picture galleries, &c. Travelling thus, Biedeker's "Guide to Belgium" will be found very useful. Custom House officers come on board at Antwerp to examine all luggage, so that the tourist should not take anything contraband. On the return the examination of luggage at Harwich is much more stringent than in the outward journey. A passport is not necessary.

After seeing the sights of Antwerp, we went on to Brussels, which is well-known as being a miniature of Paris. For those who speak French it is cheaper to obtain apartments, and we were able to secure excellent ones in the Boulevard Anspach, at the corner of Rue du Marche aux Poulets. Bed-rooms here vary from three to six francs per night. Breakfasts, dinners, and luncheons, &c., can be had at the cafés, in which Brussels abounds, prices varying according to class of café. We dined at the Grand Restaurant du Rocher de Cancale, and as a specimen of an elaborate, yet ridiculously cheap, meal, I give the following *menu* of a three franc dinner:—1. Julienne soup; 2. Oyster patties; 3. Fish and potatoes; 4. Beef steak and celery; 5. Veal and tomatoes; 6. Fowl and salad; 7. Ecceisses; 8. Sweets; 9. Dessert, strawberries, raspberries, &c. Wine may be obtained at all prices. The guide-books describe all the places of interest worth seeing. Brussels will afford amusement to the visitor for at least four days. There is one place not mentioned in some of the books, viz., "La Musée du Nord," where a pleasant and instructive evening may be spent. There is a small theatre, an excellent band, and many interesting objects to be seen, and games to be played.

A visit to the University may of course be made, but at present the classes are over, and it is deserted, except by the officials. Brussels University has thrown open its doors to English practitioners on very liberal terms. The M.D. Brussels may be obtained, by an examination conducted in English, on payment of £22 (550f.). The secretary informed me that seventeen English practitioners had passed in June, so that the University has been enriched during that month to the sum of £374. It is evident there is some want in our English system of qualification when this sum is given to a foreign University for the diploma of M.D. Practitioners are evidently anxious to possess the degree of M.D.; and this arises from the fact that many students take out licenses from the different Colleges of Physicians, and find in after-life they have made a mistake, as these licenses do not entitle them to be called doctors. It would be better to meet this want. If some of our English Universities would throw open their examinations to qualified practitioners in medicine, they would do a service to those who possess only licenses in medicine; otherwise, in a short time England will be flooded with Belgian M.D.'s. Durham is open on condition that the practitioner should be forty years of age, and fifteen years in practice. I fail to see the reasons for these restrictions.

Mais revenons à nos moutons. From Brussels, starting from the station, Quartier Leopold, the railway takes the tourist through a lovely country to the little town of Dinant, where the "Jete d'Or" may be selected as a place of residence for at least a week for excursion into the Ardennes. There is a recognised tariff of 7½*s.* for a day. This includes bed, breakfast, dinner, and supper. At this price the English travellers may think the living cannot be very good. The menu for July 2 is a sample of an ordinary dinner. Menu—1. Potage vermicelle; 2. Saumon à la Hollandaise; 3. Filet de bœuf, Endives; 4. Tete de veau Mayonnaise; 5. Poulardes rôties, petits pois; 6. Jambon à l'Ardenne; 7. Salade; 8. Frais, dessert. This hotel is well-known, and deserves the reputation it has obtained. Its picturesque position, its grand background of rocks, up which the visitors can ascend by a winding pathway cut in the rock, reaching the grand plateau at the top, from which an unequalled view may be obtained of the old town of Dinant and the lovely country surrounding it will not be readily forgotten. The descent may be made through the caves in the rocks, in which this part of Belgium abounds—viz., the "Grotto of Mont Zal." Geologists will be very much interested in this Grotto, as it is one of Nature's curious freaks. It is not so large as the Grotto of Han, or that of Rochefort, which may be visited later on in the journey. From Dinant numerous excursions may be made either on foot or in carriages. Guide-books afford all necessary details as to places of interest.

Leaving Dinant, the better plan is to sacrifice the railway ticket, and return to Namur by boat (1*l.* 65 cents.). After a short stay at Namur, Spa should be made headquarters for a week if possible. Spa has been, at one time, a favourite English resort. In the old gambling days many thousands were lost and won by our old English bloods at its famous gaming tables. But all things are changed; Monaco has taken the place of Spa. At the present day it is a favourite resort of English people and Parisians, who come to drink the waters and take the baths. It is a charming place in which to rest. Nestling among its tree-clad hills, with its promenades, avenues, and parks, Spa at once impresses the visitor. There are a number of hotels at which the tourist may take up his abode, and he can live either at an expensive or at an inexpensive rate. Apartments may be obtained from 3*s.* a day; dinners from 3*s.* We secured an excellent bedroom and salon, with use of piano, &c., at Pavillon Royale, close to the station (W. Carozzy), at 5*s.* a day. The ordinary daily routine consists of promenades to the pump room, where the waters may be drunk; the park, where bands play twice a day; the casino for dancing, &c., may be visited later in the evening—theatre, &c. Excursions may be made to neighbouring places, which will be found fully described in the ordinary guide-books.

The mineral waters of Spa are highly recommended for anemia, chlorosis, affections of the urinary organs, sterility; and the baths are said to be particularly effective in neuralgia, paralytic, rheumatic, gouty, and all nervous diseases. The season opens 1st May, and finishes 31st October. The air is mild, pure, and refreshing, so that anyone requiring perfect rest could not select a better place for a sojourn of three weeks or a month. I must defer to another letter a description of other portions of the tour. I have said enough to show that, at a very moderate expenditure, a beautiful portion of the Continent may be visited; a portion too little known, and not sufficiently appreciated, by English tourists.

The Great Eastern Railway, by their liberal arrangements, seem to me to deserve encouragement, and it is to be hoped that many will avail themselves of the coupons issued by the Company. It seems almost incredible that for £2 9*s.* 7*d.* the Company can afford a tour of this length, which will include a visit to the old town of Antwerp, to gay Brussels, busy Namur, quaint Dinant, peaceful Spa, &c. We are thus introduced to all the phases and peculiarities of Belgium life. We are enabled to tread historic ground, places famous in story, finding ourselves at one time amongst people primitive in their habits, and at another amongst those of a more advanced luxurious civilisation. The traveller need not encounter extortionate hotel proprietors, nor be extravagant unless he desires it. He can ascertain the daily cost of expenses. The Belgians do not seem to think that every Englishman is a millionaire whose pockets are to be freely bled. As an Englishman he will be treated with every courtesy, and should return from his journey impressed with the simplicity of the manners of the small nation which possesses such a

beautiful country, and seem to enjoy life in a manner not sufficiently appreciated in the fierce competition which is taking place in Great Britain.

(To be continued.)

Clinical Records.

CASE OF POISONING BY OXALIC ACID—RECOVERY.

Under the care of ROBERT GRAY, L.R.C.P.E., L.R.C.S.I., Armagh.

ON Thursday evening, the 29th ult., at 7 o'clock, p.m., I was called upon to visit a woman, æt. 30, who, the messenger said, had taken poison; on reaching her residence I learned the following particulars:—About 2 o'clock p.m., she sent her brother, a half-witted creature, to a druggist's for a pennyworth of citrate of magnesia, but he asked for a pennyworth of oxalic acid, which was supplied to him, this he brought home and handed to her, she, without looking at the label opened the package, poured the contents into her hand, and put the greater portion of it into her mouth, chewed and swallowed it, the remainder she put into some water, shook it about, and then drank it. Almost immediately, she felt a burning sensation in her mouth and throat, vomiting set in, and continued without cessation, even a spoonful of water would not be retained on her stomach. Up to the time of my visit at 7 o'clock, she thought it would not do her any harm, and therefore allowed nearly five hours to elapse before sending for me. At this time, she was very prostrate, with, as she said, a dreadful sense of sinking, severe cramps in the muscles of the extremities, pulse very feeble and slow, mucous membrane of cheeks and gums appeared as if it had been rubbed with nitrate of silver, great pain in epigastric region, which was tender on pressure.

I administered opiates, limewater and milk, and demulcents, applying externally hot poultices over abdomen, and hot water jars to feet.

At 10 o'clock, p.m., no remission of symptoms, but towards morning she experienced slight relief from vomiting and cramps, symptoms of enteritis now manifested themselves, but soon yielded to treatment, and on Saturday, she appeared to have entirely escaped from all danger consequent on the primary or secondary effects of the poison.

On inquiry at the druggist's, I learned that the quantity of oxalic acid given to her brother was half an ounce, the whole of which she must have swallowed, except a few grains, about five grains, which were given to me for examination, that had remained in the package.

I have since learned that before taking the acid, this woman had taken whisky enough to muddle her, so that she did not discover the difference in her mouth between the acid and citrate of magnesia. Might the stimulant have prevented the well-known depressing effect of oxalic acid proving fatal?

France.

[FROM OUR SPECIAL CORRESPONDENT.]

HYDROPHOBIA.—At the Académie de Médecine M. Dumont related the case of a shepherd, aged 38, who was brought to the Hotel Dieu, Caen, suffering from hydrophobia. This man was bitten on the 16th April, or five weeks before, by a mad dog. A woman who was bitten by the same animal died thirty-three days afterwards of hydrophobia. The news of her death affected him very much, and on the 22nd May he was seized with extraordinary thirst and with difficulty in swallowing. The dysphagia becoming accentuated, he got greatly excited, and manifested the desire to bite those around him, but he was strongly bound and brought to the hospital. During the journey he lacerated his own hand in a horrible manner with his teeth. On examination it was proved that there could be no doubt as to the diagnosis, which was hydrophobia. He asked

frequently for drink, and as he filled his mouth with the liquid, he rejected it again. He complained of a weight in the chest, great pain in the throat, and asked to be killed. The treatment consisted of bromide of potassium, two drachms in the twenty-four hours, syrup of codeine, chloral, &c., and subcutaneous injection of nitrate of pilocarpine, at first three times a day, afterwards only twice. Under the influence of this treatment the agitation disappeared, the dysphagia ceased, and the appetite returned, and at the end of a fortnight the cure could be pronounced complete. The author of the communication attributed the happy result to the pilocarpine. M. Bouley reported another case of hydrophobia treated successfully also by a friend of his in the country. The treatment consisted in the hundredth part of a grain of arsenite of strychnine and the same dose of hyoscyamus with the fifth of a grain of the monobromide of camphor, given all together, every ten minutes, and at the end of half-an-hour injections of pilocarpine were made, and the patient was enclosed as far as the neck in a sort of a case heated with candles and a spirit lamp. Sixty injections in all were given, and the patient was left in the hot-air bath twenty-four hours, and during the course of five days. At the end of this time all the symptoms had disappeared, and the treatment was suspended. M. Germain Sée made a communication relative to the employment of pilocarpine in different diseases, especially in diphtheria, puerperal eclampsia, Bright's disease, and hydrophobia. In all these cases, said M. Sée, this substance was absolutely ineffectual. As to hydrophobia, he had a case last November. The individual, aged twenty-four, was bitten in the eyebrow six weeks before. The disease was well pronounced. He treated him by injections of pilocarpine (two-fifths of a grain each time) at eleven in the morning, at four and six in the evening. There was abundant salivation, but that was all. The patient died next day. M. Beaumetz said that out of a total of 28 cases of hydrophobia treated last year, six were treated with pilocarpine without any favourable result.

PHENIC ACID IN THE TREATMENT OF TYPHOID FEVER.—At the Société Médicale des Hôpitaux a memoir was read on the antipyretic action of phenic acid in enema for the treatment of typhoid fever. M. Damaschino replying to the author, considered that the action of phenicated enemas was often very energetic, and sometimes, especially when they are retained, produces toxic effects, such as dark-coloured urine, cerebral disturbance, and pulmonary congestion; the temperature was frequently considerably lowered. M. Lireday hitherto ordered a great many phenicated enemas, but from the grave accidents that he observed he considered that it was a very dangerous treatment, and he renounced it altogether, unless when disinfection of the contents of the intestine is indicated, and then on the understanding that the enema be not retained a moment. M. Labbé, in giving the result of his experience, declared that he had always obtained good effects when the antiseptic was used with moderation. M. Ferrand showed himself very favourably disposed towards the employment of the agent in question in the treatment of typhoid; it rendered him good service both in this disease and in acute tuberculosis. The anti-febrile action of phenic acid appeared to him to be proved beyond all doubt.

ANTI-ASTHMATIC PREPARATION.—Dr. Huchard, of the Hôpital Zenon, employs the following mixture in the treatment of asthmatic patients subject to bronchial catarrh:—Iodide of potassium, 3iiss; tincture of lobelia, tincture of

polygala, of each 3iiss; extract of opium, 2 grs.; water, 3x. A tablespoonful morning and evening.

TREATMENT OF CORYZA BY SULPHATE OF ATROPINE.—Believing that the action of atropine on the nasal mucous membrane consisted in the decrease of the secretion and even in the drying up of the membrane completely, Dr. Gentilhomme, of Reims, employed this agent in the treatment of coryza. He had a patient very subject to this disease, to whom he ordered one-hundredth of a grain of sulphate of atropine in pill, to be taken at the first symptoms of the disease. A quarter of an hour after the first dose all sneezing had ceased, the secretion stopped, and respiration became free as before. The same phenomenon reproduced itself several times in this patient. The attacks diminished under the influence of the atropine, and eventually disappeared. Another case was that of an old man who for thirty years was subject to coryza continually, and was cured equally by this remedy. When bronchitis exists at the same time as the coryza, the atropine produces a favourable effect also on the bronchial mucous membrane of which it modifies the secretion, and diminishes the duration of the disease. It will be remembered that in the codiculative sweats of phthisis the sulphate of atropine in pills at the dose of 1-50th of a grain is the accepted remedy.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer
on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London
Hospital, Physician to the Hospital for Diseases of the
Throat, &c.

(Continued from page 27.)

THERAPEUTICS OF SULPHUR WATERS.

THE sickening smell of these waters is due to the sulphuretted hydrogen they give off, and to this gas has often been attributed their remedial efficacy. It has been shown, however, that the alkaline sulphides slowly evolve the same gas, and the waters which contain these bodies may claim to have the therapeutical value lately assigned to calcium sulphide. However doubtful may be the influence of medicinal doses of this salt, the waters which contain it have long held the highest place among sulphuretted waters, and their history is full of marvellous cures. Whether their future records will be as satisfactory, or whether their action will be more carefully studied, remains to be seen. Certain it is that a large number of able observers have lost faith in the majority of sulphur springs, and others have held that their effects are to be accounted for by their other constituents, or by the effect of baths, climate, and the complete change involved in a visit to the spas. On the other hand, it is held by many that the sulphur compound is the essential ingredient, and that it possesses extraordinary therapeutical powers. In German medicine abdominal plethora plays an important part, and sulphur waters are believed to control this

condition and to remove the "hæmorrhoidal diathesis." The largest group of sulphur baths is that of the Pyrenees, on the French side of which only there are 110 distinct resorts with about 500 springs.

The poisonous effects of sulphuretted hydrogen are well known, but are never observed from drinking the waters which are richest in the gas, although it is said that inhalation over the springs has to a very slight degree produced toxic symptoms. The favourite theory in Germany is that when the water is drunk the sulphuretted hydrogen passes directly into the blood of the portal vein, and there hastens the destruction of partly-used blood corpuscles by abstracting the iron. Thus the anæmia that succeeds full courses is accounted for as well as the blackening of the fæces which is constantly observed. Of course when iron is present in the water the last remark would not apply; but, when there is none, sulphide of iron has been found in the dark evacuations, and anæmia has been so marked as to render a course of chalybeates necessary. At the same time enlargement of the liver is decreased, and the symptoms of sluggish portal circulation disappear. Thus a considerable number of indications are explained, and in the same way the use of the waters in metallic poisoning is placed on a better foundation, for the liver is the part where the metals are mostly deposited, and the old notion of direct combination of metals and sulphur in the system was unsatisfactory, since most of the sulphides are insoluble.

It has been supposed that the alkaline sulphides are only effectual by liberating the gas in the system; but much may be said against this view. Recently there has been a disposition to attach greater importance to these sulphides, and although the gas is frequently present in the intestinal canal it seems never to be absorbed. It is then scarcely to be expected that additional traces introduced into the stomach produce all the curative influence of the mineral waters containing them, while in cases of poisoning by sulphide of potassium the smell of sulphuretted hydrogen has been noticed in the breath. When prolonged baths are taken some of the escaping gas is necessarily inhaled, but the quantity must be small, or the effects would more frequently be observed. Sometimes, however, inhalations are systematically employed.

For drinking, the cold springs are at least as efficacious as the hot. Indeed, some of the most highly-charged waters are cold. They are reputed, in small doses, to increase the secretions of the alimentary canal. Some are aperient, others not. Most seem to stimulate tissue metamorphoses, and so reduce obesity, as well as abnormal swellings. Some exercise thus their chief effect on the chylipoietic viscera. Others act more on the skin. And others, again, claim to have a beneficial influence in diseases of the respiratory organs. No doubt all increase the action of the skin and kidneys.

We will now pass in review the therapeutics of those waters of which the chemical characters have been described in preceding reports.

Harrogate.—Situated on a table-land rising from 300 to 400 feet above the sea-level, this famous resort has the advantage of a dry bracing climate, though it is rather cold in winter. There are good pump-rooms, and also excellent bath establishments. A visit to Harrogate is

often more effectual than a season at a Continental spa. But it is with the water for drinking we have to do. It keeps well, and is, therefore, adapted for bottling. There are numerous springs, but only a few are utilised. Sulphide of sodium and sulphuretted hydrogen are both found in the waters. They are associated with so much chloride of sodium that Harrogate may be fitly compared with salt spas. The waters, therefore, do not constipate—on the contrary, they are aperient. Moreover, they are not so likely to induce anæmia. Patients sometimes take them for a long time with distinct benefit. They seem to stimulate the abdominal viscera and promote tissue change. Dr. Myrtle thinks the aperient action less lowering than that of saline purgatives. From one to three weeks is the period for a course, but many have taken it much longer. It requires a pint to a pint and a-half to act as a purgative, and this is divided into three doses taken at intervals of a quarter or half-an-hour before breakfast. As an alternative, 2 to 8 ounces three times a day. As the sulphide of sodium amounts to 9·10ths of a grain per half-pint in the stronger springs, it will be seen that this substance is taken in appreciable doses. But with the sulphide the patient takes 63 grains (per half-pint) of solids, $4\frac{1}{2}$ being distinct purgatives, and $2\frac{1}{2}$ salines. If the stomach is delicate the waters may be warmed. Harrogate is useful in dyspepsia and defective assimilation, as well as in functional disorders of the liver and abdominal congestions. Nervous affections, metallic poisonings, and syphilis are also said to be benefited. Skin diseases also form an important contingent of the cases treated at Harrogate with as much success as at any sulphur spa. The chalybeate waters of Harrogate have already been mentioned. The presence of the two gives the place a prominent position. The bottled waters may be taken as at the springs, either cold or warm, for two or three weeks, according to the indications; but Harrogate is so accessible to our readers, and has such a tonic bracing climate, that it may more often be resorted to for a holiday by the invalids who need to try its waters.

Aix-la-Chapelle has not the attractions of Harrogate; it is, indeed, a dirty manufacturing town, and even the country around is not inviting. But its bathing establishments are very fine, and it may be regarded as the representative Spa of Germany. Hot baths, douches, and vapour baths are used, and the water is also drunk, but the great reliance is on the baths. All the elements of the thermal system, so much recommended in rheumatism, gout, and abdominal disorders, are combined at Aix. Scrofula and skin disorders are also treated here, and the place has been much exploited for syphilis, but in this disease iodide of potassium or mercurial inunction is always employed in conjunction with the baths, so that if the doctors have great faith in the waters they are also fully convinced of the power of these drugs. The waters are also employed in metallic poisoning, and even so judicious a writer as Dr. Lersch, who has been called "the father of balneology," expresses himself as satisfied that they are efficacious in improving the health of those who have suffered from the effects of mercury, and that they also tend to make latent syphilis manifest itself. The water is not nearly so much mineralised as that of Harro-

gate; it contains only $17\frac{1}{2}$ grains in the half-pint, only 0.04 gr. being sulphides.

Barèges, over 4,000 feet above the sea-level, offers a true mountain air, but the weather is very variable, and often too keen. It is in high repute for persons suffering from old wounds and for paralytics. In rheumatism, neuralgia, and bone diseases the baths are also recommended. The accommodation is poor, and there are no attractions, save the waters, which are suitable for bottling, as the sulphurisation is due to sulphides (4-10ths gr. per half-pint).

Eaux-Bonnes, situated lower down, 2,300 feet above the sea-level, offers a less trying climate with better accommodation. There is, however, considerable variation of temperature, and visitors should be warmly clad. It is most frequented for throat and lung affections, and, besides the baths, there are inhaling-rooms. But the mineralisation of the water is so slight that its effects have long been attributed to some undiscovered cause, and some of the local physicians do not hesitate to give the climate most of the credit. One can readily suppose that benefit may accrue from mountain air combined with change of scenery, occupation, diet, and regimen. Certainly chemistry reveals nothing to account for the beneficial effects so long attributed to this Spa. The water is not adapted for bottling.

Cauterets is 3,200 feet above the sea, and though the climate is rather variable it is in high repute for chronic bronchitis. Drinking the water is here in vogue, and it contains sulphide of sodium, but not more than 0.10 gr. in the half-pint. Some have supposed that the effect may be partly due to silica.

Bagnère de Luchon being only 2,000 feet above the sea has a much milder climate. It is rather changeable, but in the season fine weather may be expected. The bath establishments and other accommodation are far superior to those of the other Pyrenean Spas, and the waters are richer in mineral ingredients. The same cases are treated as at Barèges and Cauterets, in addition to which skin affections are said to be more benefited here.

SPECIAL WATERS.

The following waters contain iodine or bromine in minute quantities, and to these ingredients has sometimes been attributed the value of the waters:—

Kreuznach is usually classed with salt waters, and is celebrated for scrofula.

Luhatschowitz is a strong alkaline Spa.

Tepitz is an indifferent water.

Woodhall is a very strong salt water with an unusual amount of iodine.

GENERAL MEDICAL COUNCIL.

TENTH DAY, FRIDAY, JULY 7.

REGISTRATION OF MIDWIVES.

MR. MARSHALL moved the adoption of the report of the committee on the Draft Bill for the Registration of Midwives in England and Wales. He said it ought to be remembered that the credit of the measure was mainly due to Mr. Simons' action and the proceedings of the Council in the year 1877. The Committee had carefully considered how far the Council should accept responsibility under the Act. It was deemed desirable that the responsibility of appointing a Midwifery Board and of controlling the practice of women licensed under it should be accepted; any other course would be un-

becoming the importance of the Council. Should the Council now refuse its responsibilities, they might be forced on it by future legislation, and it would be best for the Council to face the duty boldly, and so remove all chance of local difficulties likely to arise if local authorities were permitted to be appointed by other agency than that of the Council. Mr. Marshall explained that the Branch Council in England was the body interested in the matter. The money objections had been removed by the decisions of the Committee to the effect that no expense should be incurred by the Council in the matter.

Rev. Dr. HAUGHTON seconded the motion. He had consented to the omission of Ireland from the operation of the Bill, his objections having disappeared before the clause admitting midwives to the Register without examination. The cumbersome machinery recommended by the Draft Bill was modified in committee. The fact that 60 per cent. of labours were attended by midwives was so important a fact that the Committee felt all differences should fade before it; and he cordially adopted the whole report.

Mr. SIMON referred to the fact that Sir Wm. Gull and himself had served on a Committee which had considered this subject formerly. He did not agree with all Mr. Marshall had said—not to the whole report of the Committee—though accepting much. The Council was indebted to the Committee, but their labour could hardly lead to any great result, because of the time at which its decision had been arrived at. It would have been more serviceable had the Committee dealt with principles rather than the details of an amateur Bill. Such a course would have been of greater public interest. The experience afforded by the consequences of proceeding along the lines of an amateur Bill was of an ill kind in connection with the Dentists' Bill. Similar disasters would follow similar action in regard to the Midwives' Bill. Until the Bill was introduced as a Government measure it could not be effectively considered. He fully admitted the importance of the matter, and the eminence of its promoters. If the report was accepted the Council must resolve itself into Committee on it. To avoid this he recommended acceptance of only those resolutions of the Committee which dealt with principles. The Committee had not appreciated the gravity of their own proposals, and on the question of money they were not accurately informed. The Council could not evade all responsibility of this kind; and in case of disagreement between it and the proposed board, it had no means of continuing its functions under the Act as proposed. The Council should accept a permissive position; it might sanction the appointments of boards, &c., but it was no part of its duty to undertake to make them. The right course to pursue would be for the Committee to approve the principles of a Bill, and act by sanctioning, rather than originating, a measure. Local registers, and not a central register, would be required, and much simpler machinery than that recommended by the Committee. The difficulties found in dealing with dentists would be much increased when dealing with midwives.

Sir WM. GULL asked what would be the Council in the absence of Universities, medical authorities, or schools, for this was its position regarding midwives.

Dr. QUAIN declined to be called the promoter of the Dentists' Bill. He had always advised the Council to have nothing to do with Bills. He was unable to see how Mr. Simon could speak as he had. No result had followed from the former actions of Mr. Simon and Sir Wm. Gull. Nothing more simple could be suggested than for the Council to nominate a board to prepare a scheme, and receive a report from them periodically, as was provided in the Draft Bill. No responsibility would be accepted under it, and the Council would, in reality, be only the advisers of the Privy Council. He could conceive no more appropriate function for the Council than that allotted to it in the bill.

Mr. TURNER objected to the report being taken as a whole.

Mr. MARSHALL then moved, in place of the original motion, that the sections of the Bill should be taken in order.

Rev. Dr. HAUGHTON seconded the motion, which was carried.

A long discussion then ensued in Committee of the whole Council on each clause of the report presented by the Committee appointed to consider the Bill. During it, Mr. Simon made two or three very lengthy speeches in support of the objections he raised against the Council's acting on the sugges-

tions laid before it. He finally moved the following amendment, which Sir Wm. Gull seconded:—"That, as regards the proposals made in the Draft Bill to assign certain functions and duties to this Council, the Council is not prepared to accept the responsibility in unconditional and obligatory terms, such as are used in Clause 4 of the Draft Bill; but that the Council would not object to be made, under permissive law, the sanctioning medical authority in the proposed matter: with duty, in that capacity, to approve or disapprove any scheme which the Obstetrical Society (or others) might bring before it for such purposes as are in question."

The amendment was negatived.

At a later period of the debate, Prof. HUMPHRY delivered an emphatic and convincing speech in support of the proposals made by the Committee, and urged that the Council's duty was to initiate a measure, and not to consider merely principles further. It had considered principles, and uttered a decision on them long ago; Government could look to no other body than the Council to initiate a bill of the kind, as shown by its referring the Draft for its consideration. Mr. Simon was mistaken in his views of the responsibilities which the Council would incur under the Bill. It would only create and regulate the action of a midwifery board. Its responsibility would be transferred to the Privy Council, inasmuch as appeal would be to the latter, and not to the Medical Council. Finally, after suspension of the standing orders to enable the business before it to be concluded, the Council having resumed, it was moved by Mr. MARSHALL, and seconded by the Rev. Dr. HAUGHTON, and agreed to:—

"That the following report of the Council in committee on the draft bill for the registration of midwives in England and Wales be received, adopted, and entered on the Minutes:—

"A. That, in view of the absence of any complete and satisfactory provision for the proper training and due qualification of the women who now act as midwives amongst the poorer classes of the community in England and Wales, it is—as expressed in a resolution of the Council, agreed to on the 24th May, 1877 (Minutes, vol. xiv., p. 198, clause 15), and communicated forthwith to the Lord President of Her Majesty's Privy Council—desirable to provide by legislation for the following two objects: First, that means under legal sanction should be provided for giving credentials of qualification to competent midwives; and, secondly, that the lives of women in labour should, as far as practicable, be protected from the incompetent.

"B. That, for the attainment of these objects, the essential conditions of any legislative enactment are the due training, examination, certification, and registration of a class of qualified midwives, subject to this further condition, that women now practising as midwives may, if certified to be of good character, and to possess a competent knowledge and experience, be granted certificates under the enactment and be placed upon the Register.

"C. That, whilst all registered midwives should be entitled to certain privileges, they must also be subject to supervision and control.

"D. That, though agreeing with the limitation of the proposed enactment for the Registration of Midwives, in the first instance, to England and Wales (Sect. 2), the Committee does not see any objection to the subsequent extension of legislation for a similar purpose to Scotland and Ireland.

"E. That it may be made competent to the General Medical Council to delegate to the English Branch Council any functions and duties which, under the Draft Bill, are proposed to be assigned to it, except that of making representations to the Privy Council.

"That these functions and duties be as follows:—(a) The appointment of a Midwifery Board and its maintenance by the filling up of vacancies (Sect. 4); (b) the reception of an annual report from the Midwifery Board as to money received and expended, as to the proceedings of the Board, and as to any suggestions made by the Board (Sect. 5); (c) the power to request or demand information from the Board (Sect. 5); (d) the duty of transmitting the annual report of that Board, with comments approving or disapproving it, to the Privy Council (Sect. 5); (e) the duty of receiving from the Privy Council the examination rules framed by the Midwifery Board, and giving an opinion to the Privy Council upon them; (f) that of receiving notices of and commenting on any modifications made in these rules by the Privy Council (Sect. 18); and, lastly (g) that of giving an opinion to the

Privy Council on the scheme for regulating the duties and practice of registered midwives' (Sect. 28).

"F. That, as regards the proposition made in the Draft Bill, that any of the funds at the disposal of this Council, or of any Branch Council, might be devoted to the purposes of an enactment to secure the registration of midwives, the Council is of opinion that this is undesirable, and that such portion of Section 34 as relates to those funds should be omitted from the Bill.

"G. That the Council, whilst offering no opinion as to the appropriate time for legislating on this subject, recommends that, in the event of a Bill being brought before Parliament, a copy of the measure, and notice of changes in it, should be communicated to the Council.

"H. That the suggestions of the Committee in Section 3 of the Report, and other proposals contained in the Draft Bill, be forwarded to the Privy Council as opinions of the Committee."

The Council then adjourned.

ELEVENTH DAY, SATURDAY, JULY 8.

On the motion of Mr. MARSHALL, seconded by Dr. HAUGHTON, the report on the Draft Bill for the Registration of Midwives in England and Wales, adopted by the Council yesterday, was ordered to be transmitted to the Lord President of the Privy Council, together with the minutes of the Council.

Dr. SMITH's motion "That the Visitation of Examinations in the Universities be postponed until the year 1883" was, after a short conversation withdrawn.

CASE OF PERSONATION.

On the motion of Mr. MACNAMARA, seconded by Dr. HAUGHTON, a resolution was agreed to, calling the attention of the Executive Committee to the case of a medical student who was summoned at the Dublin Police Court for seeking to bribe a London practitioner to personate him, and pass his examination for him.

THE DEARTH OF SUBJECTS FOR DISSECTION.

Dr. LYONS moved, "That a committee be appointed to inquire into and report upon the deficiency of subjects for anatomical and surgical teaching and examinations, and to suggest such remedies as they may deem expedient." He said the Council was agreed that it was essential that students should be examined on the dead subject, but there seemed to be a difficulty about obtaining the bodies. It had occurred to him that perhaps the horse and the ox might be utilised. In that way, indirectly, a good deal of comparative anatomy would be acquired by the majority of the profession, and this would lead to a more humane treatment of the lower animals. Mistakes of the most frightful kind were common in the practice of farriers and others, and a vast amount of cruelty was unnecessarily caused when the intention was only to do good. The committee might also consider how far it was possible to establish an interchange of dead subjects between one portion of the kingdom and another.

Dr. PYLE seconded the motion, which was agreed to.

Mr. Turner, Mr. Marshall, Dr. Humphry, Dr. Fergus, Dr. Pyle, Dr. Heron Watson, Mr. Macnamara, Dr. Haughton, and Dr. Lyons (chairman) being appointed a committee for the purpose.

THE UNIVERSITY OF DURHAM.

Dr. STORRAR then moved, "That the Registrar of the Medical Council be instructed to address a letter to the Registrar of the University of Durham, suggesting for the consideration of the university whether the time has not arrived when it is expedient for the university to discontinue their 'registration examination for medical students.'" He said that great exertions had been made by the Council from time to time to bring all the examinations in Arts under boards for general education, and do away with Arts examinations of a special character. When these examinations were first instituted, the University of Durham, seemingly with a view to meet the demands of the time, established a special examination for medical students. It was not, in the proper sense of the word, a university examination that led up to any degree. Men from any part of the United Kingdom might attend it, pass, and then go off to any other school. There was really no necessity for it, and therefore he thought the Council should ask the university whether the time had not come for abolishing it altogether.

Dr. PYLE seconded the motion. There would not be a Senate meeting till October, but he would bring the subject before them on that occasion. He believed that the examination had been a very good one lately, but the inquiry was a proper one to make.

The resolution was agreed to.

UNQUALIFIED PRACTICE.

Dr. QUAIN moved, "That it be remitted to the President of the Council to bring under the notice of the Registrar-General the case of G. H. Griffin, an unqualified person, who in certain death certificates forged the name of a registered practitioner named D. B. Murdoch." He said that in 1877, when a somewhat similar case arose, the Registrar-General assured the Council that, if a clear case were reported to him of an unqualified medical man forging, for his own purpose, the name of a registered practitioner, he would take opinion of the legal authorities serving under the Lords of the Treasury as to whether proceedings should not be instituted. There never was a clearer case than the present, for Mr. Murdoch swore that he had not given Griffin any authority to sign his name.

This having been seconded by Dr. BANKS, was unanimously agreed to.

PRELIMINARY EXAMINATIONS, IRELAND.

Dr. STORRAR moved, "That the examinations of the Intermediate Education Board of Ireland—junior grade, middle grade, and senior grade—be placed in the list of examinations recognised by the Council, provided the certificates contain all the subjects required by the Council." These intermediate examinations, he said, were the outcome of Lord Cairns' Act for encouraging secondary education in Ireland, and they appeared to be of a very high character. The only reflection he had heard made upon them was that they were too high, but that was not a complaint that the Council would give much weight to. They were exceedingly desirous of doing away with all special examinations conducted by medical bodies, or under the superintendence of medical bodies. The only two bodies in Ireland which continued to superintend such examinations were the College of Surgeons and the Apothecaries' Hall, and it would greatly facilitate the discontinuance of those examinations if the intermediate examinations were recognised by the Council.

Dr. HAUGHTON seconded the motion.

Mr. COLLINS said the Apothecaries' Hall of Ireland was perfectly willing to transfer its preliminary examinations to the Intermediate Commissioners.

The resolution was agreed to.

EXAMINATION IN GENERAL EDUCATION.

Dr. STORRAR moved, "That the Registrar be instructed to address a letter to the following bodies:—The Apothecaries' Society of London, the Royal Colleges of Physicians and Surgeons of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, the College of Surgeons of Ireland, and the Apothecaries' Hall, Ireland, calling their special attention to the following recommendation of the Council:—'It is desirable that the examinations in general education should be left to the universities and to such other bodies engaged in general education and examination as may from time to time be approved by this Council.' He was happy to say that the only body in England which now conducted its own preliminary examination was the Apothecaries' Society, while in Ireland there were only two bodies that did so—namely, the Apothecaries' Hall and the College of Surgeons. Thus the special examinations were both gradually got rid of.

Mr. SIMON having seconded the motion, it was agreed to.

FOREIGN AND COLONIAL EXAMINATIONS.

Dr. STORRAR moved a resolution instructing the Registrar to send a circular to each of the Indian, Colonial, and foreign universities and colleges asking for information on the following points with respect to their examinations recognised by the Council:—(1.) Percentage of highest marks; (2.) percentage of pass marks; (3.) number of candidates at examination referred to; (4.) copies of the examination papers set. He said that seventy-five universities and colleges were specified in the list, embracing the universities of India and British North America, some in the United States, one in the West Indies, some in Australia and New Zealand. The question was naturally asked, what was the value of those exami-

nations? and that was what they wanted, if possible, to find out. For himself, he had no positive suspicion that the Colonial examinations were a sham: from all he could learn, the authorities there had done their best to promote higher education in Arts.

Rev. Dr. HAUGHTON seconded the motion, and said that several of the bodies were not teaching bodies at all in the proper sense of the term. He had no knowledge whatever of the Arts examination of the Medical College of Michigan, for instance. He knew that the University of Michigan was a highly thriving and advanced university, and therefore it appeared odd that the university should not be on the list, while the college was. Again, the University of California, which was in a very weak condition, was on the list, while all the great universities of America were conspicuous by their absence. The reason given was that these latter bodies never asked to be put on because none of their students ever wanted to come here and register, but that excited a suspicion as to the reason why the other bodies wished to be on the Register.

Dr. FERGUS cordially supported the resolution, and reminded the Council that two years ago he drew attention to the same subject, and proposed several additions to the standing orders, which he was then told it was impossible for the Council to pass.

The PRESIDENT said there was a strong feeling on the part of the medical men of the United States to ally themselves with this country, and to send students here especially in connection with clinical study.

The resolution was agreed to.

DENTAL PRACTITIONERS.

The following report by the Dental Committee was then read:—"With reference to the cases of John Thomas Lambert and Joseph Walker, referred back to them by the General Council, the Committee find that John Thomas Lambert and Joseph Walker have now answered the communications addressed to them, and that they are in the same condition as regards qualification as other persons who are on the Dentists' Register, and who answered in due time the letters sent them by the Council. The Dental Committee report these facts to General Council."

On the motion of Dr. E. PITMAN, seconded by Dr. SMITH, the Council resolved:—"That the report of the Dental Committee not having put the Council in possession of evidence to show that John Thomas Lambert and Joseph Walker were not *bona fide* engaged in the practice of dentistry, the Council is not, therefore, prepared to order the removal of their names from the Dentists' Register."

Mr. TURNER moved, "That one year's *bona fide* apprenticeship with a registered dental practitioner, after being registered as a dental student, may be counted as one of the four years of professional study." He said the resolution would bring the education for dental students into conformity with the arrangements for medical students.

Dr. WATSON seconded the motion, which was agreed to, as was also the following, moved by Mr. TURNER, seconded by Dr. WATSON:—"That the three years of instruction in mechanical dentistry, or any part of them, may be taken by the dental student either before or after his registration as a student; but no year of such mechanical instruction shall be counted as one of the four years of professional study unless taken after registration."

Sir WM. GULL then moved, "That any or all of the qualifications in Schedule A of the Medical Act be registrable in the Dentists' Register."

Dr. STORRAR seconded the motion.

This gave rise to considerable discussion, in which Drs. Haughton, Quain, Lyons, Banks, Smith, Humphry, Pitman, and Storrar, and Messrs. Turner, Macnamara, and Simon took part, the principal objection being that, if the various dental qualifications were to be registered, the Council would next be asked to register theological, sanitary, and other diplomas.

The motion was, however, eventually carried.

The remainder of the sitting was occupied with dental questions of little interest to the profession, and the session concluded with votes of thanks to Dr. Acland for presiding, to the chairman of the Business Committee, Dr. Pitman, and to the treasurers, Dr. Quain and Dr. Pitman.

The PRESIDENT, in returning thanks, expressed his high sense of the value of the Registrar's services, and in his own name and that of the Council tendered him their best thanks for the able and assiduous manner in which he had discharged the complicated duties of his office.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JULY 19, 1882.

THE NEW EXAMINATION.

THE idea of a new examination to be passed by every candidate for the diploma of the Royal College of Surgeons of England has by this time been tolerably freely canvassed at most of the centres of education which will be affected by it. The reception given to it is by no means indicative of unanimous approval, and there was plainly evidence of disagreement amongst even the respondents to the invitation of the College to “confer” on the subject of the proposed examination and the mode of carrying it out. A careful review, however, of the whole matter in dispute, and comparison of the advantages enjoyed and to be enjoyed, will probably result in general acceptance of, at least, the principle involved, and ultimately of the scheme in detail.

The College of Surgeons is unquestionably entitled to frame what regulations it will for the guidance of those who seek to obtain the qualification it dispenses; but it is naturally desirable that its action should always meet with the approval of the teachers to whom the training of its candidates is left. In the present instance the change to be effected will throw on the teachers of anatomy and physiology a certain duty additional to that they already discharge. Not only will they be in future the instructors of the students who join their classes, but they will also become the arbiters of their fate in respect to immediate or deferred examination. Henceforth, under the new rules, it will rest with the teachers to decide whether men shall or

shall not be permitted to proceed for the “primary,” and no longer will they occupy the unsatisfactory position assigned to them by the “test” system. Hitherto the duty of “signing-up” has been an invidious and wearisome task; now will it become a pleasant and acceptable labour, inasmuch as every signature to a schedule will be the absolute sign of successful study on the part of the recipient, and a proof also of successful tuition on the part of the giver.

On the advantages that must follow on the institution of a *compulsory* examination of first year men, there can hardly be two opinions. Among medical students are to be found always a certain percentage of lazy men, whom none but the strongest incentives will move to work. So long as these men are not confronted with certain and unavoidable penalties of idleness they will continue to act on the principle of delay, and so long will there be of necessity, in every school, a hopeless residuum. When, however, such dilatory students are confronted with the necessity for passing an examination at the end of their first year of study, and are assured that without the proof of having done so they will be refused admission to a qualifying examination, they will be compelled to recognise the gravity of their position, and to work with a view to overcoming the difficulties before them.

In this way the new regulation will be productive of benefits that “tests” have been powerless to secure; and it will therefore be more effective for good. There are a few students at every school whom it would be well to prevent from incurring the risk of certain failure at the College, but who have it in their power at present, by complying with the letter of existing rules, to insist on being “signed up,” with a view to undergoing the ordeal. As things now are, the teacher, though morally convinced of the fruitlessness of such student’s efforts, is yet powerless to prevent him from proceeding with his vain attempt, being unable to withhold the statement of his pupil’s *diligent* prosecution of his studies. Armed, however, with authority to deter the ignorant from advancing further, a new and most effectual weapon is supplied to him, and his endeavours to send only competent candidates to examination at the College will no longer be rendered futile by the absence of absolute control over the proceedings of students.

Objections have been urged in many quarters against the proposed changes; in most instances, however, they are uttered by teachers of other subjects than those on which examination will take place, and it may fairly be questioned how far such objectors are entitled to be listened to. Though, doubtless, thoroughly able to judge on the value of work done by students of anatomy and physiology, it is at least questionable whether a pure physician would be altogether fitted to decide the necessity for duly testing that knowledge; nor can those who are not directly engaged either in teaching or in examining on the subjects in question, be justly held capable of forming conclusions on the point at issue. There can, of course, be no possibility of doubt that the commonly received ideas respecting the College of Surgeons is entirely erroneous. Even the figures recently exhibited so triumphantly by Mr.

Marshall now mean nothing, or he would not have been the one to insist on further sifting of candidates for the primary by imposing an additional compulsory examination. In spite of the very low percentage of rejections at the College, students present themselves so very ill-prepared, that nothing but a most rigorous filtering process can be trusted to strain off the few who really deserve to be admitted to the presence of the College examiners. This is, naturally, the only explanation to be found for Mr. Marshall's new examination, and that it is an admirable one few will be found to deny. It is right and just that the labour of the College should be reduced to a minimum, and likewise that it should relegate its hitherto labour to the schools which prepare the material it stamps for circulation. The College cannot be expected to waste time and effort in examination of ignorant students. Let the teachers whose fault it is that they know nothing, undergo the toil of proving their deficiencies, and of preventing them from making further exhibition of it to the disgust of examiners at the College.

Lecturers, teachers, and demonstrators should hail the opportunities presented by the new regulation. They cannot fail to see its advantages, which are, indeed, too obvious to escape detection at once.

THE ASSIGNED CAUSES OF ENDEMIC DISEASES IN INDIA.

THE offer of a prize of £100 by the Government of India for the best Manual of Hygiene for soldiers did not produce any work that was regarded as suitable, and the prize was, therefore, not awarded. The following abstract of a report by the committee appointed to adjudicate the prize has been published in the official *Gazette of India* for the information of the competitors:—"We have examined the 37 manuals submitted for competition, and are agreed that no one of them is, in all respects, suitable for the purpose for which a manual is required, as prescribed in the notification offering the prize. They all, more or less, contain theories regarding the causation of disease which are doubtful, and some of them are directly at variance with Indian experience. Their general tendency, moreover, is to exaggerate the dangers to health from local and climatic causes, and so to instil an unreasonable dread of Indian service."

That the decision thus expressed may have been right enough is very likely, and it would have been well had the committee appointed to examine the manuals submitted adhered to the golden rule—not to give reasons for their decision. As *theories* have been alluded to, the question presents itself, according to which of them is the prevalence of particular forms of endemic diseases at particular seasons and in particular localities and conditions best accounted for, and protective measures taken? Three *theories* are more or less popular, each supported by certain arguments. According to the first, our soldiers in India, like so many roaring lions, rush hither and thither, in season and out of season, seeking what they can get to devour in the shape of strong meats, stronger drinks, and tobacco, no less potent. Hence, according to the partisans of this

dozy, when "Thomas Atkins" sickens with fever or dysentery, the blame is conveniently assigned to himself. He may, indeed, have been, while on duty, exposed to sun, hot winds, heavy rains, sudden alternations of meteorological conditions. But all these go for nothing. Thomas Atkins drank too much, smoked too much, ate too much. He, naturally enough, therefore, got ill, and died, as very often happens. It was his own fault. But what had all that to do with climate? To this *theory* the reply is that in England the soldier eats, and drinks, and smokes just as much as he is able to do, and yet the diseases by which he sickens and dies are in their type and nature very different from those that affect him in India. Whence this difference? Evidently in climatic and other local conditions. Theory number two is of comparatively recent origin. According to it, flights and swarms of germs, spores, specific poisons, and what not spring into existence, from what ultimate cause is not stated; propagate themselves by means of milk-and-water, prostrate and destroy Thomas Atkins and his comrades in all directions, and then, by some means, as unexplained as that of their origin, themselves subside, disappear, and "go, we know not where." It is very true that no two persons agree as to the "specificity" of the "germs" alluded to; that "organisms" in all respects similar to those found in particular diseases exist also in persons who are absolutely free from any particular disease. It is equally true that neither in England nor in India is Thomas Atkins much "given to" indulgence in milk-and-watery potations. But these things are trifles. A "germ" theory has become fashionable in India as in England; all sorts of "sanitary improvements," many of them at very great expense, have, in accordance with this theory, been carried out, and the only result is that the particular diseases alluded to, instead of being abolished, as was fondly hoped, are prevalent as ever they were, and, in some instances, more fatal. Surely, therefore, there is something wrong about this *theory*?

The third and last dozy is that held by men "all of the olden time," namely, that, inasmuch as European animals and plants introduced into India deteriorate, become modified, sicken or die from the combined effects of the various influences, meteorological and other, to them new and unnatural, to which they are exposed, so does the human animal in the same alien climate suffer in ways more or less similar. To general influences of the nature alluded to were measures for preserving health of the soldier directed by the older medical officers, and with such excellent results that the standard of military health and efficiency in that country, long before the introduction into it of "specific" and "scientific" theories, compare very favourably with the results of more recent times in these respects. If the question of "theory," therefore, arises, and judgment is to be in accordance with results, let us re-introduce the last enumerated.

THE TUBERCLE BACILLUS.

THE interest in Koch's discoveries have been universal, and the subject has been discussed very fully in the medical journals of all languages, notably in the columns

of our excellent contemporary, the *Indian Medical Gazette*, the last number to hand of which contains a controversial article of considerable value. The tubercle bacillus takes its place among the *schizomycetes*, or cleft fungi of Nägeli, and presents similar morphological features to the organisms found in the charbon, septicæmia, and common putrefaction; but whether much, if any, significance is to be attached to some differences of shape and size in these organisms is very doubtful. The question of specific distinctions as depending on morphological features is an unsettled one, and, as far as we can discover, there is nothing in the description of this bacillus to warrant its identification as a new species. According to Koch, it can be discriminated from other organic matter and other bacilli by its reaction to certain colouring agents. The inoculability of the tubercle disease is a fact already well established by experiment. It may be held as demonstrated that associated with the tubercle disease and its products there is a bacillus. But is this bacillus the cause of tubercle? Is it the "germ" by which the disease is transferred from man to man, from animal to animal, from man to animal, and *vice versa*? That bacilli exist in tuberculous products no one will incline to deny. These materials are very prone to degenerate and decay, and in the decadence of living tissue and organic material, the development of micro-organisms is a familiar, if not universal, phenomenon. The question is: Are these micro-organisms the origin and cause of the tissue change which constitute the disease, or are they merely epiphenomena—organisms that are in a certain soil—the vital, physiological, or chemical changes really constituting the disease preceding their appearance. On the one hand putrid fluids containing micro-organisms have been injected into the healthy body and found to produce no marked disturbance. On the other hand, septic materials have been subjected to great heat, filtration, &c., calculated to exclude organisms or to deprive them of life, and these materials have been found to retain their virulence, and micro-organisms have been seen to develop in the products of the disease thus produced. It has been observed that micro-organisms arise very speedily in the blood and tissues of animals killed which have been quite healthy up to the time of death, and without any artificial introduction of germs or foreign material of any description. While, therefore, the association of micro-organisms with septic and other diseased processes is indisputable, there is very reasonable doubt whether these initiate the disturbance. There is, however, strong grounds for believing that if they do not initiate they aid in extending and perpetuating the disturbance; that they are not so much mischief-makers as mischief spreaders; that bacteria are not primary but secondary elements in a united process, and that their development is associated with a chemical, or at least unorganised process. Whether the poisonous properties—in the case of micro-organisms of Charbon—are acquired (in the process of development), are derived from imbibing the poisonous fluids in which they grow, or in a habit of metabolism due to the circumstances of their growth, is a matter of speculation. At any rate it seems premature to jump at the conclusion that Koch's bacilli are the specific germs of tubercle.

Notes on Current Topics.

Recognition of Foreign Diplomas.

APPROPOS of the proposition that foreign and Colonial diplomas shall be registrable in the United Kingdom if the Medical Council considers them worthy—which proposal is approved by the Royal Commission on the Medical Acts—it is worth while to notice that the Medical Council has, heretofore, recognised any or every preliminary examination offered to it without anything like due inquiry or consideration. They are now obliged to "try back" on their hasty recognitions, and have appointed a committee of expurgation for the purpose of weeding out examinations which have not the requisite value.

For the benefit of that committee we publish two illustrations of the American diploma trade, and we insist that a country where such traffic can be openly carried on has no right to expect recognition for its diplomas.

The *New York Medical Gazette* publishes the following:—

COLLEGE OF PHYSICIANS AND SURGEONS,
JOPLIN, MO., 5, 28, 1882.

GENTS.—Please send *price list of Doctors, and Druggist Names*, by states as I want to mail several thousand Annual Catalogues to the *Profession* all over the U. S. A. and Canada. I am starting an embryonic Pioneer Medical College and I must, of necessity, nois it around to the world to make it pay me. An early reply will greatly oblige your Respectfully, &c.,

J. C. PETIT, M.D., Dean.

The *Chemist and Druggist* also publishes a communication emanating from the Wisconsin Dental College which has been lately circulated among certain dentists in England, inviting them to remit 12 dollars for membership, honorary degree (D.D.S.), and diploma. The circular which we copy below was received by one of the chemists' assistants registered under the Dentists' Act who have been the objects of so much legal attention by the dental associations of this country. It bears a lithographed sketch of the "College," and runs thus:—

Wisconsin Dental College.—Incorporated under the Laws of Wisconsin.—Porcelain Plates a Specialty.—The third regular annual fall and winter session will commence October 16, 1882, and continue until March 1 ensuing. Several prominent practitioners have been secured to deliver special lectures during the term.

SIR,—Knowing you to be a regular practising dentist, we send the Wisconsin Dental College announcement, hoping you will endorse our position, making merit the qualification for graduation *regardless of time spent at the college*. As is the custom of other colleges desiring representation to *confer honorary degrees on worthy practitioners*, enclosed find printed form which you can fill out and return. Should your statement meet the approval of the faculty, we will make you a member of this college, and confer on you the honorary degree D.D.S. (Doctor of Dental Surgery), and forward you an elegant diploma, with your name artistically hand-printed (old English letter). This diploma is 17 by 22 inches, elaborately engraved, and printed on parchment deed, with signature of the faculty and college seal.

THE Sultan of Turkey has given a site in Jerusalem for the purpose of erecting a hospice and ophthalmic dispensary under the auspices of the English branch of the Order of St. John.

The Poor-law Superannuation (Ireland) Bill.

WE are pleased to be able to state that the Irish Poor-law Superannuation Bill, which was introduced at the beginning of the Session by Mr. Herbert Gladstone, at the instance of the Irish Medical Association and Union Officers' Association, and which has "hung fire" ever since, is to be proceeded with this Session, if the state of Parliamentary business admits. As Mr. Gladstone has ceased to be connected with the Irish Government he would naturally cease to have charge of the Bill, but we believe it has been arranged that he shall continue to act for the Chief Secretary with respect to the measure. The Bill now stands for a second reading, but it has forfeited the approval of the promoting Associations, because of the concession made at the first reading by Mr. Herbert Gladstone, who promised to conciliate the opposing irreconcilables by leaving the grant of a pension discretionary with the Board of Guardians. For this cause the Irish Medical Association is taking no steps to urge the second reading, but it will make every effort when the Bill goes into Committee to prevent this destructive alteration of the Bill being carried into effect.

Lady Doctors.

THE *Boston Med. Jour.*, alluding to the vote of the Medical Society at Harvard University against the admission of women to the medical school, says:—"We have neither space nor inclination to enter upon the already too vexed question of the general capabilities of women. Enough has been said about it. We think, as we have always thought, that time may be easily trusted to dispose of the 'woman-movement' to the best advantage of both sexes. But, regarding the extravagance of this movement, as we do, as a temporary enthusiasm, we welcome any indications that old and cherished institutions like the Harvard University are not to fall victims in their well-established usefulness to a social fermentation which history will, sooner or later, refer to simply as a singular phase of the sociology of the latter part of the nineteenth century."

The Influence of Light on Bacteria.

It has long been a matter of discussion how far bacteria are influenced by light, and the opinion more generally entertained is that their development is retarded or altogether hindered in the bright sun. In a letter to *Nature*, however, Mr. James Jamieson, of Melbourne, gives expression to views which, should they be confirmed, will tend to modify those that have been accepted in this connection. Mr. Jamieson has conducted a number of experiments with the object of verifying or contradicting the results obtained by other observers. His method consisted in inoculating Cohn's solution as a cultivation fluid with a small quantity of liquid swarming with bacteria, and placing this in bottles plugged with cotton-wool in the full rays of the sun. Some of the experiments were made in the hottest weather of February and March, and later in April. To begin with, the bottles were simply placed on the outside of a window-sill, on which the sun shone during the greater part of the day, a temperature of 124° F. being noted on one occasion, which was probably not the highest reached. Complete steri-

lization of the bacteria appeared sometimes to be obtained, but suspecting that the effect might possibly be due as much to elevated temperature as to chemical or other action of the sun's rays, Mr. Jamieson varied his experiments, being led thereto also by the observation that diffused light did not in any way check the bacterial growth when the solution exposed to it was kept approximately at the same temperature as similar bottles which had been surrounded with brown paper. It happened, moreover, that the exposed solution became opalescent sooner than that which had been guarded, and subsequent experiments tended to confirm the conclusion thus arrived at, that, viz., bacterial development is mainly, if not entirely, dependent on temperature. The most conclusive experiment is thus narrated by Mr. Jamieson:—"On April 6, at 2 p.m., the weather being bright, but cool, three bottles, containing each two drachms of inoculated solution, were suspended outside of a window. The 7th was cloudy; the 8th bright and cool; and on the 9th, which was bright and warm, all were found still transparent, and at 9 a.m. one was brought in out of the sun. On the 10th, which was also bright, another was taken in at 9 a.m., the one which was left out showing, at that time, faint signs of cloudiness. A thermometer hung up beside it marked a temperature of 98° F. Next day, the 11th, at 9 a.m., the exposed solution was quite milky, the others just beginning to show traces of opalescence, the one removed on the 9th being least advanced. In another experiment two bottles continuously exposed to the sun for two bright days became milky, although no trace of cloudiness had shown itself during five previous days, which were dark and cold."

The First Commencements of the Royal University of Ireland.

LAST week the first meeting of the Senate for the conferring of degrees and diplomas was held. The candidates numbered about forty, and they came up from the three Queen's Colleges—Belfast, Cork, and Galway—to obtain medical degrees only. This they were enabled to do (having passed the requisite examination) under the arrangement made to secure the academic status of students of the Queen's College in the new University.

Lord O'Hagan, who occupied the chair, was attired in the black and gold robe of the Vice-Chancellor, and he briefly expressed the gratification he had felt at meeting for the first time a body of the graduates of the Royal University of Ireland. The list contained the names of 29 M.D.'s, 29 M.Ch.'s, 14 obstetric diplomates, 52 second exam. students, and 73 first exam. men.

THE highest death-rates per 1,000 in the large towns last week from diseases of the zymotic class were—From whooping-cough 1.5 in Bristol and 1.2 in Birkenhead; from measles, 2.5 in Huddersfield and 1.8 in Birkenhead; from scarlet fever, 2.4 in Nottingham and 1.4 in Wolverhampton; and from fever, 2.0 in Portsmouth. Of the 28 deaths from diphtheria 16 occurred in London, 4 in Edinburgh, and 4 in Glasgow. Small-pox caused 8 deaths in London and its outer ring of suburban districts, 4 in Birmingham, 3 in Nottingham, and one in Manchester.

Guy's Hospital in Trouble again!

THE pertinacity with which trouble pursues the unfortunate institution in the Borough is something marvellous. Once more it has figured in an unenviable manner as the object of censure by a jury, the cause this time being the issue of death certificates in connection with the deaths of children soon after delivery by students of the hospital. The question raised by this publication of a system that is of necessity followed throughout the kingdom, is a most important one. An inquest was demanded by the Registrar of the district in which deaths of certain children occurred, and which deaths were certified on the representations of students who had acted as physician-accoucheurs at their birth. The Registrar refused to accept such certificates, as, indeed, he was quite right, from a legal point of view, in doing. If, however, this is always to be the rule in such cases, education in midwifery will no longer be possible, as also will be compliance with the regulations of examining boards in this particular. Moreover, the valuable aid lent by hospital students as accoucheurs will be cut off from the densely populated neighbourhoods of great towns, and an incalculable injury will thus be done to both the profession of medicine and the labouring poor. Notwithstanding this, it is difficult to see at the moment how the dilemma is to be compassed, and though Guy's Hospital is by an accident made to be the present scapegoat for an offence common to all hospital charities to which medical schools are attached, it must be admitted at once that it sins in common with the rest. We must for the time wait to see what results will follow the representations made by Mr. Payne, the coroner, to the Registrar-General respecting the practice complained of.

The Sanitary Institute.

ON Thursday last, at the Royal Institution, London, Mr. E. E. Robins, F.S.A., delivered an address on the work accomplished by the Sanitary Institute of Great Britain, now in its sixth year of existence. The chair was taken on this occasion by the Duke of Northumberland, who announced that Newcastle-on-Tyne had been selected as the place at which the next Congress of Sanitarians in connection with the Institute would be held. He adverted to the benefits which had followed from the action of the Institute in the past, and particularly referred to the advantages traceable to the annual congresses. These meetings are undoubtedly of great use in disseminating ideas and knowledge of the principles of sanitary science. The exhibitions which have been held have likewise done much to advance the study and practical application of hygienic laws, and there is every reason why the Institute should take credit to itself for its action in forwarding the holding of local exhibitions of this nature. The Sanitary Institute is doing good work, and should be encouraged to persist on the lines it has followed with such success.

H. W. P. WILSON ("Flora") finds that in many plants the excretion of carbonic acid decreases at once if a supply of oxygen is excluded. Hence the view that the carbonic acid exhaled by plants has its origin in inter-molecular decompositions, independent of the oxygen of the air, is untenable.

Illegal Death Certificates.

MR. SAMUELSON, M.P., has given notice of the following question:—To ask the Secretary of State for the Home Department whether his attention has been called to reports in the daily papers of July 6th of an inquest held before Mr. W. J. Payne, on July 5th, in the High Street, Boro', upon the bodies of some children, at which a physician of Guy's Hospital deposed that "it was the common practice to sign 'certificates of death' on the reports of the students, and without seeing the child at all;" and witness further said, in reply to the coroner and jury, that "they were quite aware that by the Act of Parliament they rendered themselves liable to a fine and two years' imprisonment by taking this course. He could see also that for the staff to sign certificates on mere information might sometimes lead to serious results;" and whether, in case of the recurrence of such illegal practices, he will direct the institution of a prosecution of the offenders by the Public Prosecutor.

The Medical Department in War Time.

THE committee which had been assembled at the War Office to investigate the charges brought against the Army Medical Department in South Africa has not yet made the required report. Major-General Sir E. Wood, V.C., K.C.B., chairman of the committee, having proceeded to the Mediterranean, it is to be hoped that his place on the committee may be speedily filled, if it has not already been so.

When we read of "charges" being brought against the working of the Medical Department on the very first occasion on which it has been put to the test, after what, according to some descriptions, is called its scheme of re-organisation—by others, that of *dis-organisation*—it is especially desirable that we should learn at least which of these expressions is the more applicable to it.

The Toleration of the Unqualified Assistant System by the Medical Council.

THE Medical Council, as our readers will recollect, has come to the extraordinary verdict, in connection with the practitioner who employed a notorious quack nigger "Colonel" to visit and certify his patients, that the practitioner was guilty of "infamous conduct," but ought, nevertheless, to be allowed to continue a registered surgeon. This outrageous palliation of the unqualified assistant system was pronounced by the Council on two pleas put forward by the accused:—*a.* That he *was informed* that the nigger "Colonel" had practised medicine in Canada, and had a Canadian diploma; *b.* That he never *authorised* the said "Colonel" to sign certificates in his name. The Medical Council acquitted the practitioner on these excuses, though he admitted that he had never asked to see the Canadian diploma, or made any inquiry into the truth of the "Colonel's" statements before he entrusted that person with the lives of his patients. Furthermore, no member of the Council seems to have thought of asking the question whether the practitioner, though he did not formally authorise the forging of his name to certificates, did not knowingly permit it to be done. In no part of the practitioner's explanatory statement do we find any such assurance. This case proves

abundantly that no confidence can be reposed in the Medical Council as regards the honour of professional practice, and it explains the reason why certain members of the Council have promoted a clause in the Medical Acts Amendment Bill to enable them to gloss over such acts as those of Dr. Murdoch. If further evidence of the readiness of the Council to stand by convicts and other disreputable practitioners were wanted, we could find it in its published proceedings last week, where we read that they were only prevented by a legal difficulty from restoring to the Register the erased name of a convict; that they erased only by a narrow majority the name of a person convicted of arson; and that they refused to weed out a practitioner who had been convicted of adultery with his patient's wife.

Conviction of Two Quacks.

In our issue for May 17th (page 425) we gave an account of the doings of certain impostors, who were making an unauthorised use of the names of the *Lancet* and the *Medical Press* to further their abominable designs. Our attention being called thereto, we instituted inquiries, and found that certain persons, one of whom had been before convicted, were advertising through various channels a preparation which was to do more for suffering humanity than "the discovery of vaccination and the circulation of the blood." The name of Sir John Fleming, M.D., was coined, and commendations purporting to come from the two medical journals referred to were adduced to give a colouring of respectability to the enterprise. Satisfied that a base fraud was being perpetrated on the public, as they were selling the wretched stuff at ten guineas per case, we at once called the attention of the police to their abode and doings, which last week culminated in the conviction of the two principals concerned, named Sutton and Brownrigg, to five years' penal servitude. We are happy to congratulate the authorities on their promptitude. Not a moment was lost in prosecuting our inquiries further and arresting the culprits. Such action should have a wholesome influence on the quack fraternity at large, some of whom are, thanks to our efforts in the past, still "languishing in blighted obscurity."

Calf Vaccination.

On Monday week Mr. Dillwyn, on behalf of Mr. Hopwood, asked the President of the Local Government Board whether the Board was prepared to advise the public which of the two modes of vaccination now in use was to be preferred—viz., the matter derived from arm-to-arm, or the one with the lymph from the calf recently provided by the Department; and whether it had been shown that tubercle may be transmitted by such lymph. Mr. Dodson said the Local Government Board, after long experience of vaccination from arm-to-arm, had every confidence in its efficiency. They had not had experience on any large scale of vaccination with lymph direct from the calf, but they believed it to be equally trustworthy. In regard to the second part of the question, the Board were not prepared to offer any advice as to the preference to be given to one form of vaccination over the other.

Redundant Titles.

A CORRESPONDENT has challenged our opinion respecting the propriety of an hospital surgeon assuming a number of titles unknown to hospital surgeons in general, which—though mere synonyms for the ordinary and proper designation of the surgeoncy—are made to do duty as separate surgical distinctions. The question is submitted to us with special reference to a recent publication of cases by a Dublin surgeon, who describes himself not only as senior surgeon to the hospital, but also as "Teacher of Operative Surgery and Visiting Clinical Surgeon" to his hospital. In our opinion this system is to be deprecated as misleading, and tending to an indefinite appropriation of unreal titles. Every hospital surgeon in any centre of medical education is a "teacher of operative surgery and visiting clinical surgeon" in the same sense as is the gentleman who so styles himself, and it is—in our opinion—not right for anyone to assume deceptive titles which may lead persons to believe that the "teacher of operative surgery" is a specially-appointed professor of surgery, or that the "visiting clinical surgeon" has any clinical visits to pay other than his daily round of the hospital wards. The assumption of such titles does not seem likely to add credit to the person who uses them, nor is it fair to other hospital surgeons.

The Antiphlogistic Action of Blood-letting.

WITH a view of proving by actual demonstration, the action of local blood-letting Dr. Gänziner made a number of experiments on Herr Nikolas, a medical candidate, the result of which he has published in the *Med. Wiss.* It appears to him to be proved by these experiments that the antiphlogistic action of local blood-letting is a purely mechanical one. The blood corpuscles, which are adhering to the walls of the blood vessels in the neighbourhood of an inflammation, are carried away by the increased rush of blood towards the part, when a leech sucks, or when blood is withdrawn by a cupping glass or scarification, the blocked up capillaries are flushed, and a normal—even an accelerated circulation temporarily—is restored. Blood stasis is the first step towards the local death of tissues, and local blood-letting is antagonistic to blood stasis. Blood-letting not only does not cause local anæmia, but it even sets up (temporarily, indeed), an arterial hyperæmia, i.e., it increases the flow of arterial blood towards the inflamed mass. That the increased supply of arterial blood may result in a more perfect nourishment of the tissues, and that the better nourishment may put the structure in a position to successfully combat the exciting causes of the inflammation may be taken for granted. It was shown further that the antiphlogistic action of bleeding depended on the quantity of the blood withdrawn, and that in the first rank in importance stood rapidity of outflow. Wherever possible the blood should be drawn within the inflamed circle—between it and the right heart—and not far from it, if it is to act antiphlogistically.

ACCORDING to M. Danillo, the progress of poisoning by absinthe presents an analogy with the effects of strychnine.

Ambulance Arrangements in War.

THE conditions of modern war require that during battle the following ambulance arrangements be made—viz. :—

1. The field station for first help.
2. The transfer station, where the wounded are transferred from hand conveyances to wheeled conveyances.
3. The dressing station, where provisional dressings are applied.
4. The field hospital station, where definite treatment is applied.

These several arrangements are, however, open to modifications, as circumstances may demand.

The ambulance staff consists of—1. Bearers of wounded; 2. Surgeons and attendants; 3. Ambulance train personnel; 4. Ambulance police; 5. Servants to officers.

1. *Bearers*.—In the Germany army there are two classes of these—viz., the Sanitäts detachment, specially organised for the purpose; secondly, the Hilfs sanenträger, consisting of four men per company. In the British army, the men of the Army Hospital Corps and bandmen fulfil this duty. In India, dooly bearers are employed for the purpose.

2. *Surgical Staff* embraces the medical officers, dispensers, men and officers of the Army Hospital Corps, including orderlies, cooks, &c.

3. *Ambulance Train* includes all who are employed in conducting the wheeled transport, litters, caolets, &c. These are supplied by the Control Department.

4. *Military Servants*.—These are provided from regiments or from the Army Hospital Corps. In either case the arrangement is inconvenient.

5. *Ambulance Police*, arranged for by the Provost Marshal.

Equipment includes (1) medical and surgical, and (2) that for transport of the wounded :—

1. *Medical and Surgical*.—This has to be so distributed as to be readily removable, and easily packed and unpacked. This equipment is distributed as follows—viz., (1) dressings, medicines, and restoratives in small “medical field panniers” and in larger “field panniers;” (2) cooking vessels and other articles of field hospital service in “canteens;” (3) articles of light nourishment, stimulants, &c., in “medical comfort boxes;” (4) hospital tents, bedding, and the bulkier articles of surgical equipment in carts or store waggons. In addition, every soldier should carry on his person the means of first dressing.

2. *The Ambulance Equipment* includes (1) stretchers; (2) conveyances wheeled by men; (3) Mule litters and caolets; (4) wheeled conveyances drawn by horses—these are the ambulance waggons.

A new scale of medicines and medical stores has been issued by the Board of Trade Marine Department, and should be obtained by chemists who fit up medicine chests for merchants and passenger vessels.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows :—Madras 28; Paris

24; Geneva 16; Brussels 19; Amsterdam 22; Rotterdam 19, The Hague 18; Copenhagen 27; Stockholm 24; Christiania 15; St. Petersburg 44; Berlin 33; Hamburg 25; Dresden 25, Breslau 32, Munich 23, Vienna 32, Prague 28, Buda-Pesth, 38, Trieste 20, Rome 27, Turin 22, Venice 23, New York 26, Brooklyn 18, Philadelphia 19, and Baltimore 25.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were :—Norwich 13; Derby 14; Bristol, Plymouth, Brighton 15; Hull, Oldham 16; London, Birmingham 17; Portsmouth, Leeds, Bradford, Sheffield 18; Wolverhampton, Bolton, Salford, Sunderland, Cardiff, Preston 19; Edinburgh, Dublin, Blackburn, Leicester, Halifax 20; Birkenhead, Liverpool, Newcastle-on-Tyne 21; Huddersfield, Glasgow 22; Manchester 23; and Nottingham 24.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE CHAIR OF SURGERY IN THE UNIVERSITY OF EDINBURGH.—We have to congratulate Dr. Chiene on being appointed to the Chair of Surgery rendered vacant by the death of Professor Spence. We have all along advocated Mr. Chiene's candidature, and we are, therefore, gratified at the result of the election on Monday last. At the same time it is but just to the other candidates to admit that they were equally worthy to fill the vacant post, should the choice of the Senatus have fallen on either of them.

EDINBURGH UNIVERSITY COURT.—At the last meeting of the University Court, Principal Sir Alexander Grant, Bart., in the chair, the following business was disposed of.

The Teaching of Practical Pharmacy.—Deputations on behalf of several of the city dispensaries and of the Scottish Branch of the Chemists and Druggists' Association were received in support of memorials given in by them on the subject of proposed alterations of the regulations for graduation in medicine in the University, objecting to these proposed alterations in so far as regards the class of practical materia medica. Professors T. K. Frazer and Greenfield attended on behalf of the Senatus. After hearing the deputations and the representatives of the Senatus, it was agreed, with a view to giving the members of the deputations time to consider a printed statement of the views of the Senatus on the matter, recently received, that decision should be postponed till the stated meeting in October; and that the bodies represented should give in a printed statement of their views before the end of September.

Examiner in Chemistry.—Mr. W. Dittmar was reappointed Examiner in Chemistry from 1st October next to the end of the current year.

Regulations relating to the Teaching of Pathology.—A proposed alteration of the regulations for graduation in medicine in the University of Aberdeen, in so far as they relate to the subject of pathology, received from the Privy Council Office for observations, was considered, together with a minute of Senatus expressing cordial approval of the proposed alteration, on consideration of which it was resolved to state to the Lord President of the Council that the Court saw no objections thereto.

Regulations as to Extra-Mural Teachers.—A [minute of

Senatus was considered, which contained a proposal to obtain an alteration of Ordinance No. 5, Edinburgh No. 2, with the object of permitting candidates for graduation in medicine to proceed to examination, in the first division of the professional examinations, at the first period of examination in that division after completing attendance on the subjects thereof, viz.—botany, natural history, and chemistry. The Court approved of the proposal, and gave instructions for the necessary steps being taken with a view to obtaining the approval of Her Majesty in Council thereto.

New Proposals as to Regulations of Examinations.—On consideration of a minute of Senatus, it was agreed to add to the rules regarding applications for recognition by teachers of medicine under Ordinance No. 8, section vi. (4), a requirement that applicants should furnish a general statement of the apparatus, illustrative specimens, and diagrams, or other appliances at their disposal for the instruction of their classes. The rules were revised in conformity with this decision, and otherwise amended.

DEATH FROM EATING SHELL-FISH.—Early on the morning of the 10th inst. two boys died at Rothesay, almost within the same hour, from eating shell-fish. The cases were not at first considered serious, and medical aid was not summoned until severe spasms had set in twenty-four hours afterwards, and it was then too late. Previously the boys had been in excellent health.

FATAL BATHING ACCIDENT TO A MEDICAL MAN.—About noon on the 10th inst. Dr. Morehead Macfarlane, Ardenadam, a retired Stirlingshire medical practitioner, while bathing in the Holy Loch seems to have been seized with cramp, and although taken ashore speedily thereafter, death was found to have occurred. Deceased leaves a widow.

ASSAULT AND ROBBERY ON A MEDICAL MAN.—A very daring assault was committed on Dr. William Whitelaw, of Kirkintilloch, on the 10th inst.—It appears that shortly after 11 o'clock p.m. a respectable-looking woman called at Dr. Whitelaw's residence and represented that his services were requested at Beechmount, a villa about a mile from his residence. After interrogating the woman the doctor accompanied her. After a brief interval the doctor heard voices behind him, and when he entered upon a secluded portion of the road, he was suddenly set upon by two men, who knocked him down, one of them inflicting a severe kick on his left ankle, thus splintering the bone and dislocating the joint. The ruffians at once proceeded to rifle him, the woman, who was an accomplice, assisting to hold him down. The only property he had was a clinical thermometer and pocket knife, as before leaving his own house he divested himself of his watch and valuables. It is not often that medical men are thus assaulted, as, even by criminals, a certain respect is retained for them. Much sympathy is felt for Dr. Whitelaw, who is deservedly popular in the district.

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—The directors of this Hospital at their last meeting unanimously elected Professor Annandale to be consulting surgeon, *vice* Professor Spence, deceased; and Dr. Woodhead, of the Edinburgh University, as pathologist, *vice* Dr. D. J. Hamilton, appointed a professor in Aberdeen University.

EDINBURGH OBSTETRICAL SOCIETY.—This Society will meet in their Hall, No. 5 St. Andrew Square, this evening (Wednesday) at 8 p.m., when papers on the following subjects will be read:—1. Case of Extra-Uterine Fœtation. By Dr. A. H. Barbour; 2. Case of Extra-Uterine Fœtation. By Dr. C. H. Thatcher; 3. Two Cases of Atresia Vaginae. By Dr. J. Halliday Croom.

A MEDICAL ASSISTANT CHARGED WITH CULPABLE HOMICIDE AT DUMFRIES.—On the 12th inst., in the Dumfries Sheriff Court—Sheriff Hope on the bench—Samuel Walter Wright, student of medicine, and lately assistant to Dr. Smith, Dumfries, was charged with culpable homicide, in so far as on Sunday, 9th April last, having been called to attend the now deceased Margaret Brown, or Mackie, who was suffering from cramps or pain in the stomach, he did administer to her, by hypodermic injection, from 12 to 15 minims of solution of morphia, whereby she was immediately reduced to a state of insensibility, and died about four hours afterwards. At the first hearing the accused pleaded not guilty, but subsequently intimated his intention to plead guilty. It was contended on his behalf that there had been no culpable intention, but that the fatal consequences resulted from an unfortunate mistake. Sheriff Hope imposed a fine of £20, the alternative being a month's imprisonment.

DEATH OF DR. ANDREW BUCHANAN.—At the ripe age of eighty-four, one of the most respected members of the profession in Glasgow has just passed away in the person of Dr. Andrew Buchanan. He was one of the founders of the *Glasgow Medical Journal* in 1828, and his mental faculties were keen and vigorous to the last. A few weeks since our columns bore evidence of this in his contest on the vaccination question with Mr. Peter Taylor; but we defer our remarks to a full obituary notice of this, in many respects, remarkable man in our next.

Literature.

CLINICAL LECTURES ON SENILE AND CHRONIC DISEASES. (a)

(Continued from page 430, last volume.)

THOUGH we have given much space to the first nine lectures in this volume, it is not our intention to go on doing so at the same length. The remaining lectures no doubt are very interesting, and contain valuable information. But they relate to diseases with which, in Ireland, at least, we are more familiar, and with which Irish writers have made us well acquainted. We may notice here that our author seems to be very well read on all the writers, both English and Irish, who have published works on these subjects. Few of us, we guess, are indeed so well acquainted with them as the author. We notice the names of Hayarth, Heberden, W. Hunter, Colles, Adams, Smith, Garrod, Fuller, Redfern, Sydenham, and Musgrave. Of all these the author specially notices Adams' classical work, as he calls it, and which he says leaves very little to be desired. He quotes of course his own countrymen, and also many German names. In truth, these lectures show an immense amount of research, and the author selects from each writer the points to which he considers he has a claim.

We notice that when our author speaks of the character of the liquid effused into the joints, in chronic joint disease, that it is very exceptional when pus is found, but that commonly it is sero-fibrinous exudation. We believe this is correct, and that when pus is found, such as Bouilland describes, the case must then be placed in a very different category, which for ourselves we would call "diffuse inflammation." We have seen this occur, but it must be allowed to be very exceptional.

It has been stated already that our author holds there is a positive difference between gout and rheumatism, and that in the joints this is shown by the presence of the sodium urate in gout, whilst in rheumatism this salt is not found. To several other distinctions between the two affections the author draws particular attention, and we would add that this chapter, the XIII., is well worthy of perusal, though we cannot enlarge upon it further here.

In the chapters devoted to the treatment of the affections

(a) "Clinical Lectures on Senile and Chronic Diseases." By J. M. Charcot. Translated by W. S. Tuke, M.B.C.S. London: The New Sydenham Society 1881.

of which we have been speaking the reader will find a good reward of all that is known on the subject.

The next three sections, which were originally an appendix, relate to thermometry in the aged; and in the author's hands the subject is treated with great experience. He maintains that the rectum is the proper place to ascertain the animal heat; for that in the axilla the real temperature cannot be truly ascertained in the old. He further shows that very much the same course which goes on in adult and middle life, as regards the animal heat in disease, also obtains in the aged. We wish, indeed, we could enter more fully into the details of this portion of the volume, for they are very interesting, and of a highly practical character. We would particularly notice the author's observations on those cases where the temperature is below the normal. This is a class of cases which we ourselves had long observed, and recognised their gravity, and about which the account given by our author is the most complete with which we are acquainted. But we are forced to draw our remarks to a conclusion.

The volume ends with three lectures relating to the morbid anatomy of cerebral hæmorrhage. These are equally good with what has preceded, and this is saying much for them. It is illustrated by engravings, very well-executed, of examples of nodular rheumatism, and diseases of the minute arteries, as they affect the nervous structures, and the brain in particular.

We commend the entire volume to the special notice of our readers.

Medical News.

ASSOCIATION FOR THE ADVANCEMENT OF MEDICINE BY RESEARCH.

A MEETING of the Council of this Association was held at the Royal College of Physicians on the 12th inst. In the absence of the President, the Vice-chairman, Sir James Paget, took the chair. There were also present Dr. Andrew Clark, Sir William Gull, Sir J. Risdon Bennett, Dr. Quain, Prof. Lister, Prof. B. Sanderson, Mr. Bowman, Mr. Spencer Wells, Sir H. Thompson, Prof. Michael Foster (Cambridge), Prof. Gamgee (Manchester), Sir Joseph Fayrer, Dr. Balthazar Foster (Birmingham), Mr. Barron (Bide), and others.

The treasurer reported that several further subscriptions had been received, including the following:—Dr. Andrew Clark, £100; Mr. Prescott Hewett, £52 10s.; Dr. Chalmers, £3 2s.; Dr. Bull (Worcester), £1 1s.; Mr. Dent, £5 5s.; Mr. Laidlaw Purves, £5 5s.; Dr. Wilson Fox, £10; Dr. C. J. B. Williams, £10 10s.; Mr. John Marshall, £10 10s.; Dr. Payne, £10 10s.; Dr. Gamgee, £2 2s.; Dr. Bowles (Folkestone), £5; Dr. B. Foster (Birmingham), £20; Dr. Lucas (Bombay Army), £1 1s.; Dr. Donkin, £1 1s.; and others.

The secretary reported that the co-operation of several leading members of the profession in the chief provincial towns had been obtained, and that branch committees were being formed in Dublin, Edinburgh, Glasgow, Aberdeen, Manchester, and Birmingham.

With a view to the promotion of direct research it was resolved, after a report on the subject of a sub-committee had been read, that Mr. Watson Cheyne be requested to undertake the investigation (of tubercle) recommended by the sub-committee, and the treasurer was requested to issue a circular asking for subscriptions for the furtherance of direct research.

It was reported that the communications which had taken place between a committee of the Association and the Home Secretary gave promise of material improvement in the working of the Vivisection Act of 1876, and a resolution requesting the committee to continue their efforts in this direction was proposed by Sir Joseph Fayrer and carried.

The Bill for the Total Abolition of Vivisection brought into Parliament by Mr. Reid was discussed, and it was stated that most influential opposition would have been offered in Parliament had the Bill reached a second reading.

A memorandum which had been prepared for distribution among Members of Parliament, stating the nature, objects, and advantages of investigation by direct research was considered, and after discussion it was resolved that this, and also several papers and pamphlets on the subject which had been selected, should be printed and distributed for the better information of the public.

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

At a meeting of the Council of the Poor-law Medical Officers' Association, held at 3 Bolt Court, Fleet Street, July 6th, it was resolved that the annual meeting of the Association should be held at Worcester during the jubilee of the British Medical Association, at an hour and day hereafter to be locally determined, due notice of which will be given. The Council trust that all Poor-law medical officers resident in the adjacent counties will, if practicable, put in an appearance, as many important subjects bearing on the well-doing of the service will be brought forward, notably the amendment of the Superannuation Act. The Council hope that if any gentleman has any grievance to complain of that he will communicate the facts connected therewith to Dr. Rogers, 33 Soho Square, London.

NESTLE'S MILK FOOD FOR INFANTS.

DR. GEORGE B. FOWLER has been analysing all the known infants and invalids' foods in the market, and has published the results of his investigations in the last number of the American quarterly *Journal of Obstetrics*. With respect to Nestle's Food he exactly confirms our views. He says:—

"This is a fine brown powder, with an attractive odour, resembling that of fresh cake, and decidedly sweet taste. A solution of it in a test tube reacts strongly to Trommer's test, and is turned blue by iodine. The microscope reveals masses of baked starch corpuscles, milk globules, and granular matter. On the addition of a drop of iodine solution most of the starch bodies instantly turn blue, some red (dextrin), while the granular matter remains unaffected. This latter, however, is stained red by carmine, proving it to be albuminous. Consisting, then, of wheat flour which has been subjected to dry heat to the extent to partially convert it into dextrin of glucose and dried milk, this preparation certainly possesses a high degree of nutritive value, and is an ingenious and elegant article."

Bradford Medico-Chirurgical Society.—At the twentieth annual meeting of this society, which was held in the board room of the Bradford Infirmary, the report expressed satisfaction at the number of members and the work of the society for the closing session. A report of the Commission on Woolsorters' Diseases, appointed eighteen months previously by the society, was read and ordered to be printed for private circulation amongst the members, previously to its general discussion at a forthcoming meeting. Votes of thanks were accorded to the retiring officers, and the following gentlemen were elected to serve for the succeeding year:—For President, Mr. H. Butterfield; for treasurer, Mr. T. C. Denby; for secretary, Dr. D. Goyder; for committee, Dr. J. Craig, Messrs W. H. Ellis, J. Appleyard, M.B., W. G. Burnie; for pathologists, Messrs T. Wilmot and J. Appleyard, M.B.; for auditors, Mr. S. C. Hirst and Dr. J. Dunlop.

University of Dublin.—The following candidates passed the examinations at the recent term of this University in the order of merit as given. For the Degree of Bachelor of Medicine (M.B.):—

James Chute, Thomas Robert Bradshaw, Benjamin Morgan Dockrell, William F. Law, William H. Bennett, Walter H. Longhead, Michael McHugh, William F. Patten, John N. Seymour, John Armstrong, Charles St. S. Nason, William H. Allen, Joseph Bulfin, Vicars H. Fisher, George Lloyd-Apjohn, William A. Carte, Augustus M. Whitestone, Daniel Crowe, William H. Peard, Robert H. Fleming.

At the same examination, the following senior candidate also passed:—

A. Rice Oxley, B.A. Oxon., M.R.C.S. Eng., L.S.A.

For the Degree of Bachelor of Surgery (B.Ch.):—

William H. Burke, James Chute, Benjamin M. Dockrell, Travers R. M. Smith, Walter H. Longhead, William F. Patten, George Frederick Dean, John N. Seymour, William Francis Law, Chaworth L. Nolan, James S. Carson.

For the Degree of Master in Obstetrics (M.A.O.):—

Benjamin Morgan Dockrell.

Royal College of Surgeons, Ireland.—The following prizes were recently awarded in connection with the Medical School:—First Year's Class: First prize (£10), Geo. E. Greene; Second prize (£5), Richard H. Fetherston. Second Year: First prize (£12), Wm. L. Symes. Senior Class: First prize (gold medal and £10), Austin N. Cooper; Second prize (£10), Myer J. Dutch.

Royal College of Physicians, Edinburgh.—The following candidates have passed the examination for the diploma of L.R.C.P. of this College:—

George Alfred Roe, Stoke; Andrew Fuller, Wolverhampton; William

Thomas, Anglessea; Charles Donkin, London; Thomas Englab, Adamstown; Herbert Chaworth Hallows, Clapwell Hall, Chesterfield; Thomas Thomson, London; Henry E. Haycock, Shrewsbury; William Henry Evans, Seaton; Robert N. Clements, Glasgow; George H. Phillips, Bridgnorth; and James W. Ribey, Birmingham.

Notices to Correspondents.

DR. T. P. will be gratified to learn the excellent result of inquiries and vigorous action in the case about which he inquires on reference to our "Notes on Current Topics."

ONE INTERESTED.—The amount collected is slightly in excess of previous years, but it is not half what it should be. The Council of the Fund meets to-day to apportion amounts, of which we hope to give a full statement in our next.

DISPUTANT (Glasgow).—Dr. Andrew Buchanan, of your city, has hitherto been accredited with the initiative. We believe he founded the journal in question in 1828, but he was not its first editor, vol. I. being edited by Dr. William Mackenzie, celebrated in his day as an avrist of considerable eminence. Vol. IV. bears the imprint of Dr. Buchanan as joint editor with the late Dr. Wm. Weir. We shall return to the subject fully in our next.

CORONERS (IRELAND).—"Coroner" asks: 1. Who appoints to the office of coroner? 2. Does the L. G. Board permit dispensary doctors to hold that appointment? 3. Are there any special qualifications required for the office?

[1. The Parliamentary electors of the district. 2. The L. G. B. objects strongly, but cannot prevent a dispensary surgeon being appointed coroner, though it refuses to sanction the appointment of a coroner to a dispensary district. 3. Under sec. 2 of Coroners' (Ireland) Act of 1881 ("Irish Medical Directory," page 625), coroner must be—(a) A registered medical practitioner; (b) A barrister; (c) A solicitor; or (d) A magistrate of five years' standing.—Ed.]

MR. FRANKLIN is thanked, but the communication is more suited to the columns of our contemporary the *Students' Journal*.

HOWARD.—We understand that four essays have been sent in competition for the 1883 medal and prize.

THE CONTAGIOUS DISEASES ACTS AND THE SELECT COMMITTEE.—The Select Committee on the Contagious Diseases Acts will meet in a few days to consider their Report. Two draft reports have been prepared, one recommending the entire repeal of the Acts, by Mr. Stansfeld, and the other substantially in favour of maintaining them, by Mr. O'Shaughnessy.

DR. ABRATH VERSUS THE NORTH-EASTERN RAILWAY COMPANY.—An action was commenced on Monday at the Durham Assizes by Dr. Abrath, of Sunderland, for compensation for malicious prosecution by the North-Eastern Railway Company. The original action, it will be remembered, was instituted some few months since by the Company against Dr. Abrath and a patient named McMann for attempted fraud; the verdict was against the Company, and the present is an action for damages for malicious prosecution. The case is likely to last several days.

PLACENTAL LIFE.—"Veritas" asks: How long could a child live with the placenta attached?

[If a child be born and the placenta expelled immediately after, and the funis be not tied, the circulation in the funis would cease in a few minutes after respiration was thoroughly established, and the child would probably live equally well as if the funis had been tied in the usual way. The question is so vaguely put that it is not easy to understand what "Veritas" exactly wishes to be informed of.—Ed.]

MR. GIMSON.—There is no reason to anticipate anything unusual in the course of the case. An ordinary antipyretic treatment is all that it requires, with due attention to the diet, both during the acute stages and subsequently in convalescence. Messrs. Burroughs, Wellcome, and Co., or any chemist in your own town can afford you the requisite aid.

DR. S. S.—We cannot undertake to advise you in any other way. It appears to us that you have been wisely counselled, and that your best plan will be to follow the suggestions made by your solicitor.

POTT'S FRACTURE—APHASIA.—"Nemo" asks: 1. How long is it necessary to keep applied Dupuytren's splint in case of Pott's fracture occurring in a healthy man of 32 years? 2. When may he attempt to stand on the leg? 3. What measures may be taken to strengthen the internal lateral ligament? Would Martin's bandage be of use? 4. What incipient disease does omission and displacement of letters while writing quickly denote in a person of middle age, formerly a most correct penman?

[1. Pott's fracture generally requires the application of a retentive apparatus for about six weeks, after which time the patient may stand on the leg for daily increasing periods. It is, however, better not to keep the limb in splints for the whole time. The best plan is to apply the splint for from a week to a fortnight, and then put the leg up in a plaster-of-Paris bandage. 2. The patient can be allowed to walk with a crutch, keeping the foot off the ground, as soon as the plaster has dried. If splints are employed during the entire period of treatment it involves the confinement of the patient to bed or to a sofa. 3. The application of a stream of cold water, followed by plentiful friction two or three times daily, is the best way to restore and strengthen the parts. 4. It is difficult to offer an opinion on such slight evidence; but the omission and displacement you speak of are probably indicative of aphasia. A careful consideration of the entire

symptomatology of the case would be necessary in order to pronounce this opinion definitely, or to trace the probable origin of the aphasia.—Ed.]

MR. H. K. S.—If you will give us a call when in town we shall be happy to discuss the matter. The results, so far, are eminently encouraging.

DR. BAYNE (Brighton) will receive a private note.

DR. VALLARDI (Milan).—We regret that we cannot further increase our Exchange List.

DR. J. S. (Manchester) will find that his ideas have been anticipated if he turns to our last volume Index, letter "H." Verily "there is nothing new under the sun."

Vacancies.

Cumberland Infirmary, Carlisle.—Assistant House Surgeon. Salary, £60, with board, &c. Applications to be sent to the Committee not later than July 25th.

Durham County Hospital.—House Surgeon. Salary, £100, with free board and lodging. Further particulars may be obtained of the Hon. Sec., by whom applications will be received up to July 24th.

Flintshire Dispensary.—House Surgeon. Salary, £100, with furnished house, &c. Knowledge of the Welsh language is necessary. Applications to be sent to the Hon. Secretary on or before July 24th.

Hartlepool Hospital.—House Surgeon. Salary, £80, with board, &c. Applications to be sent to J. Rawlings, Esq., at the Hospital, Hartlepool, on or before July 24th.

Rathfriland Union, Aughrim Dispensary.—Medical Officer. Salary, £120, and the usual fees for vaccination. Election, July 29th.

Royal Isle of Wight Infirmary, Ryde.—House Surgeon and Secretary. Salary, £50, with board, &c. Applications to be sent to the Secretary before August 8th.

Appointments.

COSSHAM, W. R., M.D., C.M. Aber., M.R.C.S., Medical Officer to the Central District of the Cirencester Union.

DEELEY, A. W., L.K.Q.C.P.I., Medical Officer to the Sherburn District of the Scarborough Union.

FENWICK, B., M.D., M.R.O.P., Assistant Physician to the City of London Hospital for Diseases of the Chest.

GEM, W., L.K.Q.C.P.I., L.R.C.S.I., Assistant Medical Officer to the Workhouse Infirmary, City of London Union.

HOLLIS, E., M.D., C.M. Edin., House Surgeon to the East Suffolk Hospital.

MACMANUS, Dr. G., Admiralty Surgeon and Agent for the District of Trim, &c.

MORRIS, M. F.R.C.S. Ed., M.R.C.S., Surgeon to the Skin Department at St. Mary's Hospital.

RICH, Dr. C., Honorary Medical Officer to the Liverpool Dispensaries.

SECOMBE, G. S., L.R.C.P. Lond., M.B.C.S., Medical Superintendent of the Colonial Asylum, Port of Spain, Trinidad, West Indies.

SINCLAIR, J., M.B.C.S., Resident Medical Officer to the Queen Adelaide Dispensary, Bethnal Green.

THORNTON, B., M.R.C.S., L.R.C.P. Lond., House Surgeon to St. Mary's Hospital.

THOROWOOD, J. C., M.D., F.R.C.P. Lond., Consulting Physician to the Hospital for Diseases of the Chest, Victoria Park.

VAN BUREN, K. H., L.R.C.P. Ed., M.R.C.S., House Surgeon to the Buckinghamshire General Hospital.

Marriages.

BARR—WOOLLEY.—July 12, at Holy Trinity Church, Liverpool, James Barr, M.D., 1 St. Domingo Grove, Liverpool, to Belle, second daughter of the late J. Woolley, Esq., Springfield, Everton, Liverpool.

WALSHE—COPINGER.—July 6th, at Ghent, Belgium, Thomas Patrick Walshe, M.D., Ballinakill, to Kate, daughter of the late Christopher Copinger, Q.C., of Abbey View, Dalkey.

WRIGHT—BATEMAN.—July 12, at St. Raviour's, Aberdeen Park, N., by the Rev. Geo. Bellby, M.A., cousin of the bride, assisted by the Rev. J. Allen Fell, M.A., Vicar of Hayling Island, Hants, Christopher St John Wright, M.B. M.R.C.S., of Priors Marston, Warwickshire, to Agnes Louisa, daughter of the late Henry Bateman, F.R.C.S., of 13 Canonbury Lane, N.

Births.

DALY.—July 12, at 185 Amhurst Road, Hackney Downs, the wife of Frederick H. Daly, M.D., of a son.

Deaths.

BOLTON.—July 11, at Dulwich Road, London, William Bolton, M.D., late of Drumconrath, Priorland, Carrickmines, co. Dublin.

BUDGETT.—June 19th, at Gildridge Road, Eastbourne, John Burgess Season Budgett, M.D., L.R.C.P., aged 72.

COTTON.—July 12, at the Royal Naval Hospital, Stonehouse, Inspector-General John Cotton, M.D.

DODGSON.—July 10, at Derwent House, Cockermouth, Henry Dodgson, M.D. Edin., L.R.C.S., aged 49 years.

GILLESPIE.—July 6, at his residence, Aughrim, co. Wicklow, M. J. Gillespie, M.D., B.A., aged 37 years.

POTTER.—July 7th, at Chipping Ongar, Essex, Frank Dobson Potter, M.B.C.S., L.S.A. Lond., in his 72nd year.

TAYLOR.—July 9th, at West Brighton Crescent, Portobello, N.B., James Taylor, M.D., Deputy Inspector-General of Hospitals.

WIGHT.—June 25th, at St John's, Canada, East, Montreal, in his 50th year, Robert Wight, M.D., late of London.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 26, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

LECTURE IV.

MR. PRESIDENT AND GENTLEMEN,—We turn to-day to a new department of our subject. I have been dealing hitherto with fixed inborn peculiarities which are for the most part beyond our explanation, but in consequence of which disease in individuals assumes very peculiar features. How peculiar and exceptional those features may be I have illustrated by the production of cases of bullous, pruriginous, and even gangrenous varicella, and of two examples of gangrenous vaccinia. I have also reminded you of the great differences in different individuals in the type and severity of syphilis, and I have shown, too, how, not only may the exanthemata sometimes attain most unusual severity, but how not unfrequently all their usual symptoms may seem to be suppressed and the patient may pass through a complete attack scarcely knowing that he has been ill. We have further glanced at the facts which prove that the iodides and bromides, remedies in daily and most frequent use, and for the most part very harmless, may occasionally act as violent poisons. Lastly, I have urged that in many other morbid processes originating in connection with ordinary and known causes, or it may be from local infection, the peculiar constitution of the individual takes an important share as well in increasing the proclivity as in modifying the result. Instances of this I found in such diseases as diphtheria, erysipelas, and carbuncle. Respecting these and other examples of personal proclivity or immunity which I have ventured to cite, I have maintained the same argument that they are all independent of everything that is to be recognised in the state of health of the patient, but they imply that which is conveniently

known as idiosyncrasy. Much, indeed, almost all, that I have advanced is, I am well aware, by no means novel. I have been dealing with old names and well-established doctrines, and my reason for bringing them before you has been not so much the hope of being able to contribute new facts or theories of my own as the desire to set in better order that floating knowledge which is a general possession. In the lecture which is yet to come I shall restrict myself to the same design, I hope. I am going to ask your attention to a great number of topics, to many of which I shall advert with such brevity that it would not be possible for me to enforce original views even if I possessed them. The bond of connection which will associate these various subjects will be the endeavour to discover whether there exists any larger groups or states of personal peculiarity giving special proclivity to diseases which can be suitably defined and named. If the reply to this question be in the affirmative—if we see reason for believing that those who become our patients do really differ one from another in respect to definite tendencies which are of prolonged duration and upon the knowledge of which we can conveniently not only have our prognosis but our treatment, it will next be our duty to examine as to the real nature of those states and the laws under which they came into being and continue to exist. I have dismissed the consideration of temperaments as being when correctly limited an unproductive field of research, but in doing this I expressed a belief that the investigation of the diatheses stood in a very different position. In the one we deal with the peculiarities of race and the results of what may be termed breeding, in the latter we begin much nearer home and investigate the consequences of a variety of influences which are capable either separately or together of producing chronic disease. For, in fact, what we mean by a diathesis is little less than an exceedingly chronic disease. It is a disease or taint which lasts a lifetime, which may be active at times, and latent at times, and which may be handed on to another generation. If we accept as a definition of diathesis that it is any condition of prolonged peculiarity of health giving proclivity to definite forms of disease, we must admit at once that it will comprise groups of maladies which are very different in their nature. Of some of these states the causes are very definite and specific, whilst of others they are much the reverse. Of those which are most definite, such as leprosy and syphilis, it may perhaps almost be doubted whether there is any convenience

in calling them diatheses at all. In certain stages when the disease is active there is assuredly no object in using any other word than the substantive name. It is chiefly when external symptoms are absent for a time in the individual, or when we witness the phenomena of hereditary transmission that we feel to need the addition of such a word as diathesis. It is in most conditions easy to say of an individual he has got syphilis, or he has not got syphilis, he is the subject of leprosy; for the disease in each instance is a definite one, and there is no such thing as a state of physical proclivity to either. Such maladies, however prolonged may be their possible duration, stand in the very different category to scrofula, rheumatism, or catarrh. These latter are diatheses which may vary within the widest limits in the individuals, and are so common as to be well-nigh universal. We can scarcely assert of any one that he is free from them, and the question is rather as to estimation of the degree. They are diatheses in the truest sense of the word, and they belong to the whole human family, and possibly, indeed, to all vertebrate animals. The more important questions to be put in reference to them are not, have you got rheumatism, scrofula, catarrh? but rather, in what degree are you catarrhal, rheumatic, scrofulous? The degree of susceptibility in each varies exceedingly in different persons, and in many instances rises to such a height that it constitutes a very serious disease. To these so to speak universal diatheses I shall have to recur in my last lecture.

In the same sense that we seek to know respecting our patients whether they possess more than usual proclivities to rheumatism and the like, we also inquire respecting various other states. Has he been injured by malaria? Has he been exposed to the causes which produce bronchocele? Has he a tendency to cancer? Is he gouty? Has he any permanent peculiarity of the circulation giving tendency to local disease, or of his blood-vessels causing risk of hæmorrhage? In these and various other directions we see our way to the construction of a host of diatheses of less importance than those we have mentioned only because they are less common. In the present lecture I shall glance at certain general groups of diatheses arranged according to their cause and in the two subsequent ones I shall take various special diseases or isolated symptoms and examine in respect to each how far it is possible to make use of it as a clue to the diathetic state producing it. Our knowledge of many of the diatheses is for the present far too vague to admit of our attempting any satisfactory classification of them, and a further difficulty occurs in the fact that their differences are often very dissimilar in kind. We might suggest a group of those which are transitory and those which are permanent, and others of those which may be acquired, and those which are solely obtained by transmission. It is clear, however, that any such grouping as this would often necessitate our placing the same malady in more than one class. On the whole, I think the simplest plan will be to make for the present a rough classification of the causes of diatheses, a task far easier than that of diatheses themselves, and following this, I shall bring before you a few examples of each.

I will commence first with diatheses in relation to climate. Under the term *malaria* we may include all the various emanations from marshy ground, swamps, and jungles. As to its exact nature we know nothing but that, whilst similar in essential qualities, it varies in different localities, both in intensity and character seems certain. Its effects upon the human constitution may be to produce quickly very severe disease, but, whether acute or otherwise, attacks of arterial spasm denoted by visceral congestions are almost constant phenomena. Its effects, whether exposure be continued or otherwise, are always permanent. The man who has once had ague will display through life peculiar susceptibilities. Under all circumstances likely to cause shivering he will show especial tendency to rigor. He will shiver if a catheter be passed, or if he be exposed to cold, or if inflammation is initiated, and it becomes a matter of some practical importance to the operating surgeon to remember that rigors occurring to such patients are not so serious in their import as in others. They are retrospective symptoms, and reveal the fact that those to whom they occur have at some former period come under the influence of malaria. One attack of malarial fever by no means prevents another, and although subsequent attacks are usually less severe than the first, yet the effects of the poison are distinctly cumulative, and the limits within which acclimatization can secure immunity

are probably much more narrowed than has been supposed. It is easy to see that a poison which can be so persistent in its action and of which the effects, even in mild cases, are so well nigh permanent, must be capable of producing that state of body which we name diathesis. The malarial diathesis is, indeed, a well-marked one, and it exists in greater or less degree in all who have ever come under the influence of its cause. It is probably in some degree hereditary the inheritance being, we may suppose, in ratio with the severity and length of duration of the disease in the parent. Inasmuch as the offspring of those who have suffered are usually born under conditions of continued exposure, it is difficult in them to discriminate between what is inherited and what is acquired. So great, however, is the combined influence of the two that a fearful state of physical degradation may be thus produced, and in this the inhabitants of a whole district may be involved. Nor is the physical health alone affected; the nervous system is especially involved, and the mental and moral faculties are largely influenced. When we remember how permanent in hereditary transmission such influences become, we can easily understand that the malarial diathesis has, in many instances, had a large share in controlling the destiny of a nation or damaging the character of a race. This diathesis can easily mix itself with any other, and in London practice we encounter it very frequently in association with that of syphilis, and occasionally both with it and that of alcoholism. I am speaking, of course, not of London residents, but of those who have lived abroad. Another climatic diathesis which must be placed side by side with that due to malaria is the one which results in bronchocele and cretinism. Here, again, we are ignorant of the precise cause, but we know that it appertains to certain local telluric conditions, and especially to mountains and valleys, just as we know of ague that it belongs to marshes. The cause of this diathesis is much more slow in its effects than is malaria. Far longer residence in the locality is required, and for its worst effects it appears to be essential that there shall have been transmission through several generations. It appears to persist with considerable tenacity in families which have once suffered from it. Like malaria, it degrades the entire man, and whenever prevalent produces certain deterioration of race. This diathesis, like several others, may perhaps be most conveniently named, from its most conspicuous symptom, the bronchocele diathesis. It is absurd in the case of that endemic disease to speak of bronchocele only, since the general health is always at the same time involved. At the risk of being accused of repetition, I must here again insist upon the features of distinction between diathesis due to food and those to be assigned to climate. The latter are distinctly restricted and endemic; the others not so. The latter, when severe, attack all immigrants who come within their range of influence, without regard to health, position, or habits, and under certain circumstances leave scarcely any exempt. The diet diathesis, on the contrary, as illustrated by leprosy and the like, affects immigrants only very seldom, and with great apparent capriciousness, taking one and leaving a thousand untouched.

A proof of diathesis of great importance is constituted by those persistent constitutional conditions—sometimes hereditary, at others not so—which have their origin in connection with food. Of these by far the most important for us, as English surgeons, is gout. Perhaps I ought to have assigned the foremost place to scrofula, and I should, indeed, have done so, but that it probably acknowledges a mixed causation. In many gouty patients the sum total of the diathesis is, as regards its causes, mixed. There may be susceptibility to weather, and to influence on the nervous system, as well as to articles of food, but these we can separate from what we mean by gout itself; and so far as this is concerned, I believe we will acknowledge that it is a question of diet. About the intermediate steps of causation there may be room for much discussion and difference of opinion. But I suspect that no one will decline to accept the suggestion that had mankind continued to be vegetable feeders, and never known the use of wine or beer, we should have had no experience of gout. If this be granted it is all I ask, for it is to be freely admitted—nay, expressly asserted—that such a thing as uncomplicated diet gout is now scarcely to be met with. If, however, we can succeed in any degree in separating its complications from itself, we shall find in gout the best type from which to study the laws of diet diathesis. In my own mind,

leprosy stands next to gout in the certainty that it is due to food, but I cannot speak as to this theory of its origin as being yet generally admitted. Certain general statements may be expected to be found true concerning all diatheses which are due to food. They ought to be the same, or nearly the same, in all countries and climates where the same diet is used, and they ought to cease where the diet is wholly changed, and to undergo modification, or to become rare, when it is modified. To some extent they ought to be curable by abstinence from the articles of food supposed to be their cause; but we must not push this too far, since many constitutional conditions, when once established, may persist, or even become hereditary, after the removal of their true cause. I scarcely need recapitulate the facts respecting gout which proves its association with dietetic habits. They are too well known. It may be well, however, that we should be reminded that the diathesis, when once established, becomes by inheritance remarkably persistent, and that it is unquestionably the parent, when so transmitted, of many very peculiar maladies of which the affiliation might easily have been overlooked. I went into some details in one of a former series of lectures to describe a peculiar form of destructive inflammation of the eyeball, a chronic and almost painless irido-dialysis which occurs only in those who inherit gout, and I shall not now say more respecting this disease than that I have, since my former lecture, seen some remarkable cases which supported the views then propounded, and none at all which were exceptional to them. There are several other less definite, and still less common forms of eye disease which stand, I believe, in the same relation to gout, and with them I would ask to be permitted to place (and I speak not without the justification of carefully-collected evidence) a large number of cases of crippling rheumatism, almost all of which are known as spondylitis deformans, the great majority of the cases of gonorrhoeal rheumatism, most of the severe forms of neuralgia occurring to young persons, and many peculiar liabilities to hæmorrhage. It seems, indeed, under the ordinary customs of English society, very difficult, even after several generations of strict temperance, to get rid of the gouty diathesis, and some facts would dispose us to the belief that, even after it has ceased, perhaps, during several generations, to manifest itself in the typical form of joint disease, its effects may still be encountered in predisposing to disease of blood-vessels of the kidney and of the nervous system. The facts regarding leprosy are probably somewhat different, but some allowance must perhaps be made for the circumstance that we have not as yet had an opportunity of examining them so critically. It would appear to be far easier to produce leprosy *de novo* than it is to produce gout, and it appears also, as might be expected from this fact, to die out of the system and out of the race much more quickly than does gout. Probably it is associated with some much more definitely specialised dietetic poison than that which causes gout. For, if the hypotheses which I advocated before you two years ago, and which I believe with increasing firmness, to be correct, it is certain that the leprosy poison is capable of considerable concentration under favourable circumstances, and may produce its effects in a comparatively short space of time. Many cases might be cited in which children or adults of healthy English families residing for a few years in a leprosy district, and eating only the ordinary food of the place, had become its subjects. Even in these, however, the malady is never rapidly developed. It always comes on slowly, and not unfrequently does not reach its height until possibly several years have elapsed after removal from the place where it was acquired and return to English food. This development of leprosy without possibility of hereditary transmission, and after short periods of residence in dangerous localities, is, I believe, never witnessed in temperate regions, and never excepting when it is well-known that unwholesome varieties of fish are met with, and where also the wholesome kinds are liable to rapid decomposition. The fish theory assumes that, under such conditions, the special leprosy poison may be taken in very efficient quantities in connection with a very small allowance of fish. It is the quality of the fish, and not its quantity, that we must regard. Next I stop to note that the same fact is observed, though not to the same extent, in the case of the beverages which produce gout. I am especially anxious to draw attention to this statement, because it is almost always forgotten or ignored by those writers who still disbelieve in the fish hypothesis. As

regards my suggestion that the leprosy diathesis is not only more easily produced than that of gout, but dies out more quickly when the cause is removed, many interesting facts might be mentioned. Almost all authorities on the disease have laid stress upon its hereditary tendencies, but a great fallacy underlies all those observations that these supposed tendencies have been witnessed in districts where the original cause—supposing the cause to have been a poison taken in connection with fish—was still in existence. Thus, it is easily possible that the inherited tendency may have been, at any rate, recruited from time to time by the original poison. The careful observations of Norwegian physicians in the United States have proved that leprosy does not persist in the families of immigrants from the leprosy districts of their native land, and have further, I think, made it probable—although I do not know of any special cases that have been published in proof—that even the subjects themselves of leprosy get well after a long residence in their adopted country. I had the pleasure of producing before you, at the time of the lecture to which I have referred, an old lady who had, under my own observation during a period of about three years, recovered from leprosy. She had contracted the disease in Barbadoes, and had recovered in England. She is still alive and in good health, and has now had no sign of leprosy for many years. This was the first case of definite recovery from a severe and characteristic form with which, at the time of my lecture, I was acquainted. Since then, however, two other examples of recovery from leprosy—or, at any rate, a cessation of all leprosy processes—have come under my observation. The subject of one of these, a distinguished missionary, now an old man, is blind and crippled in all his extremities in consequence of leprosy contracted in Jamaica thirty years ago. He has lived the greater part of this time in Canada, and for many years has been quite free from leprosy manifestations. I did not see him when the disease was extant, but the conditions which it has left justify the diagnosis, even if it had not been placed beyond all doubt by the fact that it was made by Dr. Brown-Séquard. Probably there are a great many persons living who are examples of the entire cessation of leprosy processes after long periods of residence in healthy districts; but no particular interest appears as yet to have been attracted to the search for them, and as the process of one recovery is one which extends over such a long period of time, it is not always easy to recover data which place the original diagnosis beyond doubt. Before leaving the subject of leprosy I must briefly summarise the evidence anew which leads me to place it very confidently amongst the diet diatheses. It is the same in all countries, and probably has been so in all ages. It is the same in rich and poor, in hot climates, and in cold climates. It is certainly neither infectious nor contagious; yet it is capable of origination in those who go to reside where it is rife. It slowly gets well in those who leave its haunts and reside elsewhere. It is not possible to mention any climatic condition which is common to all the very varied localities where leprosy is found. Whenever it occurs in a temperate climate it happens to those who are engaged in the fishing trade, and who live, to a very large extent upon the poorer kinds of fish. Although when it occurs in hot climates it usually observes the same rule, yet it now and then happens to those who eat but little fish. But this is always under circumstances where fish is known to be bad, and where it rapidly decomposes. Finally, in all temperate climates leprosy disappears before advancing civilisation, the introduction of agriculture, and the increase of population. Before we can decide as to whether scrofula should rank as in the main a diathesis which is due to defective food, we have to ask what is meant by the term. In answering this question, as well as several other matters which I shall mention, I am glad to acknowledge help from the valuable lecture on this subject delivered before us last summer by my colleague Mr. Treves. The general tendency of modern investigation would seem to be to associate tuberculosis with scrofula, and to teach that both may be, and usually are, the consequences of inflammatory action in predisposed individuals. Much that is known as scrofulous probably never reaches a distinctly tuberculous condition. But the name is still, I submit, appropriately applied if the inflammatory action can be shown to be of the type which often or usually results in a deposit of crude tubercle. On the other hand, there are certain cases in which the proclivity to tubercu-

lois is so strong that it does not wait for the advent of an inflammatory exciting cause, but is produced as a lymphatic neoplasm without the occurrence of preceding congestion. In the very large majority, however, of tuberculous and scrofulous cases a predisposing cause and an exciting cause are both present, the former being an inherited proclivity, the latter an injury, a catarrh, or any influence likely to produce local congestion.

(To be continued.)

THE TEACHINGS OF TWO HUNDRED AND FIFTY YEARS OF SMALL-POX IN LONDON—FROM 1629 TO 1880. (a)

By WILLIAM A. GUY, M.B. Cantab., F.R.C.P., F.R.S.,
One of the Hon. Presidents of the Statistical Society, Consulting
Physician to King's College Hospital, &c., &c.

INTRODUCTORY.—My prime object in writing this paper is to throw light on the important epidemic—small pox—and I provide a sort of side-light by treating measles in the same way. I also place side by side with the Returns relating to these two diseases the deaths from all causes, and the calculated ratios of deaths by small pox and measles respectively to 1,000 deaths from all causes. The ratios so obtained are the materials with which I work. How I came to take this matter in hand, from what sources I got my figures, what breaks or interruptions they are subject to, what the word *Flox*, associated with small-pox in the returns of the 17th century, means, and my reasons for attaching importance to the facts and calculations I have brought together in the first table of the Appendix; these matters form the subjects of what I may call my introduction.

The first subjects of which I treat in the body of my paper, are: the number, magnitude, and frequency of small pox epidemics.

1. *The number of the epidemics* must needs be determined by the meaning we attach to the term epidemic. In the case of small pox, I give my reasons for choosing 100 deaths by small pox compared to 1,000 by all causes, or 10 per cent., and I name that ratio an epidemic. Later on I select 20 in the 1,000 for measles, and 25 per 1,000 for whooping cough, and I make them the epidemic standards for those two diseases.

The small pox epidemic, then, being taken at 10 per cent. I show that there were about twenty such epidemics in the 17th century to thirty-two in the same number of years of the 18th; but not one in the 19th. This, the entire absence of epidemics in this century, "is the salient and notable fact which my inquiries up to this point establish." This conclusion is not weakened, but strengthened, if I substitute other figures, say 50, 75, and 150 for 100. The word epidemic is, in fact, immaterial. The figures will do as well. I may add that it is only in the 18th century, and only four times in it that the deaths by small pox reach or exceed the high figure of 150 in the 1,000 from all causes.

2. Next as to the extreme figures—the *maxima* and *minima*.

The *maxima* too, are most numerous in the 18th century. In that century, and in that only, do we encounter such figures as 155, 169, 173, 184, the highest figures in the present century being, in round numbers, 96 and 98. I may add that all these high figures (155, 169, 173, and 184), occur in the last half of the 18th century, from the year 1752 onwards.

So much for the *highest* figures. Now as to the *lowest*. The *minima* do not fall so low in the 18th as in the 17th and 19th centuries. All the figures, then, point to the 18th century as that of the highest mortality from small pox.

On the other hand, the century, *par excellence*, of the *minima* is the 19th. There is no exception to this statement; for it is interesting to observe that the lowest

figures that occurred in the 17th century, viz., 6·73 and 2·98, stand opposite the two years which have fixed themselves in our memories as the years of the Great Plague, and of the Great Fire, 1665 and 1666. The Great Plague, with its immense destruction of life, and scattering of the population brought the ratio down to 6·73: the Great Fire following fast upon it, reduced it to the still lower figure, 2·98. But no less than twelve times in the 19th century did the minimum fall below the figure of the Great Plague of London, and three times, and those successive years, below the figure of the year of the Great Fire.

If we set aside these two truly exceptional years of the 17th century, the years of the Great Plague and the Great Fire, the least figure, that of the year 1647, becomes 10·08. In the eight years from 1629 to 1636 we also encounter low figures, and once a high one (125).

But the fact stands out in bold relief that whereas, with the exceptions I have indicated, no year in the forty from 1647 to 1686 shows a lower figure than 10·08, and the whole 18th century no figure lower than 15·32, the 19th century displays figures falling as low as, I here use round numbers, 9 (four times), 8 (three times), 7 (once), 6 (once), 5 (three times), 4 (three times), 3 (three times), and 1 (also three times). These are round numbers. I will give you the exact figures for the three lowest. They are—1·49, 0·74, 0·56!

0·56, the lowest figure of the 19th century, is also by far the lowest in the three centuries. It is, roughly speaking, a twentieth part of the least figure of the forty years of the 17th century, a thirtieth part of the minimum of the 18th.

3. Next as to the *frequency* of the epidemics of small pox. Taking still 10 per cent. as the measure and mark of an epidemic, I may state, in round numbers, that they occurred once in two years in the 18th, once in four years in the 17th, and not once in the 19th. Twice only in this 19th century, once in the first thirty years, once in the last forty, was this high, but by no means extreme, figure of 10 per cent. approached. It was in the year 1805, when the figure was 95·92 (in round numbers 96), and in the year 1771, when the figure was 98·37 (in round numbers, 98).

Two more facts are worth noting. It is only in the 18th century that epidemics of the standard of 10 per cent. have lasted more than one year. Twice they continued two years, once four.

The other fact is that if in the 15th and 18th centuries the same figures for deaths from all causes occur, the contingent of deaths by small pox is higher in the 18th than in the 17th century.

This ends what I have to say at present about small pox. It is enough to excite interest and stimulate curiosity.

I shall remind you of some of the results arrived at up to this point, if I now explain and comment upon, the curves which I have had prepared. They all have reference to small pox. (a)

Measles.—With the leading facts relating to small pox fresh in your memories, I now invite you to consider with me the case of measles.

I caused the figures relating to measles to be abstracted, and the ratios to be calculated, because I thought it likely that, being like small pox a disease not hard even for the female searchers of the 17th and 18th centuries to identify, it might yield results which would throw light on my main topic of inquiry, small pox, and I have not been disappointed. The figures show that deaths from all causes have reached a higher level in the 19th century than in the 18th, the exact reverse of what has happened with small pox.

Whooping cough.—The same is true of whooping cough, in reference to which I am able to compare forty years of

the 18th century with seventy-two of this, the 19th. The ratios of deaths by this disease to deaths by all causes, have increased, as did those of measles, during the present century.

I devote the remainder of this paper to a consideration of the bearing of my facts, and the inferences I have drawn from them on the two questions, of the effects of *Inoculation* on the mortality of small pox in the 18th century, and of vaccination on the mortality of small pox during the 19th. 1. And first of *Inoculation*. Now, inoculation, according to the degree of care and skill brought to bear by those who practised it, reduced, often very largely indeed, the rate of mortality due to the disease caught in the natural way. But it created in every person operated upon a new centre from which infection might spread, and doubtless did spread, to the unprotected. Now, what was the result of the simultaneous action of these two forces? Did deaths by small pox increase in the 18th century during which inoculation was being practised? Did they increase in that portion of the century when the practice prevailed, and if so, was the increase of mortality in some sort of proportion to the number inoculated; or was it otherwise? Opinions were divided. Some, with Sir Gilbert Blane, thought that on the whole, inoculation had done more harm by spreading the disease, than good by mitigating it. Others, with Dr. Gregory, a man of large experience in this matter, thought that, on the whole, it had saved more lives than it had wrecked. As to the first question relating to the whole 18th century, I take that to be already answered as far as figures can supply an answer. Small pox was certainly more fatal in the 18th than in the 17th century, and also more fatal than in the 19th, when vaccination has taken the place which inoculation held.

But inoculation was not practised to an extent to influence the death-rate till the end of the first quarter of the 18th century, after which period, it first slowly, then rapidly, came into vogue. Now, if we begin by comparing the four quarters of the 18th century with each other, we find (I will not here trouble you with figures), that the first two quarters, test them as we will, were much less fatal than the last two. The intervals of freedom were longer, the epidemics only half as numerous, and never extending over more than one year at a time; whilst all these features were reversed in the last two quarters of the century. The last half of the century was the period of greatest fatality. *Inoculation* may have been the cause of the difference. Dr. Gregory, as I have said, thought, on the whole, that inoculation had mitigated small pox—had lessened the number of its victims—and he justified himself by figures. In this view I agreed (a) with Dr. Gregory, using, as I did, a different classification of the years of the century, but arriving at similar results. My figures and calculations show an ultimate saving of 5,433 lives. If these figures appear inconsistent with what I have said of the increased severity of the epidemics of the last half of the century, the explanation will be found in the fact that the minimum numbers fell, while the maxima rose.

I must here point out, as forces tending to mitigation, the progressive rooting out of small pox from one of its centres of distribution (our prisons) during the last quarter of the century, and towards the end of it the abstraction of many thousands of possible male victims in the form of recruits to our land and sea forces.

Taking all things fairly into account, I arrive at the conclusion, "that the practice of inoculation by saving a large number of lives among those on whom it was brought to bear, did in a great degree counteract the currency given to small pox among those whom it left alone."

2. *Vaccination*.—And now I treat of *vaccination*—raising, and trying to answer, the simple question—has vaccination, as actually practised during this 19th century in which we are living, reduced the mortality from small

pox? Has it really acted as a preventive? In answering this question I shall first make use of the figures and ratios I have already employed, and then bring into play certain calculations of the Registrar-General, in which he compares the deaths by our leading epidemics (small pox of course included), with the living population. To avoid any slight embarrassment that might arise from the use of decimal points, I shall henceforth use only round numbers. I shall compare the deaths by small pox to 100,000 death from all causes, and then the deaths by small pox to 100,000 persons living. The first comparison of deaths to deaths is peculiarly applicable to the first thirty-one years of the century, the second to the last forty years. For during the first period of thirty-one years, the annual returns were made after the method prevalent in the two previous centuries. They were the old bills of mortality carried forward. Whereas the calculations of the last forty years are those of our new and improved system of registration as issued by the Registrar-General. I am glad to be able so far to substitute his figures for my own.

I will preface what I have to say directly about vaccination by stating briefly the facts already established.

The first fact (and it is a very significant one), is the entire absence from the records of this century of epidemics of the intensity represented by 100 deaths from small pox to 1,000 by all causes, though such epidemics were very frequent in the last half of the 18th century, and one such occurred in the year 1800.

The second point deserving notice is the marked excess of these epidemics in the 18th century when compared with the 17th, and of other indications of increased severity, from which we infer that this most formidable malady had been shorn of none of its terrors by the lapse of time, or even by the great sanitary improvements brought to bear on the Devonshire colic, the scurvy, and the jail fever.

The third point that I notice is the low figures to which the minima had fallen in this 19th century, and especially the lowest of all (56 per 100,000), which so soon followed on what we must now consider the epidemic of 1871.

The fourth point on which I insist, is the contrast to small pox afforded by measles and whooping cough. These diseases became more severe as small pox became less so. Hence, we may infer that some force or forces which did not affect those two diseases did affect this.

(To be continued.)

RETRO-UTERINE HÆMATOCELE.

A Clinical Lecture

By Prof. C. BRAUN VON FERNWALD, of Vienna.

Abstracted and Translated from the *Wien. Med. Zeitung*.

By Dr. J. E. BURTON,

Physician-Accoucheur to the Lying-in Hospital, Liverpool.

SINCE the time of Nélaton has been understood by this expression a collection of blood in Douglas's space, which is supposed to arise by the menstrual blood being emptied into the peritoneal cavity instead of into the uterus. Known to the elders under the name of *suppressio mensium*, this affection, which is often dangerous to life, is deserving of the greatest interest, as it is one that may offer itself for treatment in the practice of any physician. Parametritic exudation and extravasation of blood into the peritoneal cavity are mostly met with in sterile women, and such as have not borne offspring for a lengthened period. Two forms are distinguished, intra and extra-peritoneal hæmatoceles, of which the former are much more frequent. In opposition to the opinion of French observers, hæmatoceles must not always be associated with extra-uterine pregnancy; but as this frequently is the case, the breasts should always be examined for milk, and the genitals for the blue colouration indicative of pregnancy. A positive condition may here be determined with tolerable ease, but

(a) See "Public Health," p. 105.

the determining of one that is merely negative is often difficult; for instance, that the hæmatocele in a given case is not dependent on extra-uterine pregnancy.

In proof of this, Prof. Braun related a case in which he was consulted by a "homoeopath." The patient was prostrated by violent abdominal pains, and she had a tolerably large elastic tumour in the lower part of the abdomen, concerning which he expressed the opinion that, in case it merely retained its size, or actually became smaller, it would prove to be a blood extravasation; if, on the other hand, it increased in volume, it would prove to be an extra-uterine pregnancy. The physician in charge would not admit the second possibility, on the ground that the husband had been impotent for ten years, and that the wife was of a respectable family. Notwithstanding this the tumour gradually increased in size, and in a month's time colostrum could be pressed out from the nipples. The patient's condition became rapidly worse. The Professor was once more called in, but could do no more than pronounce the case hopeless. Death took place from hæmorrhage into the peritoneal cavity from rupture of a blood-vessel whilst the patient was in a hot-bath.

Examination *post mortem* revealed the fact that extra-uterine pregnancy existed, and, moreover, that the pregnancy was double; there were twins.

Hæmatocele is indicated by the following symptoms:—Menstruation is generally painful, accompanied by malaise and shiverings; frequently the menstruation ceases suddenly. The patient suffers from shock, and in consequence of the internal hæmorrhage the skin and mucous membrane become blanched. If the course of the affection be unfavourable the patient becomes collapsed, the tumour presses upon the bladder, the ureters become sharply flexed, and death supervenes. If, on the other hand, the course be favourable, the extravasation becomes encapsuled, and an elastic tumour is then to be felt with ease, both from the vagina and from the rectum. The folds of Douglas are in no other disease depressed so much as in hæmatocele and extra-uterine pregnancy. The two affections cannot, however, be distinguished one from the other for the first three months—three months after the cessation of the menses—and it is only afterwards that the slow growth of the tumour allows the conclusion to be drawn that the case is one of abdominal pregnancy.

For the differential diagnosis of retro-uterine hæmatocele from ovarian cyst Prof. Braun notes the following:—First, the contour of a hæmatocele is not sharply defined on its upper border. Second, notwithstanding its fluid contents, it always gives a tympanitic sound on percussion, for the reason that the coils of intestine, in consequence of the peritonitis that accompanies every case of hæmatocele, are intimately united to it. Both these peculiarities are absent in ovarian cysts.

The treatment consists in absolute rest in bed, prohibition of cohabitation, application of ice to abdomen, and enemata of cold water. Care must be taken that the bowels and bladder are properly relieved, and if there are no grave complications, resorption of the blood will bring about recovery within three or four weeks. In severe cases, in which fever and pain are very persistent, and there is reason to fear the rupture of a possible abscess into the abdominal cavity, the tumour should be punctured through the vagina as recommended by Nélaton. If there is any suspicion of extra-uterine pregnancy, however, Prof. Braun would caution against puncturing, as it might easily set up profuse suppuration, to which the patient might eventually succumb.

WE regret to announce the death of Mr. J. P. Crosby, L.R.C.P.Ed., medical officer of the Sunderland Workhouse, from an overdose of morphia. It appears the deceased had been accustomed to resort to the use of the drug as a remedy for sleeplessness.

Clinical Records.

LIVERPOOL INFIRMARY FOR CHILDREN.

A Case of Old Hydatid Cyst of the Liver, cured by Incision and Drainage.

Under the care of Drs. OXLEY and POLLARD.

Reported by Mr. P. DAVIDSON, M.B., C.M., House Surgeon.

ELLEN R., æt. 9, was admitted into the Children's Infirmary, Liverpool, on October 10th, 1880, under the care of Dr. Oxley, complaining of a tumour in the abdomen in the site of the liver, which was painful if pressed on.

Previous History.—She had been in the infirmary two years previously, when the tumour was tapped, and clear fluid drawn off containing echinococci. She had then been dismissed as cured, but gradually the swelling had reappeared.

State on Admission.—On admission there was a distinct fulness to be observed in the right hypochondriac region, which on palpation gave a sensation of deep fluctuation, and was tender on pressure. The margin of the liver could be felt about the level of the umbilicus to be thin and sharp. No hydatid thrill could be felt. The tumour was dull on percussion.

October 20th.—A Southey's trocar and canula, with india-rubber tube attached, were inserted into the most prominent part of the tumour, and 8½ ozs. of turbid yellow fluid drawn off. The fluid was full of albumen and pigment matter. No bile pigment could be detected, and no echinococci could be seen.

The patient was ordered tr. aconiti ℥ v., tr. opii ℥ iv., every four hours.

21st.—No bad symptoms followed the tapping. The swelling had disappeared. The margin of the liver remained at the same level.

31st.—The cyst having refilled, was again tapped with a Southey's tube, and 7½ ozs. of fluid drawn off in fifteen minutes.

November 11th.—Two Southey's canulas were inserted, and left in for two hours. After the fluid had been drawn off a quantity of thick, yellow material drained through the tube, which, on examination through the microscope, was found to contain large quantities of yellow pigment, and numerous detached echinococci filled with pigment, many of them partially broken up.

The cyst having refilled, a Southey's tube was again introduced, and left in for 48 hours, with the view of establishing a sinus, but having become displaced, owing to retraction of the liver when the cyst had emptied, it was withdrawn.

The case then, owing to Dr. Oxley's illness, passed under the care of Dr. Pollard.

December 14th.—A hydrocele trocar and canula were introduced into the cyst under the antiseptic spray, and 5½ ozs. of fluid withdrawn. The canula was left in, and a carbolic gauze dressing applied.

At this time the patient had an attack of tonsillitis. There was no inflammation about the wound, and no general abdominal tenderness.

17th.—The canula was removed.

29th.—The sinus had healed up.

February 12th.—The cyst was again tapped with a hydrocele canula.

20th.—The cyst having refilled, it was determined to cut into it and introduce a drainage tube. In order to ensure thorough adhesion of the liver to the peritoneum at the site of the tumour, Dr. Pollard made a incision one inch in length over the most prominent part, carrying it down to the peritoneum. He then pushed two trocars and canulas into the cyst, one at each end of the incision. After withdrawing the trocars, the wound was plugged with salicylic silk, leaving the canulas *in situ*.

March 5th.—The canulas were withdrawn, the sinuses united by an incision, and a large drainage tube introduced into the cyst.

A dressing of carbolic gauze and salicylic silk was applied.

9th.—The discharge had become mixed with pus, but remained quite sweet. Temp. normal. The cyst was syringed out daily with 1 to 60 carbolic lotion.

12th.—The membrane lining the cyst wall came away entire on syringing the cyst.

20th.—Contraction of the cyst took place gradually, the drainage tube being pushed out bit by bit.

April 2nd.—A horse-hair drain was substituted for the india-rubber tube.

9th.—The horse-hair drain was withdrawn.

19th.—The sinus had completely healed up, and the patient was discharged.

June 5th.—The patient was examined. There was no re-appearance of the tumour, no tenderness on pressure. The margin of the liver could still be felt at the level of the umbilicus. The patient was in good health.

CASE OF SLIGHT POISONING FROM THE EXTERNAL APPLICATION OF ATROPIA.

Under the care of ALEX. W. WALLACE, M.D. Ed.,

Medical Officer of Riverstown Dispensary District.

A GENTLEMAN, æt. 70, when drawing on his boot, was suddenly seized with pain referred to a spot at the origin of some of the fibres of the gluteus muscle. No chloroform or belladonna being at hand, I ordered the following:—Atropia gr. iv., chloroform, tinct. aconite (Fleming's), aa ʒij. I poured about half a drachm of this on a piece of spongio piline, and placed it over the painful spot, the skin being quite sound. In about an hour he drove in to my house in great alarm, believing he had got an attack of paralysis. The pupils were dilated, voice very weak, and speech mumbling. Mouth very dry, and a feeling of inability to raise the legs. Next day he wrote: "The symptoms continued, I may say, till bed-time; speech thick and rambling; memory nearly gone; feet seeming not to belong to me, like lumps of lead; also great irritation of urinary organs." The last symptom, I presume, was due to spasm of the sphincter of the bladder, which Sidney Ringer says has been noted in cases of belladonna poisoning, and which I can testify from personal experience is produced by doses of about 1.25th of a grain of atropia, the only other sensible effect being dryness of the mouth. I may say that the pain for which the atropia was used in the above case was greatly relieved by it, only the cure was considered worse than the disease.

The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.
President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.
Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 50.)

Liquor Magnesiæ Carbonatis (Fluid Magnesia).

THIS preparation, although not generally classed as a mineral aerated water, will, on a little consideration, be seen to be made upon the same lines. It was originally introduced to the profession by a well-known physician in his day, Sir James Murray, of Dublin. He brought it out as a patent, or proprietary medicine, many years ago. After gaining great popularity under the name of fluid magnesia, its celebrity rather declined, owing to the fact that it deposited crystals of magnesium carbonate. The original preparation was made by suspending carbonate of magnesia in water in a tub, or suitable vessel, and passing carbonic acid gas through it until it dissolved. The solution was then allowed to settle, and the clear supernatant fluid poured or drawn off for use. As thus made, it contained a very little excess of gas, and therefore soon deposited the crystals of magnesium carbonate. Sir James Murray, many

years after its first introduction, patented a fresh process, by which, after pouring off the bright fluid, it was re-aerated under considerable pressure. This seems to be the process of the Pharmacopœia. In that book we are directed to make a moist carbonate of magnesium by precipitating Epsom salts with carbonate of soda, and then to pass an excess of carbonic acid gas through it for 24 hours. The resulting fluid is directed to be filtered, and then re-charged with gas. It will be seen that such a process amounts to the production of an aerated water, and is, in fact, Sir James Murray's patented re-carbonated process.

As the fluid magnesia is in the hands of two or three manufacturers of acknowledged celebrity, we generally get the right thing. It might be more strongly aerated, however. It should contain 13 grains to the fluid ounce. The strength could be reduced to 10 grains with advantage, and would make a more permanent preparation.

Liquor Potassæ Effervescens (Kali Water.)

A valuable water, containing, according to the Pharmacopœia, 30 grains to the pint of bicarbonate of potassium. Although so easily made, it has been found very varying in quality. Kali water is not much used, and is probably made carelessly by the manufacturer. As it is one of the most active of the antacid waters, it should be of a uniform strength. We never recollect having examined, however, any kali water that did not contain something near the quantity.

Soda Water.

Soda, of all the aerated waters, is the most generally consumed, and, therefore, may be considered the most important. There are certain requirements which must be met, and the desire for a well-marked antacid and carbonated drink is hit off in soda water. Soda is perhaps naturally selected by the stomach, and probably with advantage, as it is the alkali which of all others is least likely to derange the animal system. The large amount of that substance in the human body, which may be roughly calculated at 0.5 per cent. of all the fluid constituents, could not be much influenced even by the constant use of soda water.

Liquor Sodæ Effervescens, the soda water of the Pharmacopœia, is rather a strong preparation, being 30 grains to the pint. If we might judge of the results from what we find in commerce, it is considered too strong, for in no case could you get anything approaching this strength. Instead of 30 grains we find the most erratic confusion upon the subject of soda water. A few selected analyses of samples analysed will illustrate this more aptly than any discourse upon our part.

Grains p
10 oz., or ½ pint.

- | | |
|---|-----|
| A. B.P., from a respectable manufacturer sending it out under that brand ... | 15½ |
| B. No sodium bicarbonate was present in this sample, it being aerated water, and the solid proceedings from the water used (chiefly lime salts) ... | 3½ |
| C. Sulphate of sodium, 10; bicarbonate of sodium, none ... | 10 |
| D. Sulphate of sodium, 5; bicarbonate of sodium, 4 ... | 9 |
| E. Bicarbonate of sodium ... | 5 |

The use of sulphate of sodium is peculiar, and although such a preparation may be called a "soda water," it is not what is generally accepted as the ordinary effervescent preparation which goes under that name. We presume that a certain class of drinkers, when they require an early morning draught, wish for something more aperient than the antacid liq. sodæ effervescens of the Pharmacopœia. In the sample "D" we find the two judiciously blended, whilst in "B" it is probable that the water was too hard to allow of the use of bicarbonate of soda. "E" is a striking example of the uncertainty of strength found amongst the commercial preparations. Some houses send out as many as five strengths.

I find the B.P. preparation is like all waters which contain a considerable excess of soda, a little "soapy" in its taste, and it is just probable that this is one of the causes which induce the manufacturer to diverge from the recognised standard.

The general divergence observed in an article which is supposed to have a definite preparation, and which is frequently recommended by the physicians, is disgraceful in the extreme, and certainly something should be done to regulate the chaos exhibited by this preparation. Every manufacturer should definitely state upon the label the amount of sodium bicarbonate contained in his preparation.

Carrara Water,

So named from the springs in the marble district of North Italy, is now understood to be a saturated solution of carbonate of calcium in aerated water. There is hardly any demand for this water, therefore it calls for no remark.

The most important point about artificial mineral waters, however, is the quality of the water from which they are manufactured. We have no doubt that a large manufacturer's important considerations are—first, is my water pure? secondly, is it sufficiently soft to enable me to use it with advantage? This is as it should be; but we have to take into consideration that at the present day in almost every unimportant town there is a local man who starts to manufacture mineral waters because the circumstances call for his action, and because "it pays," in nine of such cases out of ten he becomes a disseminator of poisonous water—sometimes so bad that the flavouring material alone hides a quality which in its impure, but simple state would be unbearable.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

INTER-CRICOIDAL LARYNGOTOMY OVER TRACHEOTOMY.—At the Société de Chirurgie a discussion arose on the advantages of inter-cricoid laryngotomy over tracheotomy. The discussion originated in a communication by M. Richelot relative to this operation, which he practised on a man who presented a vast epithelioma of the floor of the mouth, and insisted on the facility of the operation as compared with that of tracheotomy. According to him the dimensions of the cricothyroid space are perfectly sufficient to introduce the canula, which, however, should be of small dimensions, for a large tube would be difficult to introduce, and further, might

burst the cricoid cartilage. M. Nicaise, who took up the defence of this method, said that he had performed laryngotomy on a man of 67 years of age for cancer of the larynx, and it succeeded very well. M. Chauvel preferred tracheotomy, for the tube must be necessarily too small. M. Desprès declared himself an adversary of the operation in question, for the efforts of deglutition caused the tube to rub constantly against the walls of the larynx, and thus inconvenienced the patient rather seriously. M. Verneuil, on the contrary, considered laryngotomy an excellent operation, easy to perform, and deprived of those dangers which attended tracheotomy. In some cases it is even the only one possible. He had actually a patient in his service on whom he performed this operation for epithelioma of the pharynx, and having introduced the tube of Krishaber, the man speaks and eats well. Another member declared that from experiments on the dead body he found that laryngotomy was much easier to do than tracheotomy. The discussion ended with M. Launelougue, who maintained that tracheotomy was ordinarily a difficult operation, and often dangerous, and he certainly preferred to replace it by laryngotomy.

TREATMENT OF HEREDITARY INFANTILE SYPHILIS.—M. Archambault, of the Hôpital des Enfants Malades, prefers in the treatment of hereditary infantile syphilis the corrosive sublimate to calomel or hydrargyrum c. creta. He administers the 25th of a grain in the 24 hours in milk or water. By degrees the dose is brought up to one-tenth of a grain, which represents the maximum. As salivation was not found in children, the mercury should be suspended when the mucous patches commence to disappear, the ulcers to fill up, &c. It was said that the mercurial treatment provoked diarrhoea, but such was not his experience. Where the syphilis was slight, frictions with the mercurial ointment often suffice. As to baths of sublimate, he had used them with good effect, especially against the cutaneous manifestations of the disease. The dose would be from 30 to 40 grains for each bath, and if a metallic bath be used, half an ounce of hydrochlorate of ammonia should be added to prevent the decomposition of the mercury in the presence of the metal.

WASHING OF THE STOMACH has been employed for some years with a certain success in several affections of this organ. The mode of operation, with the indications and results, are comparatively well known. However, up to the present the operation has been mostly confined to hospital practice, as medical men in private practice hesitate to employ it, believing that it is rather too delicate to undertake the responsibility of it. M. Faucher has invented an instrument which makes the operation just as easy as that of washing out the bladder. The instrument consists of a tube of red caoutchouc, called English caoutchouc, very smooth and supple, of about four feet in length, and having a diameter of ten millimetres. At the free extremity the tube is pierced by two holes or eyes, while the other end is adapted to a funnel of glass or metal. To perform the operation (*lavage*) the patient introduces as far back as possible the free end of the tube, which is previously moistened, until the pharynx is reached, when by movements of deglutition it is carried down the œsophagus until it reaches the stomach. A mark on the tube placed about eighteen inches from its extremity announces its arrival. As soon as the tube is introduced the patient fills the funnel and raises it above his head. The liquid descends, and when the vessel is almost empty it is lowered rapidly on a level with the stomach, and all the liquid returns, mixed with the residue of digestion. After several applications the patients learn to handle the instrument with the greatest facility, and without experiencing any nausea. The liquid employed usually is water with a little

bicarbonate of soda; antiseptic agents, however, might be used, such as chloral, borax, &c. The temperature of the liquid should be cold. Disease of the mucous membrane of the stomach, catarrh, primitive or secondary, simple ulcer, alcoholic gastritis, &c., furnish indications for the operation. Cancer has been palliated by it, and in cases of poisoning it has been valuable.

HYPDERMIC INJECTION IN CHOREA.—Commenting on the case of chorea treated by hypodermic injection of Fowler's solution contained in my letter of the 3rd May, you justly draw attention to the large dose (40 drops) that M. Gagnon, of Clermont, injected at the one time. Thinking that the French preparation might be weaker than the English solution, I have compared them both, and find the contrary to be the case, as you may see:—

English.	French.
Arsenious acid, 80 grains.	Arsenious acid, 90 grains.
Carbonate of potash, 80 grains.	Carbonate of potash, 90 grs.
Tinct. lavand. co., 5 drachms.	Water, 16½ ounces.
Water, 20 ounces.	Alcohol, ½ ounce.
4 grains to the ounce.	5½ grains to the ounce.

I will try to obtain more ample information on the subject, but M. Gagnon, in an article written under his dictation, affirms that the dose mentioned has not been attended with any bad results in his hands.

CONVULSIONS IN CHILDREN.—M. Jules Simon prescribes the following enema for convulsions in children, when the patient cannot swallow:—Musk, 4 grains; chloral, 6 grains; camphor, 15 grains; yellow of one egg; water, 6 ounces. A simple injection is previously made to remove any matter that might prevent the effect of the enema.

Special.

THE INDIAN MEDICAL SERVICE DEFENCE COMMITTEE.

THE Indian Medical Service Defence Committee has again addressed a remonstrance to the Secretary of State for India. They represent that by the Royal Warrant of the 13th of January, 1860, a rule was introduced rendering retirement compulsory for administrative officers at the age of 65, and for executive officers at the age of 55; that the result now is that from 60 to 70 per cent. of the late East India Company's officers remaining in the service are precluded from that promotion to which when they entered the service they were taught to look forward with perfect confidence. By the Royal Warrant of the 10th of May, 1873, the age of superannuation for those executive officers who entered the service before the 13th of January, 1860, was extended to 58, subject to the production of a medical certificate of fitness, and in the Royal Warrant of the 16th of November, 1880, now in force, this privilege has been continued, but the limit of age for administrative officers has been diminished from 65 to 60. An officer promoted under the 58 years' rule will not be permitted to serve his full five years as a qualification for the increased pension of the grade. He would necessarily attain the age of 60 before the expiration of that period, and will be compelled to retire; the three years' extension of the executive age limit will therefore be practically worthless, except in enabling an officer who has had an exceptional amount of leave to complete the term of service for the £700 per annum pension.

From tables appended to their document it appears that 73 per cent. of the officers in the Presidencies of Bengal, Madras, and Bombay can never be promoted under the 55 years' rule, and that, under the 58 years' rule, the percentages will be 66, 63, and 65 in the three Presidencies respectively. The more fortunate individuals who obtain promotion will, however, only do so after a very protracted service, averaging nearly 32 years in the former, and 35 years in the latter case, instead of 25 or 26 years, the period which, for many years, has been the usual one. That a period of 26 years' service is a reasonable one for the attainment of administrative rank, the Govern-

ment have themselves practically acknowledged by fixing that period for the exceptional promotion of sanitary officers. They submit that the retardation of promotion in the one case, and the absolute impossibility of promotion in the other, establish, on behalf of the late Hon. East India Company's medical officers, an equitable claim for compensation.

They reiterate their appeal against promoting to administrative rank and privileges certain sanitary commissioners after a fixed period of 26 years' service.

They submit the advisability of assimilating the Indian Medical Service *Invaliding* Pension Scale to that of the Army Medical Department, to which, they say, it is now slightly inferior. They state that the Indian medical officer, if compelled to retire from ill-health prior to the completion of 15 years' service, obtains the half-pay of his army rank, which is, in the case of a surgeon, £127 15s., and in the case of a surgeon-major, £173 7s. 6d. An Army medical officer, if invalided under five years' service, obtains £109 10s.; if over five years and under ten years, £146; if over ten years and under fifteen, £182 10s.

REGISTERED FOR TRANSMISSION ABROAD.

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Is published every Wednesday morning. Price 5d. Post free, 5d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 26, 1882.

MIDWIVES.

It is a curious reflection that in a country like England we have so long been content to entrust the lives of more than half the pregnant female population to the care of unqualified and uncertified women at a time when, by no improbable chance, circumstances of the utmost danger may arise to render skilful obstetric interference necessary to avert a fatal issue. It is indeed a startling revelation that at least 50 per cent. of children born in this country find their first experience of the world at the hands of women who claim the rank and title of midwife at their own will and pleasure. Of

such self-styled practitioners the number exceeds ten thousand, and at last there seems a likelihood that they will be brought under the influence of authority by which they will be licensed to practise the profession of midwifery, and without the sanction of which the exercise of their calling will be an illegal act. A Bill having for its object to register and control the actions of midwives has been drafted, and has recently been under discussion in the General Medical Council, with results to which we need not further allude. As an act of courtesy, it was, of course, desirable to give the Council an opportunity of expressing an opinion on the measure itself, but equally, of course, no one ever imagined that any practical advantage would accrue from its discussion by the Council.

In connection with the proposed legislation on this matter, a good deal has been said as to the credit of originating it; and it is a little instructive that two eminent members of the Medical Council should have been allotted and have accepted the distinction of initiating discussion on the question some years ago, while, at the moment when their tentative efforts seemed to take on some useful form, they, almost alone, offered opposition to the only legitimate solution of the problem involved in it. While admitting all the evils which it is the object of the Bill to remove, Mr. Simon and Sir Wm. Gull still energetically insist that the Council should adopt a responsibility-shunning attitude, and *approve* principles, but decline action. Such conduct would better besem an assembly of schoolboys; it reflects no credit on those who have been entrusted with the solemn charge of preserving the interests of the medical profession; it partakes of the fatal policy of indecision and of weakness; and it is to be hoped that those who have assumed the burden of reforming the great midwifery abuse will not be influenced to abate one iota of the full and complete programme shadowed forth in the scheme they have published.

Of the necessity for an Act of Parliament of the kind there can be no question in the mind of any one who is familiar with the frightful consequences that ensue from the present practice in this country. As it is, any woman, however ignorant or stupid, is at liberty to assume the responsibilities that attach to an accoucheur. Calling herself a midwife, she can attend those women who will accept her services during the period of labour; and it sometimes, and that not infrequently, happens that in cases of difficult or complicated delivery the most egregious and irrecoverable mistakes are committed, ending in the death of the patient. We cannot form any idea of the amount of mischief these midwives do from the number of prosecutions directed against them for manslaughter and injury. It is only a few of the errors that are thus published, for in most instances one of three courses is pursued by the agents of the disaster whereby they preserve themselves from the consequences of their blunders. Thus, by calling in the services of a medical man, they shield themselves behind him, or even accuse him of bringing about the danger he has been summoned to avert; or they leave the case altogether when they find themselves unable to effect delivery; or,

having inflicted fatal injuries, they decamp from the neighbourhood, and thus render the chance of discovery and prosecution all but impossible. It may very well be asked what reason can exist to induce persons to employ these pretenders, especially since the fees charged by practitioners in thickly-populated districts are even absurdly small. Little though they are, however, they much exceed what a midwife will accept, while, also, they agree to accommodate their clients by receiving the amount in weekly or other instalments. Added to this is the personal influence brought to bear by women on women, and which is oftentimes sufficient to create dislike and distrust of qualified accoucheurs. Nor do the numerous errors committed by midwives seem to act as a warning to the labouring and indigent classes. They continue to employ them, notwithstanding the most complete exposures of inefficiency, electing rather to credit the interposition of "accident" than to believe in the necessity for avoiding the perpetrators of mischief. The nature of these mistakes, too, is of the most terrible kind. Some of the accounts given of cases transferred from midwives to medical men are absolutely appalling. They include not a few in which the uterus has been torn bodily away under the supposition that it was the afterbirth; others in which the most dangerous expedients have been resorted to in order to hasten delivery through unnaturally small pelves, and very often the occurrence of abnormal and difficult presentations is wholly overlooked, the obstructions met with being treated in somewhat rude, though ready fashion, by resort to main force.

That such frightful and general ignorance should prevail among women altogether uneducated for the special work they undertake is no more than would be anticipated. We have again and again, in conversation with ordinary so-called midwives, convinced ourselves of their total ignorance of the barest elements of obstetrical knowledge. It is rarely that they are found to have any conception of the uterus as something more than "a hole in the belly;" the notion of ovaries and their relation to pregnancy is wholly unknown; while the physiology of conception and development is a sealed book to even the best of them. Exceptions, however, to this statement must be made in the case of women certificated by the Obstetrical Society of London; but they are too few in number compared with the great body of individuals to be taken into account in this connection, while they are certainly not more highly educated and practically trained than it is eminently requisite that every midwife must be.

Any Bill, therefore, that provides for the registration of midwives, and enacts that registration shall be accorded only to women who give evidence of the knowledge and ability necessary to enable them to conduct an ordinary labour with success, will have the effect of preserving innumerable lives which, in its absence, are sacrificed to the ignorance of pretenders to midwifery. With the machinery of the Bill we would not stay to deal now. Its provisions will be debated and scheduled by competent and interested persons, and it is enough now to experience the conviction that any measure which checks

the awful waste of life which follows the existing system must be productive of good. Once given a register of midwives, the control of their actions becomes a matter of ease and certainty, with the added assurance that all doubtful cases will receive the immediate attention of a skilled practitioner, since the Act would both insist on a midwife being able to recognise any uncommon case and refuse permission to her to treat it.

THE FUTURE METHOD OF CERTIFYING MEDICAL STUDIES.

THE Irish College of Surgeons has finally adopted and promulgated a most important series of rules having for their object the stamping out of the disgraceful sham certificate system which has been, for so many years, the opprobrium of the Dublin Medical School. The College will in future reject any certificate of a student's which is not issued in conformity with the following regulations:—

1. All lecture certificates shall set forth the exact number of the student's attendances, and the total number of lectures delivered in the course.

2. Winter courses shall consist of not less than 50, and summer courses of not less than 30 lectures; and the certificate must certify an attendance on at least three-fourths of these numbers.

3. As regards hospital certificates, the number of daily attendances certified shall be not less than 80 winter and 40 summer.

4. The attendances of students shall be checked by the following methods:—

5 (a) As regards lectures, that printed cards be issued at intervals by the lecturer or school registrar to each student, and that one of such cards, properly signed and dated by the student, be received by the lecturer from each student when leaving the room after the lecture.

6 (b) As regards hospital attendance, that a book be kept in which each student shall sign his name from day to day; that such book be taken up by one of the medical officers each morning, and be ruled off and signed by him each day, so that no entry may be made therein, except on the particular day indicated by the signature. That in case it appears from the nature of the signatures therein that more than one name has been signed by the one person, the whole of the signatures which appear to be so written shall be struck out by the registrar, and no credit given for the attendance on that day to any of the persons so named. That such book be kept for future inspection.

8. The various courses of medical study required shall be set forth in a "schedule," and

9. The registrar of the schools and surgical hospitals at which the student has attended shall sign a declaration upon such schedule that the entries therein respecting the attendances at their respective school are in all respects correct.

10. The student shall be also required to sign a declaration upon such schedule to the same effect, and furthermore, that he agrees that, if the College licence should, after examination, be granted to him on the faith of the entries in such schedule, the diploma may be cancelled, and the licence withdrawn, if it be afterwards ascertained that the entries are not correct.

We take occasion to express our unqualified admiration of the determination evinced by the Council of the College to "turn over a new leaf" in this matter. We take a little credit to ourselves for having initiated the crusade against sham certificates many years ago, and

carried it on in spite of obloquy and abuse, by a candid exposure of "the tricks of the trade" of medical teaching which had brought down the character of the Dublin School very low indeed.

The Council of the College has shown itself very willing to remedy these abuses when the facts were brought to its knowledge and proved to its satisfaction, and it has thus given to the profession and the public an assurance that it will no longer tolerate the existence of corrupt practices in Irish medical teaching.

THE TEACHING OF PATHOLOGY IN THE UNIVERSITY OF EDINBURGH.

SINCE the year 1831 pathology has been taught in the University in a course of didactic lectures delivered during the winter months; and in the Extra-Mural School a like course has also been given by a lecturer who was at the same time pathologist to the Infirmary, and who had therefore great facilities for teaching his subject both theoretically and practically. The want of material for the practical work of his class has doubtless been keenly felt by the Professor, and it is but natural that he should attempt to fill the present vacant post by the election of his class assistant. From a University point of view this is intelligible enough, but there is the Extra-Mural side of the question also. Even University professors are obliged to admit that the Extra-Mural School is the backbone of the Edinburgh Medical School, and that a flourishing and active Extra-Mural School is necessary, that Edinburgh may maintain its prestige as a great centre of medical education. The post of Pathologist to the Infirmary has, as before mentioned, been always held by a struggling extra-mural lecturer who has been compelled to carry on a competition in which he was handicapped by the fact of the professor being also an examiner, a disadvantage which is daily increasing, owing to the commercial mania now affecting several of the professors. Whilst admitting that the Professor is entitled to access to fresh specimens and other means for practically instructing his class, it certainly does not seem fair to us that either party should possess an undue monopoly, and we would therefore suggest that both the Professor and an Extra-Mural lecturer be appointed, when some amicable arrangement might be entered into between them as to the division of labour. Let the Professor be appointed, and not his class assistant. The squeezing in of a subordinate is not characterised by that manliness and openness which should ever prevail between gentlemen. Besides, the election of the Professor would place a permanent officer in the post, and not a young man who may be only looking out for something "to turn up," or who might at any time qualify for an extra-mural lecturer, leaving the Professor in his present somewhat anomalous position. The emoluments of the post are, we believe, about £100 per annum. This might even be equally divided.

DR. CRICHTON BROWNE and Dr. A. B. GARROD have been elected Corresponding Members of the New York Academy of Medicine.

Notes on Current Topics.

The London Hospital.

ON Tuesday, July 18th, the London Hospital was the scene of an unusually successful and important gathering, the occasion being the annual prize distribution to students and practitioners. H.R.H. the Duke of Cambridge, president of the hospital, performed the ceremony, and among those present were several influential and eminent friends of the institution, including the Bishop of Bedford and Mrs. and Miss Gladstone. The Duke of Cambridge was received at the principal entrance by the members of the house committee and the medical and surgical staff of the hospital, a guard of honour from the 2nd Tower Hamlets Rifle Volunteers being in attendance. After presenting the prizes to the successful students and practitioners, His Royal Highness delivered an address, in which he praised the deservedly high reputation of the hospital as a school of medicine, and in particular dwelt on the great advances it had made within recent years. He offered a few seasonable hints also to the young surgeons before him in reference to service in the Army Medical Department, and complimented them by expressing a wish that the ranks of army surgeons might be recruited by men so well trained and taught in surgery as the students of the London Hospital. After the distribution ceremony, the wards of the hospital and the rooms of the medical school were thrown open to the inspection of visitors, and a selection of music was played in the grounds by the band of the 2nd Tower Hamlets Volunteer Corps. Refreshments were served in tents erected in the gardens, and for some time the scene was one of unusual but delightful animation. The attendance was large, and the whole proceedings passed off with great *éclat*, which result is undoubtedly attributable chiefly to the unceasing exertions to secure it on the part of the Warden of the school and to the hearty seconding of his efforts by the house and college committees. While congratulating them on the success of their endeavours to afford enjoyment to the many friends who were favoured with invitations, we feel that they will be fully repaid in the knowledge they have gained of the wide-spread interest which is felt in the fortunes of the great East-end charity.

The Physiciancy of the Dundrum (Dublin) Criminal Asylum.

WE understand that Dr. Christopher Nixon, Physician to the Mater Misericordiarum Hospital, Dublin, has been appointed by the Lord Lieutenant to the office of Visiting Physician to the Dundrum Central Criminal Asylum, *vice* Dr. John Hughes, recently deceased. We are well satisfied with the appointment which Lord Spencer has made, not only because a physician so deserving has been chosen, but because we apprehended a possible abolition of the office. Many of our readers are aware that for years past a strong tide has been running in favour of the discontinuance of all visiting physicians to Irish asylums. The Irish Lunacy Commissioners have shown themselves favourable to such a project, and some of the resident medical superintendents of Irish district asylums (including

the resident medical superintendent at Dundrum) are known to have been anxious to wipe out the visiting officers. On the other hand, we have always vehemently resisted any and every proposition for handing over these large and important institutions to the semi-responsible charge of a single officer, and we have been supported in our resistance by the frequent occurrence in Irish asylums of irregularities which make it obvious that in such institutions "two heads are better than one." Therefore, we are glad that the abolition policy has failed in this instance, and that a young man who has the energy as well as the competency to discharge his duties as visiting physician has been placed in office.

British Home for Incurables.

THE twenty-first anniversary of the foundation of the British Home for Incurables was celebrated at Clapham Rise last week, on which occasion the Prince and Princess of Wales attended a garden party at the Home. A presentation of friends to the Princess took place on a dais in the gardens, upwards of £350 having been collected in this way. The Prince of Wales delivered a brief address in acknowledging a vote of thanks passed to Her Royal Highness the Princess, in which he urged the claims of the institution to the compassion of the charitable. In connection with the Home, 149 in-patients and 384 out-patients are maintained at present, the latter receiving an annuity of £20 each.

Mr. Thomson's Case of Ligature of the Innominate.

WE regret to learn that the patient whose innominate Mr. Thomson, of the Richmond Hospital, Dublin, tied some weeks ago for subclavian aneurism succumbed on Thursday last in consequence of repeated secondary hæmorrhages. He had lived 42 days after the operation, the longest known period save one during which a patient has survived such an operation.

We understand that, at the post-mortem examination, the artery was found to have been ulcerated at the seat of the ligature. The condition of the aneurism as regards consolidation and cure has not yet been ascertained.

The Naval Medical Staff at Alexandria.

THE following is a correct list of the naval medical officers present at the bombardment. H.M.S. *Invincible*: Staff-Surgeon S. Sweetman, Surgeons O. Pearson and M. Digan; H.M.S. *Alexandra*: Fleet-Surgeon D. M. Shaw, Surgeons J. C. B. Maclean and C. A. Macaulay; H.M.S. *Téméraire*: Staff-Surgeon J. Buckley, Surgeons H. E. F. Cross and W. Tait; H.M.S. *Monarch*: Fleet-Surgeon M. Rodgers, Surgeons W. Brown and McIvor; H.M.S. *Inflexible*: Fleet-Surgeon H. M. N. Sedgwick, Surgeon C. Drake; H.M.S. *Superb*: Fleet-Surgeon D. O'Connor, Surgeons A. R. Joyce and J. A. McAdam; H.M.S. *Sultan*: Fleet-Surgeon G. Mair, Surgeons T. J. Preston and W. Eames; H.M.S. *Condor*: Staff-Surgeon W. H. Putsey; H.M.S. *Cygnets*: Surgeon H. W. D. Walsh; H.M.S. *Decoy*: Surgeon F. Williamson; H.M.S. *Helicon*: Surgeon G. W. Bell; H.M.S. *Penelope*: Staff-Surgeon E. Meade, Surgeon G. Smith; H.M.S. *Bittern*: Surgeon J. W. Davis; H.M.S. *Beacon*: Surgeon C. W. Hamilton.

The Medical Service for the Egyptian War.

DEPUTY SURGEON-GENERAL HANBURY has received orders to proceed to Egypt as principal medical officer of the expeditionary force. He will be assisted by Deputy Surgeon-General Ekin and Brigade Surgeon Manley, each of whom will have charge of a division. It is authoritatively stated that eight field hospitals are in course of equipment, and will be sent out as required, each being under the charge of the brigade surgeon, or a senior surgeon-major. Eighty-six medical officers have been ordered out to Egypt, in addition to those required at Malta and Cyprus.

Elections at the Paris Academie de Medecine.

At the election for a member of the Section of Medical Physics and Chemistry, to fill the vacancy left by the death of M. Briquet, the Section sent up the list of candidates as follows:—1st, *ex æquo*, MM. Gariel and Javal; 2nd, M. Bouchardet; 3rd, M. Hardy; 4th, M. Onimus. M. Gariel (who is one of the secretaries of the French Association for the Advancement of Science) was chosen by the votes of fifty-seven of the sixty-eight Academicians present.

The Cotton Districts Convalescent Fund.

A MEETING of the Governors of the Cotton Districts Convalescent Fund was held last week at the Westminster Palace Hotel, the Earl of Derby presiding. The meeting had under consideration proposals for the transfer of a plot of land adjoining the new Convalescent Home at Southport for the erection of buildings connecting the old and new hospital, in order to facilitate their joint working, and, subject to approval by the Charity Commissioners, they authorised the Building Committee to negotiate for it. Dr. Watts (the clerk) reported that of 30 beds at the Children's Sanatorium allotted to the affiliated hospital, only five and a fraction had been occupied on an average during the March quarter, and only ten and a fraction in the June quarter. As this seemed to indicate that difficulties existed in the way of candidates for treatment rather than any deficiency in the number of children seeking admission, it was resolved to effect an alteration in the rules of nomination, whereby, so long as any beds remain unoccupied, nominations may be made directly by members of the building and hospital committees.

Compulsory Notification of Infectious Diseases by Medical Men.

A FORTNIGHT since a meeting was held at Greenwich to consider the proposal to compel medical men to notify cases of infectious disease in their practice to the sanitary authorities. Many of those present spoke against the provision, whilst no one spoke in its favour.

The following resolutions were unanimously carried:—

1. That we form ourselves into an association for the simple purpose of resisting the attempts that are being made to compel medical men to notify cases of infectious disease.

2. That we affiliate with the Liverpool Association formed for a similar purpose.

A letter was directed to be sent to the Chairman of Council of the British Medical Association, requesting

him to appoint a special time at the annual meeting at Worcester for discussing this question.

Hospital Changes in Dublin.

THE appointment of Dr. Finny to the King's Professorship of Medicine in the Dublin University School of Physic involves, according to usage, his being attached, as Clinical Physician, to Sir Patrick Dun's, and no other hospital. Dr. Finny will, therefore, be obliged to resign the Physiciancy of the City of Dublin Hospital, which he has held for some years, and already several candidates for the vacancy are in the field. Amongst them is Dr. Duffey, of Mercer's Hospital, and if he should be elected the office of physician to the latter hospital will become vacant.

The pending election of Dr. McCann to the Mastership of the Rotundo Lying-in Hospital will create a second vacancy in the staff of the City of Dublin Hospital, in which institution Dr. McCann is now Gynaecologist.

Delusive Titles.

A PERSON named Greatorex, who practises without qualification in the neighbourhood of the Caledonian Road, London, is being prosecuted for having given a death certificate, falsely pretending that he is a qualified medical man. He had hoodwinked the parents of the patient by signing himself L.A.M.D., which on inquiry turned out to mean "late Army Medical Department."

Flameless Combustion.

At the recent *soirée* of the Society of Chemical Industry at Owens College, Manchester, a new theory of combustion was practically illustrated by Mr. Thomas Fletcher, of Warrington, the results being so totally unexpected that many present would, and in fact did, go away with the impression that some deception was being practised. Mr. Jacob Reese, the inventor of the Reese fusing disc, has stated his belief that if it were possible to produce combustion without flame, the temperatures and duty obtained from any fuel would be enormously increased. Mr. Fletcher now sought not only to prove the possibility of flameless combustion in more than one form, but also to demonstrate practically the enormously high temperatures which can be obtained by this means. Taking a ball of iron wire about three pounds in weight, he placed it on a slab of fire clay, and directing a blowpipe flame on it for a few seconds, he suddenly blew out the flame. The temperature increased so rapidly that in a few seconds the wrought iron fused and ran into drops, and this temperature was steadily maintained. The room was darkened, but the closest examination did not show a trace of flame, although the fact that the gas was burning was proved by repeatedly relighting and extinguishing it. The same experiment was repeated in another form by directing the flameless heat into a small fire-clay chamber, in which a refractory clay crucible, made specially for nickel melting, was partially fused and worked into a ball like soft putty, the sides of the fire clay chamber being at the same time fused. The heat was so tremendous that the blowpipe laboratory which was given up to Mr. Fletcher for the evening was much too hot to be agreeable, in spite of open windows and

ventilators. How far this discovery can be utilised remains to be seen, but it would appear that the presence of flame, usually considered to be a sign of combustion, is really an indication of imperfect results, and that the highest power is to be obtained only when flame is totally absent.

The Trade in Girls for Belgium.

THE Report of the Select Committee of the House of Lords to inquire into the state of the law relating to the protection of young girls, establishes the fact of the existence of a trade in girls between this country and Belgium for immoral purposes. The Committee also prove that juvenile immorality is alarmingly on the increase, and that cases are known of children following the profession of prostitutes from an incredibly early age. They recommend that the age of irresponsibility in girls should be raised; that persons shall be guilty of a misdemeanour who harbour girls under seventeen for immoral purposes; that girls under sixteen soliciting in the public streets shall be sent to industrial schools; and that the enforcement of the law shall be more rigorous in the case of street-walking.

The Representation of the Royal Irish University in the Medical Council.

By a short Bill, which is certain to pass, Dr. Lyons, M.P., has remedied a notable omission in the Royal Irish University Act. That Act extinguished the Queen's University, and—under it—the new University swallowed up all the functions, authorities, and privileges of the older institution, but its framers never thought of transferring the membership of the General Council with the other goods and chattels of the defunct University. Therefore, when the Queen's University ceased to exist, Dr. Banks, its Medical Council representative, found himself, so to speak, running out of lease, and without any clause for renewal. Dr. Lyons has now remedied the omission, and we assume that at the next meeting of the General Medical Council (if it ever meets this side of the legislative grave) Dr. Banks will take his seat as the representative of the more Cosmopolitan institution—the Royal Irish University.

The Unqualified Assistant System.

At Stratford Police Court last week, Mr. Henry Bowden Lyell, M.R.C.S., practising at Walthamstow, was summoned at the instance of the Medical Alliance Association, on a charge of wilfully giving a false certificate concerning the death of an army pensioner, who had died while under the care of Mr. Lyell's unqualified partner. The principal evidence given in support of the charge was that of Dr. Scoresby Jackson, a member of the Medical Alliance Association, and also registrar of births and deaths for the Walthamstow district, who produced the register containing the certificate said to be signed by the defendant. As the witness was, however, unable to swear positively that the signature was in the defendant's handwriting, the summons was dismissed.

A DENTAL EXAMINATION will be held by the Royal College of Surgeons in Ireland on Monday, the 30th of October next.

The Sunderland Conspiracy Case.

DR. ABRATH's action against the North Eastern Railway Company for the malicious prosecution of himself, together with his patient, McMann, and which extended over three days at the Durham Assizes last week, ended in a verdict for the Company. Men in their collective capacity may do, it appears, what individuals dare not. It was, however, the opinion of a high legal authority, the late Solicitor-General, Sir Hardinge Giffard, that Dr. Abrath had a good case for damages against the Company, but such is the uncertainty of law that even the highest legal authority can scarcely venture to predict the verdict of a jury in any case without finding himself in error. It does appear to be hard that any one of Her Majesty's subjects should be called upon to meet a criminal prosecution, put to a ruinous expense in establishing his innocence, and to find himself without redress of any kind.

Explosive Materials supposed to be Innocent.

MORE than a year ago a remarkable and unaccountable explosion occurred in the warehouse of a drysalter, Mr. Riley, at Castleton, near Manchester, whereby two persons lost their lives, and a third was seriously injured. It was supposed that the explosion was in some way occasioned by chlorate of potash, but how, could not be satisfactorily explained, and ultimately thought quite improbable, as salt is in itself known to be perfectly harmless and free from liability to explode, even when exposed to a considerable heat. The mysterious nature of the accident induced the Government to send an inspector of explosives to inquire into the circumstances attending it, and Captain Cundell's report has just been issued. As he could find no trace of a dangerously explosive material on the premises, he was forced to the conclusion that the explosion must have been caused by the mixture of two innocent substances which had come accidentally together on the floor of the warehouse, namely, chlorate of potash and the yellow prussiate of potash. It now turns out that these two harmless materials, when mixed together in equal proportions, do form an explosive material of a somewhat energetic nature—that they are, in fact, the chief constituents of what is known as white gunpowder.

According to the evidence of Mr. Riley and his son, a carman was delivering kegs of potash and yellow prussiate, when one of the kegs of potash slipped, and the iron hoop on the cask struck fire against the wall as it fell to the floor; that a considerable quantity of chlorate of potash and yellow prussiate was spilt upon the floor, and thus became ignited, for a considerable outburst of flame was seen to issue from the floor, and young Riley was severely burnt about the lower part of the legs. Thus, quite accidentally, a mixture of an explosive character was formed, capable of doing great mischief, but which in no way was either contemplated or brought within the scope of the Act which regulates the storage of explosive or dangerous materials.

The verdict of the jury at the time, which was that of accidental death, was perfectly correct, although it was thought that some more dangerously explosive material had been purposely brought into the warehouse with a malicious intent.

Metropolitan Hospital Sunday Fund.

THE sums collected on Hospital Sunday in June last was some two or three thousand pounds more than that of any preceding year, being upwards of £33,000. The Fund was founded in 1873, through the exertions of a few influential men interested in hospital management, who, after considerable trouble, succeeded in getting the then Lord Mayor, Sir Sidney Waterlow, to become its President, and afford it the *imprimatur* of the Mansion House. Since then the large sum of £282,000 has been collected and distributed amongst the hospitals and dispensaries of London. A separate Fund has also been established for the supply of surgical appliances. This movement has now spread from the metropolis to all parts of the country, to America, and to the Colonies, where it has become a settled institution, affording substantial aid to the work of the most useful of all charities, the hospitals.

A WHOLE family has been accidentally poisoned at Sallède, near Vic-le-Comte, in the Department of Puy-de-Dôme, by flour containing a lead-salt.

DR. COURBIN, of Bordeaux, has detected small worms in the alveoli of a dog's lung, by microscopical examination. Some were free, others were encysted. The post-mortem established pneumonia as the cause of death.

A DEATH from lightning took place at the Curragh Camp a few days since. Private Harris was struck on the left side, and his uniform from the breast down to his foot was completely torn away, one of his boots being rent in pieces. Death was instantaneous; but a comrade who was with him at the time, and was also struck by the lightning is under treatment at the hospital.

In order that due inquiry may be made—if necessary—into the position of candidates for the Fellowship of the Irish College of Surgeons, the Council of that Body have resolved—"That, unless the Council, under circumstances of urgency, shall otherwise direct, the name of each candidate for Fellowship shall be submitted to Council at least a fortnight before his application to be admitted to examination is considered."

At a meeting of the Paris Société de Chirurgie, Mr. Th. Anger recently reported a small epidemic of tetanus which came under his observation at Cochin Hospital last year. Four patients rapidly died of the disease. While demonstrator of anatomy at Clamart, the same observer witnessed the death of a sloth, together with her six young ones, from tetanus, after they had lived some time in a stable in which two horses had died of the same disease.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Norwich, Brighton, Birmingham 14; Edinburgh, Derby, Sheffield 15; Dublin, Halifax, Plymouth 16; Bristol, Cardiff 17; London, Huddersfield 18; Nottingham, Bolton, Wolverhampton, Newcastle-on-Tyne, Oldham, Birkenhead 19; Portsmouth 20; Leeds

21; Glasgow, Hull, Blackburn, Sunderland, Preston 22; Manchester, Bradford 23; Salford 24; Liverpool 25; and Leicester 26.

"MAMMARIAL BALM restores and developes the bust. Warranted sure and safe. Price one dollar. May be obtained," &c.

The *Chemist and Druggist* asks—Is it for internal or external application? Is it "to be rubbed into the roots every night"? And was it discovered on the inaccessible slopes of the Andes? What with *antis fat* and *lean*, *blooms*, *blanca*, hair producers and destroyers, dyes, bleaches; corn, wart, and pimple eradicators; and special applications for nails, hands, lips, cheeks, eyebrows, and teeth, besides such gross mechanical contrivances as nose-machines, wigs, and wooden legs, we are of opinion that if Venus herself were to "revisit the glimpses of the moon" she would be accounted a very so-so sort of party.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 34, Bombay 21, Madras 30; Paris 20; Geneva 11; Brussels 19; Amsterdam 23; Rotterdam 19, The Hague 21; Copenhagen 25; Stockholm 24; Christiania 16; St. Petersburg 49; Berlin 28; Hamburg 20; Dresden 29, Breslau 37, Vienna 25, Prague 28, Buda-Pesth, 36, Trieste 30, Rome 21, Turin 26, Venice 33, New York 28, Brooklyn 20, Philadelphia 17, and Baltimore 29. No returns have been received from Alexandria for several weeks, that city being in a state of chaos; but we fear if authentic information were obtainable the death-rate would have terribly risen during the bombardment.

THE highest death-rates per 1,000 in the large towns last week from diseases of the zymotic class were—From whooping-cough 1·3 in Sunderland and 1·2 in Birkenhead; from measles, 1·4 in Plymouth; from scarlet fever, 2·5 in Derby and 1·6 in Hull; and from fever, 0·8 in Leeds. The death rate from diarrhoea, although showing a further increase upon those which prevailed in recent weeks, was considerably below the mean rate prevailing in the corresponding week of recent years; the highest death-rates attributed to this disease last week were 7·4 in Leicester, 2·7 in Preston, 2·4 in Nottingham, and 2·3 in Salford; 8 deaths from diphtheria were returned in London, 7 in Glasgow, and 2 in Portsmouth. Small-pox caused 9 deaths in London and its suburban districts, 4 in Nottingham, one in Leeds, and one in Newcastle-upon-Tyne.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

PATHOLOGIST TO THE ROYAL INFIRMARY, EDINBURGH.—This post is now vacant, owing to the appointment of Dr. Hamilton to the Chair of Pathology in Aberdeen. The following is a list of the candidates:—Dr. Waller, lecturer on pathology, Minto House; Dr. Bramwell, lecturer on the practice of medicine, Park Place; Dr. Buist, lecturer on pathology, Surgeons' Hall; and Dr. Woodhead, class assistant

to the professor of pathology in the University. The appointment has always been held by an extra-mural lecturer, but attempts are being made to wrest it from the Extra-Mural School. The candidature of Dr. Woodhead is virtually that of the professor of pathology and is simply another effort to destroy the influence and usefulness of the Extra-Mural School. Already we have esoteric pathological doctrines, and it only remains for the professor to hold the appointment of pathologist to the Infirmary to complete the commercial programme which has of late been too plainly carried out by the professor of natural history. We may soon hope to see portions of diseased organs sold by the pennyworth to students.

THE SURGEONCY AND ASSISTANT-SURGEONCY TO THE EDINBURGH ROYAL INFIRMARY.—Owing to Mr. Chiene's elevation to the Chair of Surgery in the University the posts of surgeon and assistant-surgeon to the Royal Infirmary are now vacant. The former will in all probability be filled up by the appointment of Dr. Alexander Miller, lecturer on surgery in the Extra-Mural School. For the latter the following is the list of candidates:—Drs. Macgillivray, Finlay, Cotterill, and Cathcart. We may consider the individual claims of these gentlemen on some future occasion.

DEATH OF THE EX-PROFESSOR OF BOTANY IN ABERDEEN UNIVERSITY.—Dr. George Dickie, who died at Aberdeen a few days since, was a native of Aberdeen, and was educated at Marischal College. At an early age he developed strong tastes and abilities for botanical research, and he soon earned the reputation of being one of the most promising and rising botanists of his time. He held the Botanical Chair in the Queen's College, Belfast, for a number of years, and on the fusion of King's College and Marischal College into Aberdeen University he was appointed Professor of Botany. He discharged the duties for seventeen years, only resigning in 1877 on account of impaired health. Dr. Dickie had written numerous papers and published some books connected with his favourite study, the most important of which was "The Botanist's Guide," published in 1860.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 15th inst., the mortality in Edinburgh was 67, and the death-rate 15 per 1,000. Fully half of the mortality was due to diseases of the chest; 6 deaths to zymotic causes, comprising, fever 3, and scarlatina 1, the intimations being, fever 12, scarlatina 31.

GLASGOW DEATH-RATE.—The death-rate of Glasgow for the week ending with Saturday, 15th inst., was 23 per 1,000, as compared with 22 in the preceding week, 20 in the corresponding week of last year, and 22 and 18 for 1880 and 1879 respectively.

UNFOUNDED CHARGE OF RAPE AGAINST A MEDICAL MAN.—On the 17th inst., Edward Pratt Evatt, a physician and surgeon practising at Galashiels, was tried before the High Court of Justiciary, Edinburgh, on a charge of criminally assaulting a young woman who had on the 12th April last put herself in his hands for a surgical operation. After the young woman in question and Drs. Murray and Somerville had been examined, the charge was withdrawn by the Advocate's Depute, who had first consulted with Lord Adam. His Lordship then said to the jury that it would be necessary for them to return a verdict of not guilty. This the jury accordingly did, and in doing so their foreman observed that they had for a considerable time been decidedly of opinion that the verdict which His Lordship asked them to find was the only verdict which could be returned in this case. Since the charge against Dr. Evatt,

an address, signed by more than a thousand inhabitants of Galashiels, expressing the esteem in which he is held, has been presented; and when the acquittal became known, the train which contained Dr. Evatt was met at the station by the town's band, and 6,000 or 8,000 persons, who loudly cheered him. This seems to have been a most unwarrantable and unjust prosecution, and we therefore congratulate Dr. Evatt on the successful issue of the case. It is surprising that the Crown agents should have deemed it necessary to take up a case which broke down so hopelessly in the proof.

Literary Notes and Gossip.

MR. LESLIE STEPHEN, author of a "History of Modern Thought in the Eighteenth Century," has in the press a new work entitled "The Science of Ethics as Modified by the Doctrine of Evolution."

A NEW volume of the classified catalogue of the library of the Royal Institution of Great Britain, by Mr. Vincent, the Librarian, is now ready; it includes the most important works published during the last twenty-five years, placed under their respective heads, accompanied by a synopsis and indexes of authors and subjects.

FROM the half-yearly list of Messrs. J. and A. Churchill we find that thirty-eight new works, new editions, and pamphlets (of which three were American) were published by them during the past half-year. This is confirmatory of our expressed opinion of the paucity of medical authors of late, a condition which, on account of recent events, is likely to continue.

THE Council of the Society of Arts have awarded the Albert Medal of the Society for the present year to Professor Pasteur, of Paris, for "his researches in connection with fermentation, the preservation of wines, and the propagation of zymotic diseases in silkworms and domestic animals, whereby the arts of wine-making, silk production, and agriculture have been greatly benefited."

THE *Sanitarian* is an American monthly magazine, devoted to the preservation of Health, Mental and Physical culture. From the number sent us, we are able to form a very favourable opinion of its contents; the article on "The Evidence of Insanity in the Brains of Criminals," by Dr. E. C. Spitzka, is well worth careful perusal. There is also an interesting article by Dr. Richard McSherry, with the curious title, "The City needs a change of air."

MR. EARDLEY BAILEY DENTON has done good service in republishing the portions of his father's lectures, "Handbook of House Sanitation," with additions by himself. The book supplies a real want, and will be of great assistance to those who wish to live in houses where the risk from disease is reduced to its minimum. The book is well printed, and fully illustrated, and it would be difficult to take exception to a work which possesses so many merits.

MR. ALFRED HAVILAND, F.R.C.S., is contributing a series of papers to *Knowledge* on "Seaside Health Resorts," which have for their object the guidance of the profession and the public in their selection of places and localities most appropriate to meet particular health requirements. Mr. Haviland's past contributions to Physical Geography and Climate eminently qualify him to speak on this important subject.

THE June number of *Science for All* contains an article by Mr. Rudler on "A Piece of Sulphur;" a very lucid résumé, by Mr. Ackroyd, of the science of "Vortex Rings;" natural history papers by Professor P. M. Duncan, on the "Ancient and Modern Animals of South America;" and on "Rock-making Rhizopods," by Mr. Herbert Carpenter. Botany is represented by a short paper on Mushrooms, by Mr. Worth.

ington Smith. On the whole the number is one of the best of the series, and is beautifully illustrated.

ALTHOUGH abjuring religious topics in these pages for very obvious reasons, we cannot allow Dr. Le Mon's assertions in the columns of *Modern Thought* to go unchallenged. In his contribution on "The Religion of France," speaking of sects and classes, he asserts that "there are also Bradlaughites," but these belong "especially to the medical profession." At home we doubt if more than a single member—we happen to have come across one—could be found professing these dangerous tenets; and putting it upon the most sordid ground, we fail to see why our confrères on the Continent should stoop to so base a creed.

MR. H. PERCIVAL has been applying some mathematical problems relative to the population of the earth. He starts with the computation that the surface of the earth comprises 52,000,000 square miles, and that the present population is 1,500,000,000. The most densely populated region is East Flanders, which has 700 inhabitants to the square mile; if every tract were as densely filled, the earth's population would, he estimates, be 36,400,000,000. He then takes the assumed increase at $\frac{1}{4}$ per cent. per annum, and concludes that we shall arrive at this consumption; i.e., 700 to the square mile, in 214.1 years, or thereabouts, allowing for war, plague, pestilence, and famine!

MR. HOLMES' "Botanical Note-Book" (Christy and Co., London) seems to us a most useful addition to the student's book-case. The glossary of terms is very handy, and supplies what has hitherto been a desideratum. The schedules for describing plants are thoroughly practical, and encourage the student to examine carefully and systematically, and one plant thus described by himself imparts more knowledge than hearing and seeing any number lectured on. This note-book should, therefore, become very popular with the members of practical botany classes, as exactly meeting their requirements. The two last charts are very important, as they lay clearly before the eye the diagnostics of similar natural orders, and likewise explain what plants can be obtained at the various seasons.

FOLLOWING up the plan referred to in our last column of "Literary Notes and Gossip," the Great Eastern Railway Company have issued a second of their series of Holiday Handbooks, under the editorship of Mr. Percy Lindley. These little books are pleasantly and instructively written, and will be much appreciated by those in search of a new route at a moderate cost for their summer tour. No. II. is entitled "Holidays in Holland," and comprises all the necessary railway, hotel, and travelling information, with descriptive and illustrated text, at the modest cost of one penny. The last number of this journal contained a correspondent's description of a holiday thus taken, and his example will probably be emulated by a good many of our readers. These guides are obtainable at the leading booksellers and railway bookstalls throughout the Kingdom.

AT the recent annual meeting of the Royal Society of Edinburgh, the medals were awarded to the distinguished essayists, and the President explained that the grounds on which the Keith prize had been awarded, apart from the purely scientific point of view, from which it had very great merit indeed, was the practical nature of Professor Chrystal's essay. With reference to the Neill prize, he said that the theory which Mr. Murray had put forward as to the structure and origin of coral reefs and islands rendered it unnecessary to the geologist to assume, in explanation of some of the more difficult problems presented to him by his science, the occurrence of great and repeated general subsidences, which were found to form one of the great difficulties of geology; and that, from the general acceptance that the theory was receiving from scientific men, particularly from those specialists whose domains in science it touched most nearly, it was already taking the place of the theory so long held by Professor Darwin.

COMMENTING on the recent award of the Boylston prize to Mr. T. M. Dolan, of Halifax, Yorkshire, the *Boston Medical Journal* remarks:—"This is the third successive occasion on which the prize has been awarded to a competitor outside of the United States. It is a cause for congratulation that

America can offer prizes sufficiently liberal for international competition. It was pleasing rather than otherwise when the first award to an Englishman showed that the competition was not limited to inhabitants of a single country; that that award should be immediately followed by two others of like nature is far from flattering. We trust it is a nobler motive than selfishness that causes us to hope that the next announcement may be more in accord with national pride." Quite so! and perhaps if our contemporary would follow up its excellent advice by counselling our American cousins to cease indulging in their proclivities for piracy of English and Continental authors' works, they would have more leisure to think over and to write essays, the prizes for which now find their way this side of the water.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, June 14th:—Manual for the Physiological Laboratory, by Vincent Harris, M.D., and D'Arcy Power, M.A. Oxon. (2nd edition). Spasmodic Asthma, by W. E. Stevenson, M.B. (2nd edition). On Failure of Brain Power, by Julius Althaus, M.D. (2nd edition). Mineral Waters: their Use and Applications, by J. Milner Fothergill, M.D. Outlines of the Science and Practice of Medicine, by W. Aitken, M.D., F.R.S. (2nd edition). Physiology and Pathology of the Blood, by R. Norris, M.D. The Medical Digest, by Richard Neale, M.D. (2nd edition). Student's Guide to Diseases of the Eye, by E. Nettleship, F.R.C.S. (2nd edition). The Medical Man's Handy-book, by W. Shepperson. L'Année Médicale for 1881, par le Dr. Bournville. Clinical Lectures on Diseases of the Nervous System, by Thos. Buzzard, M.D. Experimental Physiology: its Benefits to Mankind, by R. Owen, M.D., F.R.S. The Retrospect of Medicine, Vol. LXXXV., edited by Drs. W. and J. Braithwaite. Eastbourne as a Summer Residence and Winter Resort, by G. Moseley, F.R.C.S.

Obituary.

DR. ANDREW BUCHANAN, OF GLASGOW.

IN the ranks of the medical profession in Glasgow a link has been severed which connects it with a past generation of medical practitioners, and one has been removed who for the long period of 60 years has done much by his genius to advance its reputation, and by his character to maintain the dignity of which it justly boasts.

Andrew Buchanan, M.D., LL.D. (*clarum et venerabile nomen*), died at Craigmore, Birnam, near Dunkeld, on the 9th day of July, having attained the patriarchal age of eighty-three, with intellect of pristine vigour. Dr. Buchanan was essentially a Glasgow man, and was the worthy inheritor of the name of a worthy and honourable Glasgow family. His father was a well-known merchant in the city in the olden times, who, ere the palatial residences of the West End were ever dreamt of, in the times of the "Virginia Lords," with his family resided in Saint Andrew's Square, in immediate proximity to The Green. Dr. Buchanan received his early education at the High School of Glasgow—the educational nursery of so many men of distinction. His brother Walter, who still survives him, and who worthily represented his native city in Parliament, attended this school simultaneously with him, and he delighted quite recently to recall the boyish freaks and adventures of the golden season of virtuous youth. Leaving school, he studied at the University of his native city, enjoying the benefits of a full Arts curriculum, which laid the foundation of the excellence of his subsequent contributions to medical literature. After the usual course of medical study he graduated M.D. in 1822, and took the Fellowship of the Faculty of Physicians and Surgeons in 1827. As was then the custom, and before everything medical had become Germanised, Dr. Buchanan passed a considerable period of his time in Paris, and prior to returning to his native city extended his peregrinations to Italy, to whose charms his education and culture rendered him eminently susceptible.

In early life Dr. Andrew Buchanan was what was then called "a Radical," but the tide of public opinion having gradually advanced, he was left on the sea of politics a pronounced Whig. Conformably with his political opinions,

so were his professional ones, and he did not disdain, contrary to what now obtains, to climb the steep to fame and honour at its lowest. He felt that no professional position could dishonour any man; rather it was his to do honour to the position. Consequently he early sought and obtained a parochial appointment, rather with a view to obtaining practical experience than of leading to practice. In this capacity he came in contact with the great epidemic of cholera in 1832, and his experiences and those of his *compères*, to whom he did ample justice—notably to the late Professor Lawrie—were no less thrilling in narrative than they were honourable to the brave men, who, taking their lives in their hands, sought the alleviation of human suffering, and the general good of mankind.

In 1828 the first volume of the *Glasgow Medical Journal* appeared, and Dr. Buchanan was one of its original founders. It was then only a quarterly journal. Perhaps a return to the good old practice might still be beneficial to medical literature. The first volume was edited by William Mackenzie, who became the celebrated oculist. The first number contains three papers by Dr. Buchanan. Volume IV. was edited by Dr. Buchanan, in conjunction with the late Dr. William Weir. Only five yearly numbers of this instalment of the *Glasgow Medical Journal* appeared. To all of them Dr. Buchanan largely contributed, and the five numbers, from 1828 to 1832, are extremely creditable to the profession in Glasgow in those early days. Comparatively early in life Dr. Buchanan became connected with the surgical department of the Royal Infirmary, a position which he resigned on attaining the age of sixty, in obedience to the then rules. He lectured on Forensic Medicine at Anderson's College, then, however, and long afterwards termed "the Andersonian." From this school, in common with so many other of its lecturers, he was transferred to the University. This was on the occasion of the founding of the Chair of the Institutes of Medicine. It is not necessary here to refer to the changes which then took place further than to relate that between Drs. Harry Rainy and Buchanan the courtesy of gentlemen and the good feeling of professional brethren remained unruffled. For over thirty-five years Dr. Buchanan, by the ingenuity of his experiments, and the erudition of his prelections, did much to lay a sound and rational foundation of practical medicine. His lectures were constructed on the model, as he told the writer, of the famous *Gregory's Conspiculus*.

As an operator Dr. Buchanan was cautious, aiming at no show, preferring rather that the necessity for operation, and the nature of it, were based on sound induction and pressing necessity. Like many other surgeons, he was tender-hearted to a degree which his manner failed to convey or discover. With his own operation for lithotomy—viz., that by the rectangular staff, it is to be desired that his name will be long associated. It is still a favourite operation in Glasgow, and in the brilliant hands of Dr. Eben. Watson has afforded a marvellously gratifying result. He was the originator of a new operation for the restoration of the lip, after the removal of the parts, especially by cancer; and he was wont to complain with just reason that while his was the honour, another sought the credit. He was the first to discover that in combination with starch, large doses of iodine could be beneficially introduced into the system. His observations on this subject have since been confirmed, and are now accepted by the profession.

Of his frequent contributions to literature, the limits of our space forbid our saying much. They always revealed an ingenious, logical, and mathematical mind. In 1834 he published a well-expressed and convincing paper on the evils arising from "Monopolies in Learning." He lived to see the day when legislation to remove many of these evils is imminent.

The closing sentences of this paper, in view of existing conditions, may be regarded as almost prophetic:—

"All the Scotch Universities possessed originally a constitution which rendered them well adapted to promote the objects for which they were instituted—the advancement and the diffusion of learning. But abuses have gradually crept into them, and they are now far less efficient than they might be in diffusing learning; while to all advancement of it they are absolute hindrances. To endeavour to procure a reformation of these abuses, I consider to be the duty of every man who is himself educated, or takes any interest in the education of others; and as we are now blessed with

a Government that has already so often listened to the voice of the public rather than to the whisperings of interested individuals, I entertain no doubt that a judicious representation to Parliament of the present state of education throughout Scotland would be soon followed by the abolition of those monopolies the nature and effect of which it has been my object to illustrate."

His paper on "The Forces which carry on the Circulation of the Blood" attracted the attention of the highest physiological experts. Another, entitled "Why is the Right Hand Stronger than the Left?" is an admirable piece of subtle reasoning. Dr. Buchanan likewise made some important observations on the manner in which serous fluids are exuded from the body, and how they become affected by the various constituents of the blood when added to them. He published on the subject, and a professor of the University of Aberdeen recently referred to these papers as classical.

Till his dying day he had pen in hand. Among his most recent contributions is a discussion with Mr. Taylor, M.P., in our columns, "On the Protective Influences of Vaccination," in which he was an unshaken believer. Dr. Buchanan was an excellent Latin scholar; and it is no disgrace to the profession in Glasgow to say that even at the time of his death we doubt if it contained a single member who could write the preface in this elegant language which he wrote for his new edition of George Buchanan's *Psalms*, which we believe is now ready for the press, if not nearing completion. Only one well grounded in the language could make the delicate corrections in punctuation and text which Dr. Buchanan did; and his remarkable freshness and profound knowledge of the Latin, considering his age, must be regarded as quite unusual. Of Professor Buchanan in private life it is somewhat difficult for a friend and pupil to speak. An affectionate father, his soul was rent by the loss, from typhus fever, within twenty years ago, of a promising and amiable son. Only those who knew him intimately could appreciate the depth and poignancy of his wound. He is survived by a daughter, several grand children, and an estimable and accomplished wife, for whom much and genuine sympathy is felt.

In matters relating to professional honour, Dr. Buchanan had all the punctiliousness of a high-born gentleman. "Live well and honourably, that you may enjoy a happy old age," was quite a recent observation of his. He possessed a keen sense of humour, and few delighted more in an apt Latin epigram. His contests in this manner with his accomplished friend Professor Nichol belong, we fear, to an age well-nigh extinct. Andrew Buchanan had the courage of his opinions, and warmly sympathised with that courage in others, no matter how it might oppress. "My mind to me a kingdom is," was an aphorism he never disputed. He has passed away, ripe in years, equally ripe in honour, and in the affection of his numerous pupils throughout the world, and of the respectable *clientèle* who put well-merited confidence in one who was emphatically a "good physician."

*Ille quidem plenus annis ablit, plenus honoribus,
Illis etiam quos recusavit.*

Correspondence.

THE ETHICS OF COMPULSORY VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I regret that I have again to trespass upon your valuable space; but a letter appeared in your impression of the 12th inst. which demands some reply from me.

Mr. Sidney Davies, B.A. (Oxon.), M.R.C.S., therein undertakes to deny that "the infringement of the rights of others is the only limit to be placed upon the rights of each," as I had maintained in reference to compulsory vaccination. He is welcome to his opinion, which, nevertheless, conflicts with that of not less eminent moralists, for instance, Mr. Herbert Spencer. Mr. Davies cites the law in reference to gamblers and drunkards in support of his views, but, unfortunately, the law as it exists is no criterion of the law as it should be. The objection concerning suicides is more plausible, and I expected that it would be raised; I reply that suicides are either sane or insane: if the latter they do not come under the law of equal liberties; if the former (if such there be) I should deem their own opinion upon the subject superior to that of others. Mr. Davies observes, "if vaccination were not compulsory the (unvaccinated) minority would probably be much larger and

might even become a majority." Could a more suicidal statement be made? To think that after 80 years of vaccination it has proved itself of so little value that the majority would reject it if not whipped up by the vaccination officer! To make any practice compulsory is to take away the natural healthy stimulus to its adoption which the result of the neglect of it would occasion. And to erect State endowments around any medical rite is to create vested interests in that rite which will stultify all progressive reform from without.

Mr. Davies misquotes when he accuses me of saying that "the Public Health Act is a sufficient protection against anyone who suffers from small-pox communicating the disease to another." But if we may judge from the case of Leicester, notoriously the worst-vaccinated town in England, and where there have been but 3 deaths from small-pox since 1872, and where all recent outbreaks have been completely stamped out by isolation of the affected, it would seem that there are other methods of dealing effectually with small-pox epidemics than the cumulative penalties and imprisonment inflicted under the Compulsory Vaccination Acts.

Yours, &c.,

W. J. COLLINS, M.B., B.S., B.Sc., Lond.

1 Albert Terrace, Regent's Park, N.W.,
July 20th, 1882.

Royal College of Surgeons of England.—The following candidates having passed the required examination for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on Monday, July 17th:—

Herbert Harding Ashdown, M.B. Edin., Edinburgh; Joseph Shepherd Bolton, M.B. Edin., Finsstock, Oxon.; Joseph Collier, L.S.A., Manchester; William Henry Dobie, M.B. Edin., Chester; Ernest Augustus Hyrons, L.R.C.P. Edin., Padmore; Granville Jameson, M.B. Edin., Heywood, Manchester; Arthur Corrie Keop, M.B. Edin., Wollaston; Bernard Langley Miles, M.B. Edin., Edinburgh; John Brady Nash, M.B. Edin., New South Wales; Ernest Frederick Neve, M.B. Edin., Hurstpierpoint; Malcolm Alex. Nicholson, M.B. Toronto, East Dulwich; Chas. Joseph Parkinson, L.S.A., Greenheys, Manchester; George de Joncourt Patterson, M.B. Dub., Dublin; William Elliott Price, M.B. Durh., Hereford; Silva Prasad Roy, M.B. Calcutta, Calcutta; Narendra Prasanna Sinha, L.M. Bengal, Calcutta; Joseph John Stapleton, M.B. Edin., New South Wales.

The following were admitted on Tuesday, July 18th:—

Charles Montague Chadwick, L.S.A., Tunbridge Wells; Harold Hendley, Hammersmith; William Heaton Horrocks, Bolton, Lancashire; Sanford Seobell Lessey, Ealing; Bowen Stilon Menda, Blackheath; H. M. Nelson Milton, L.S.A., Clapham; James Montford, L.R.C.P. Edin., Church Stoke; Frank Ernest Mugrave, Leeds; John Howard North, Walsall; Alfred Temple Perkins, L.R.C.P. Edin., Stoke Newington; George Preston, Barton, near Manchester; John Dudley Price, Dudley; Walter Seachard, Boston Spa; John Walday, Dartington; William Canas Wilkinson, Sydney, New South Wales; Arthur Henry Wilson, Ilington Square, Liverpool; John Sheldon Withers, Sale, Cheshire.

The following were admitted on Wednesday, July 19th:—

William Edward Andland, Milnthorpe; Cedric Challinor, Bolton; F. J. Fitzgerald Culhane, Hastings; Edward Alfred Dingley, Sherborne, Dorset; J. J. Conway Donnet, Dover; Hedley Vicars Drew, Gloucester Place; David John Swansa; David Llewellyn Jones, Llandilo, South Wales; Thomas Pagan Lowe, Burton-on-Trent; Charles Arthur Morris, Lower Norwood; John Evans Penn, Plymouth.

Royal University of Ireland.—The following candidates having satisfied the Examiners at the recent Courts, received the degrees of the University:—

Doctor in Medicine.—Percy Allport, Martin Henry Atcock, Thomas Cahill, William Courtney, Timothy Joseph Crowley, Piers Joseph Daly, Luke Gerald Dillon, Patrick Joseph G. Ivey, John C. Hackett, William Edward Hadden, Henry Aylmer Haines, Samuel Hamill, Samuel Hamilton, Chas. James Holmes, James Macgregor Lithgow, Connor Joseph O'Loughlin Maguire, Robert Carmichael Moor, Patrick O'Gorman, Thomas H. O'Shaughnessy, John Mortlock Phillips, Leonard Robinson, George Atkins Rountree, Arthur W. Sandford, James M. F. Shine, Samuel Stronze, John Wilgar Taylor, Joseph H. Whelan, John W. Williams, James Vance Young.

Master of Surgery.—Percy Allport, Thomas Cahill, Wm. Courtney, Timothy J. Crowley, Chas. Daly, Piers Joseph Daly, Luke Gerald Dillon, John C. Hackett, William Edw. Hadden, Samuel Hamilton, Chas. J. Holmes, Samuel William Johnson, William Kelly, Daniel Leane, Edward M'Connell, John J. M'Curick, Connor Joseph O'Loughlin Maguire, Robert Carmichael Moore, Tho. H. O'Shaughnessy, Ferdinand A. Parcell, Leonard Robinson, Robert Leonard Rutherford, Arthur W. Sandford, Jas. M. F. Shine, Samuel Stronze, John Wilgar Taylor, Joseph H. Whelan, John W. Williams, Charles Wiseman.

Diploma in Midwifery.—Percy Allport, Thomas Cahill, James Craik, Timothy J. Crowley, Piers J. Daly, Patrick J. Galtway, John C. Hackett, William Edw. Hadden, Chas. J. Holmes, William Nelson, Arthur W. Sandford, Jas. M. F. Shine, Joseph H. Whelan, Charles Wiseman.

King and Queen's College of Physicians in Ireland.—The following candidates having passed the necessary exami-

nations during the present month, received the diplomas of this College:—

For the Licences to practise Medicine and Midwifery.—Sydenham Davis Chandlee, Austin Nathaniel Cooper, John Crammin, Owen Henry Evans, Alexander Fleming Harper, Robert John Heatly, John James Irvine, John Henry O'Dowd McGuinness, John McMillan, John Robert Mallins, Katherine Mitchell, Julia Caroline Mitchell-Swaagman, Robert James Tate, William Henry Stoney Walker, David Williams Whitfield, Michael Thomas Yarr.

For the Licence to practise Medicine only.—Alfred Benjamin Baka, Walter Boyd, Matthew O'Reilly.

For the Licence to practise Midwifery only.—Edmond MacWilliam Bourke, Alfred Adolphus Hayes, William Keith Scroggie, Richard Campbell, M.D. Q.U.I.

The following Licentiate in Medicine of the College, having complied with the by-laws relating to Membership, pursuant to the provisions of the Supplemental Charter of 1878, has been duly enrolled a Member of the College:—

Richard Francis Tobin, Licentiate 1874, Surgeon-Major A.M.D.

Society for Relief of Widows and Orphans of Medical Men.—At the last quarterly Court of Directors of the above Society, Sir George Burrows, Bt., the President, in the chair, a sum of £1,291 10s. was voted to be distributed among 62 widows, 7 orphans, and 3 orphans on the Copeland Fund. The expenses of the quarter were £44 7s. 6d. Seven new members were elected, the deaths of 4 reported, and 2 had ceased to be members. Fresh applications were read from 3 widows and 1 orphan, and the death of one orphan in receipt of grants since 1877 was reported. The consideration of the proposed alteration of the by-laws was postponed till the October Court.

Catholic University Medical School.—The following prizes were awarded at the termination of the summer session:—Practical Chemistry: John Buggy, F. W. McCauley. Materia Medica: Frederick Mandel. Medical Jurisprudence: Peter O'Connell, Alexander Stewart. Botany: Daniel McDonnell (first); Bernard Forde and John J. Tobin (equal). University Exhibition (£20) in Practical Chemistry, Materia Medica, and Medical Jurisprudence combined: Francis W. McCauley.

Notices to Correspondents.

Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 25 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

MR. PARKER (Bath).—Your letter is so confused that we are unable to arrive at a conclusion as to its exact purport. You seem to have mixed up the treatment of lunatics, the education of the deaf and dumb, and the diet of all classes, without evolving or suggesting a definite idea in connection with either.

MR. PARSONS (Southwark).—Considerable diversity of opinion exists on the point, even among those who have made the subject their especial study. Our inclination is towards the view propounded in your letter, and we do not think it will be considered absurd or extravagant if embodied in your intended paper.

FEES FOR ATTENDANCE ON REQUISITION OF THE POLICE.—"Surgeon" says: I was called on by the Constabulary to attend a serious case some miles from my residence in the country. At the time neither the constable who demanded my attendance or I knew whether the case would require continued attendance or not. As it subsequently turned out (the case being one showing symptoms of compression of brain as result of injury inflicted by a heavy instrument), the case did require continued attendance, and I attended for upwards of three weeks, until I deemed it advisable to have the injured man removed to hospital. On sending in my bill the Constabulary refused payment for more than one visit, saying that they sent the medical officer of the district to attend the injured party, and that my attendance was voluntary. I had no means of ascertaining that another medical man was in attendance, as my treatment was carried out throughout, and the facts of the case show clearly that he could not, even if he were willing, treat the case until my services were suspended. Am I to leave a case of a man whose life is in danger until I am assured that he is provided with other medical attendance? and if not, am I not bound to attend and to recover legally for such attendance from those who first demanded my services?

[The Constabulary employed our correspondent, and, if they did not distinctly specify that it was for a single visit, we believe that their contract was for all attendance to treat and cure the case. Their

liability would be quite clear if it were shown that they knew of the continuous attendance and did not warn the doctor that they repudiated responsibility. Their calling in one or fifty other practitioners would not in the least relieve them from liability.—Ed.]

INTERFERENCE WITH ANOTHER PRACTITIONER'S PATIENTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am anxious to know your opinion about the medical etiquette shown by a neighbouring practitioner. He occasionally pays visits, "friendly, or otherwise," to a family residing in this village, and on his last visit, which was to-day, he went, accompanied by his host, to see a pauper patient of mine, on whom he must have known I was in attendance.

The words of the patient to me were thus, a few minutes after his departure—viz., that "if he did not go into the union workhouse he would be dead very shortly."

I should like to know the means adopted to prevent such unprofessional practice, as it has not been the first on myself and others.

Yours faithfully,

JOSEPH MACNAMARA, L.R.C.S.I., &c.

Urrlingford, co. Kilkenny,
July 8th, 1882.

[Such conduct is at variance not only with medical etiquette, but with common professional decency. There is, however, no way of making a gentleman out of a person whose sense of propriety is uneducated. We should advise a firm, but dignified, remonstrance, and possibly, if this be unavailing, an appeal to the Irish Medical Association.—Ed.]

MYOSOTIS.—Your query shall be answered in our next.

RED TICKETS.—"Atlas" asks: Is it legal for a member of a dispensary committee to issue a visiting ticket without an application from the patient or his friends, and even without their knowledge, on merely hearing of the illness? Having visited the person and ascertained these facts, can I sue the committee member for my fee for such a proceeding?

[1. The issue of a ticket without request is contrary to the obvious intention of the Medical Charities Act, which, in all its clauses, speaks of the issue of a ticket to "the applicant." But sec. 9 of the Act ("Irish Medical Directory," page 513), which decides the matter, leaves to a committee-man or warden full power to issue the ticket when he thinks fit; nor do the dispensary regulations in any way restrict that power. A case might arise in which the patient was insensible, and therefore unable to ask for a ticket. 2. No, unless the ticket has been issued to an improper person, or be not filled up according to rule.—Ed.]

DR. J. HALLIDAY CROOK (Edinburgh).—Your interesting paper on "Atresia Vaginalis" to hand is marked for early insertion.

MR. A. PHILLIPS HILLS (Battersea) is thanked for the report of the meeting, but as it would have no special interest to our readers, we are unable to afford it space. We nevertheless think that if the said report be a correct one of the proceedings, the gentleman referred to was very badly treated, and we rejoice at the confusion of "the conspirators."

DREAMS OF A DISTRACTED CURATOR.

(ON THE EVE OF THE 17TH JULY, 1882.)

THE following poetical effusion on the recent election to the Chair of Surgery in the University of Edinburgh has been sent us by a correspondent:—

There are four corners to my bed,
There are four Surgeons round my head:
Duncan, Chiene, Bell, and Watson,
All are dancing with their hats on;
Watson, Duncan, Bell, and Chiene
Amble with fantastic mien;
Chiene and Watson, Bell and Duncan
Play at leap-frog without funkin';
Duncan, Watson, Chiene, and Bell
Execute a dance of hell.
Faster, faster, faster, faster,
Till my weary brain they master.
Then each shouts, "You can't refuse;
"Choose me, choose me, choose me, choose."
"Oh!" I groan, "You're each so good,
"I can't refuse ye if I would."
"So now your frantic movements spare,
"And each one kindly take a chair."
"Yah!" they cry, "You're making fun;
"Each take a Chair! there's only one!"
I start. The rabble rout has fled,
And I sit wakeful on my bed;
But find beneath the morning beam
The Surgeons still are not a dream.

RHADAMANTHUS.

DR. F. J. T. (Brussels).—Thanks for your offer; but as our department for translations is now fully provided for, we are at present unable to accept it. We will, however, keep your letter in mind.

W. T. W.—The gentleman referred to died about three years since; one of his children is now in the Royal Medical Benevolent College, and the rest, we believe, are fairly well provided for. We do not know the present address of the widow.

ONE TRED.—Doubtless you have found it up-hill work; but we do not see you have cause to despair; in one or other of our rising Colonies you would find ample occupation, and you possibly could "work out" your passage free of cost by arrangement with one of the shipping companies.

DR. T. KING CHAMBERS.—The writer is at present absent from England, but will return in a few days, when your inquiries will be answered.

A. G. L.—The operation has been revived of late years to some extent. It was performed successfully on a negro boy two years ago, and recently on several occasions in this country.

Vacancies.

Bathdrum Union, Aughrim Dispensary.—Medical Officer. Salary, £120, and the usual fees for vaccination. Election, July 29th.

Royal Isle of Wight Infirmary, Ryde.—House Surgeon and Secretary. Salary, £50, with board, &c. Applications to be sent to the Secretary before August 8th.

Ardwick and Ancoats Dispensary and Ancoats Hospital.—Resident Junior House Surgeon. Salary, £100 per annum, advancing to £120 second year. Furnished rooms and attendance provided free. Applications and testimonials to be addressed, up to August 1st, to the Hon. Secretary.

The General Hospital, Birmingham.—Resident Medical Officer and Resident Surgical Officer. The salary of each will be £130 per annum, with board and residence. Applications to be sent to the House Governor, on or before July 31st.

Appointments.

COOPER, G. F., M.R.C.S., L.R.C.P., Resident Accoucheur to St. Thomas's Hospital, London.

DANCY, H. M., M.D. Glas., Medical Officer to the Farnsfield District of the Southwell Union.

DUNCAN, W. A., M.D., L.R.C.S., M.R.C.S., House Surgeon to St. Thomas's Hospital, London.

FELL, W., M.A., M.B. Oxon., L.R.C.P., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital, London.

HAG BROWN, C. W., M.R.C.S., House Surgeon to Thomas's Hospital, London.

JONES, W., M.A., M.B. Oxon., B.Sc. Lond., House Physician to St. Thomas's Hospital, London.

MARSDEN, T., M.R.C.S., Medical Officer to the Third District and Workhouse, Bridgewater Union.

MILTON, H. M., M.R.C.S., Assistant House Physician to St. Thomas's Hospital, London.

MORTON, C. A., M.R.C.S., L.R.C.P. Lond., Senior House Surgeon to the Stanley Hospital, Liverpool.

RUSSELL, M. W. H., M.R.C.S., Resident Medical Officer to the Bath Royal United Hospital.

SANDERS, John William, M.D., Resident Medical Officer to the Bethnal Green Infirmary.

SHAW, W., M.R.C.S., Medical Officer to the Burghill District, Hereford Union.

WELLS, A. E., L.R.C.P., M.R.C.S., House Physician to St. Thomas's Hospital, London.

WHITE, E. A., M.D. C.M. Aber., Medical Officer to the Third District of the Malmesbury Union.

WHITE, E. F., M.R.C.S., House Physician to St. Thomas's Hospital, London.

WILSON, C. W., M.B. Durh., M.R.C.S., Medical Officer to the Southern District and Workhouse of the Cirencester Union.

WOODHEAD, G. S., M.D. C.M., M.R.C.P. Ed., Pathologist to the Royal Hospital for Sick Children, Edinburgh.

Births.

BROWN.—July 21st, at Coombe Lodge, Peckham, the wife of J. Alexander Brown, M.R.C.S., of a son.

FRAZER.—July 14th, at The Seven Houses, Armagh, the wife of Henry Frazer, M.D., of a son.

GOODHART.—July 24th, at Blackheath, the wife of J. F. Goodhart, M.D., F.R.C.P., of Weymouth Street, London, of a son.

O'FLAHERTY.—July 16th, at 18 Tivoli Terrace, North, Kingstown, the wife of Richard G. O'Flaherty, M.B., of a daughter.

Marriages.

BAILEY—BALDWIN.—July 19th, at Dublin, Hunt Johnson Bailey, M.D., late Surgeon Army Medical Department, to Emma, daughter of Thomas Baldwin, Esq.

BRODERICK—CROCKFORD.—July 20th, at the Parish Church, Passmarsh, Sussex, C. G. Broderick, L.R.C.P. Ed., to Julia, daughter of Henry Crockford, Esq., of Flackley Ash.

Deaths.

ATKINSON.—July 18th, at Broadstairs, J. C. Atkinson, F.R.C.P., aged 32, son of Dr. J. C. Atkinson, of Kew Green.

BARTLEY.—July 21st, at his residence, Weston-super-Mare, R. T. Bartley, M.D., late of Clifton, aged 62.

DICKIE.—July 16th, at Albion Terrace, Aberdeen, George Dickie, M.D., F.R.S., Emeritus Professor of Botany.

HARVEY.—July 16th, at St. Mark's Terrace, Lincoln, Richard Sutton Harvey, J.P., & F.R.C.S., aged 79.

LANGAN.—July 18th, at Longford, Francis Langan, M.D., aged 32.

MILNER.—July 11th, at The Crescent, Salford, Ralph Milner, M.R.C.S., aged 64.

MOFFAT.—July 16th, Thomas Barbour Moffat, M.D., of Hawarden, Flintshire, aged 69.

SILVER.—July 16th, at Upper Tooting, Alexander Silver, M.A., M.D., M.R.C.P., Physician to Charing Cross Hospital, aged 41.

WAKEFIELD.—July 23rd, at Hereford, Gilbert Wakefield, M.R.C.S., of Canonbury, aged 89.

WILSON.—July 17th, Stewart Wilson, M.D., second son of late Daniel Wilson, Esq., Omagh.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 2, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

LECTURE IV.—(Concluded).

THE greater the degree of hereditary proclivity the less the need for the exciting cause. We may note also that we often frequently have to witness in the case of scrofula the influence of what may be called contributory causes, such for instance as the occurrence of an exanthem or other acute illness. We have then to examine as to what may be the influence under which a proclivity to inflammation of the scrofulous type may arise, and we shall probably be not much mistaken if we make answer as we should do in the case of rickets that they are largely due to deficient and unsuitable food; but that, at the same time, it must be admitted that climate, clothing, and weather take each a very considerable share. As regards diet, it is probably a deficiency of fatty matters, such as butter, oil, and the other various forms of animal and vegetable fat, which is influential; and as regards climate, deficiency of sun and exposure to damp and cold. Scrofula as we see it is probably always inherited, but it is often probably largely increased by exposure to the causes hinted at. Possibly there are few practicable dietetic changes which would be more beneficial to our English population, in reference to scrofula, than a large increase in the consumption of butter and other animal fats. The comparative immunity of those who use the fish oils as articles of food, and the prophylactic virtues of

cod-liver oil amongst ourselves are, I believe, established facts, and their lesson is of considerable importance in reference to the dietetic causes of scrofula. We are enabled at the present time to speak much more definitely as to the diseases which should be classed as scrofulous, and as to their essential connection with the tendency to tuberculosis than we were some years ago. A considerable number of diseases of the skin, of the bones, of the eye, have been conclusively removed from the scrofulous group, and placed under their proper designations, as cryptogamic in the one case, and syphilitic in the other. So far has this gone that I can easily imagine that there may be some who think that I have given too wide a definition of scrofula, when I asserted that it is not always associated with the growth of crude tubercle. To such critics I will produce the instance of scrofulous ophthalmia, which usually consists of a chronic, slow-to-heal, ulceration of the cornea, unquestionably dependent upon a constitutional cause, and often coincident with other scrofulous manifestations. There are also diseases I cannot but believe, amongst the inflammations of joints which are slow, comparatively painless in the ordinary sense of the word scrofulous, and occurring in the relatives of those who are themselves tuberculous, but in which yet it is impossible to prove the presence of tubercle either in bone or synovial membrane. The frequent and comparatively easy, and often permanent cure of many forms of scrofulous inflammation is also, I think, another reason for believing that, although tubercle is its ordinary goal, it is by no means always reached. The scrofulous diathesis is indeed very ill-defined, and, in many instances, shades off very gradually into other states of defective organisation. How closely, for instance, are many conditions which are called scrofulous associated with those peculiar states of feeble circulation and irritable tissues which give liability to chilblains, swollen lips, and the like affections? Yet these latter are not probably in any strong degree indicative of tendency to tuberculosis. The liability to rickets, in other words to a derangement of health in infancy, of which defective ossification is the chief, but by no means the only result, should unquestionably rank as a diathesis. It is one, however, which is usually,

though not quite invariably terminable at a certain period of life. In very rare instances, so rare as to be almost doubtful, it may begin during intra-uterine life, but usually its advent is delayed until near the end of lactation, and it reaches its climax and begins to subside just at the time when the child, hitherto carefully restricted to very few articles of food, and mainly to milk, is allowed to indulge its tastes, and to have variety. With such facts the first suspicion must certainly be that it is probably dependent on a milk regimen, and in the main no doubt this suspicion is correct. In numberless instances it has been proved that the milk upon which children have become "rickety" was distinctly poor in quality. The advantages in change of regimen are almost always well-marked, and although some experimenters on the lower animals have failed in the artificial production of rickets, through restricted food others appear to have succeeded. Whilst, however, we may safely believe that defects in diet are the main cause of rickets, and that they may be effectual in the almost entire absence of others, yet it is probable that others are usually present and contributory. In the discussion on rickets which took place at the Pathological Society two years ago several speakers drew attention to the fact that the disease is very rare in sunny climates, although infantile inanition from poor food may be common. Mr. Spencer Watson in particular used arguments which made it very probable that free exposure to sunlight and warmth would do much to enable a child improperly fed to yet effect assimilation in such a way as to keep clear of rickets. We may certainly believe it probable that our climate and the narrow sunless streets of our large towns take their share in the production of what was once known on the Continent as "the English disease." Let me say one word here to repudiate the suggestion which has recently come from Paris, that inherited syphilis is the real cause of rickets. The two diatheses are probably quite distinct, although they may often co-exist, and in other instances may simulate each other. Inherited syphilis, as the labours of Taylor in New York, M. Parrot in Paris, and Drs. Barlow and Lees amongst ourselves have shown us, may frequently produce swelling about the epiphyses, and a state of general tenderness of the skull due to osteitis which might be mistaken for rickets.

A word or two must here be said respecting a disease of the osseous system of great variety which has been named rickets of the adult. I allude to osteo-malacia, or fragilitas ossium. It is probable that maladies having relation to different causes have been confused together under this title. But respecting a certain number of the best-marked cases, there appears good reason to believe that the disease is really a form of rickets, and that the differences observed between the two maladies are chiefly due to the very different condition of the osseous system as regards its development at the time of attack. Trousseau has recorded a case in which osteo-malacia attacked a woman of 70 who had been rickety in childhood, and another case in which this disease was cured rapidly by the use of cod-liver oil and liberal diet. There is a skeleton in the Brighton Museum which was obtained through the zeal of the accomplished physician the late Dr. Ormerod, which is one of the best examples of osteo-malacia which I have ever seen. The man had had innumerable fractures, and partly through thin molimen and partly through bending of his bones had lost more than two feet of his stature. In this instance the man's children were much deformed by infantile rickets. Although as an ordinary thing the diathesis of rickets, if not fatal, passes away as age advances, and under the influence of judicious dietetic treatment, we may reasonably suspect that there are a few cases in which it does not do so, and that it is quite possible for it to be reproduced or even initiated in adult life. In respect to its rapid subsidence, and usually its complete disappearance when the diet is improved, the rachitic diathesis has a close parallel in scurvy. The latter malady is indeed of such short duration that we might hesitate to apply the

term diathesis to it. It is for the most part an acute diathetic disease produced quickly and quickly cured. In saying this, however, we have not said all, for there are cases in which scurvy passes into the chronic form and becomes the source of permanent ill-health. When it does so it may fairly claim to rank with the diatheses, and it is quite possible in exceptional instances some degree of influence from it may be hereditarily transmissible. In scrofula, rickets, and in scurvy, we have examples of diathesis produced by defective food, whilst in leprosy and gout we illustrate those due to some excess, or rather to something deleterious contained in the food. Close by the side of leprosy I ought to mention ergotism, pellagra, and chronic lead-poisoning, and some others, but time does not permit. Can the specific animal poisons become the producers of permanent diatheses? This question must, I think, be answered in the main in the negative. Unquestionably they may produce conditions of ill-health which persist for a certain time, and may cause various morbid manifestations; but these states are short-lived, and perhaps are as fitly ranked as dyscrasias as diatheses. This is true even, I think, of syphilis, the most chronic and most persisting of all specific fevers. Excepting in some very small degree of reduced liability to the influence of the same poison which is to be observed in the offspring of those who have suffered, I doubt whether in any case the influence of a specific fever in a parent is to be traced in the offspring. No state of health which is heritable is ever produced. Some few exceptions to this should perhaps be allowed when small-pox, measles, and the like appear to intensify the diathesis of scrofula, but they are probably of but little importance. The general law certainly is that a specific animal poison may breed in the blood, and may for the time produce most violent disturbance of the health of the individual, but its effects cease after awhile, and cease completely, and leave the body unmodified with the exception that it is no longer liable to the influence of the same poison. This immunity lasts only during the life-time of the individual, and cannot be transmitted excepting in an exceedingly slight degree. Even in the individual it is by no means complete or invariable. I am aware that there is an apparent exception to all this in the case of syphilis. I will speak of that directly, and will also say a few words as to the limitation of the law of immunity of the individual. Before we pass to those topics, however, it may be well to ask attention to the strongly-marked differences which are to be observed between the states of health produced by the specific poisons and those which are due to inflammation from non-specific causes and which come under the law of intensification by habit. In the development of such inflammations as those of erysipelas, diphtheria, elephantiasis, especially when not due to contagion, the constitution of the individual takes a large share, and the mere fact of their occurrence reveals his previous proclivity. The disease originates, in part it is from without, in part it is from within. It is not an instance of intrusion, but of development, and the peculiarities of blood, tissue, or of nervous system are exactly those which are capable of increase. In the case of the exanthem, however, the body of the sufferer is in the main passive, and is acted upon by a poison which is intruded from without, and to which *nilens volens* his tissues must submit. The occurrence of the exanthem reveals nothing and intensifies nothing. It is from first to last a violence done from without by an external agent, and when its direct effects are over, the body may be supposed to return in all other respects to its original state. A man who has been set in the stocks is not especially likely to acquire the habit of going to sit there, nor does the man who has been burned, or who has broken his leg, there form any tissue proclivities. His tissues were in no sense consenting parties, and the laws of habit do not come into play. The possibility of second attacks and the absence of protection to offspring are facts which indicate that influence is only of transitory duration. As regards the life-long immunity of the individual conferred by an attack of an exanthem we may

probably assume that it is neither complete nor universal. Modified attacks may occur repeatedly in the same person, nor are second and fully developed ones unknown. Thus it is, I believe, a matter of general creed in the profession that when scarlet fever is in a house those who have gone through it before are liable to suffer from sore-throat without the rash, and that with measles catarrh may in the same way denote a minor degree of protection. The modification of variola by vaccination, and also the limited duration of immunity, confessedly are facts too well known. Second attacks even of variola itself may after a series of years occur. Remembering the length of time during which the effects of the syphilitic fever may persist, we might perhaps expect that it would prove more constantly protective than the others. But the facts prove that we must not conjecture, but be content to observe. No one has, I believe, even categorically denied the possibility of second attacks of syphilis, but the opinion which almost universally prevailed a few years ago came very near to this conclusion. That, however, second infections with modified results are tolerably common, and second attacks with full development of all the phenomena not extremely rare, is, I feel, more the truth. I have recently had under my care at one time three patients in whom it was certain that they were passing through second attacks. In more than one instance the patient has been under my own observation during both attacks. One of those which I have just referred to is a very remarkable case, on account of severity of both attacks. The patient, now a surgeon, of almost 45 years of age, had syphilis when a student. It was attended by a free rash, and was followed by various sequelæ, which he did not get rid of for three years. Then he married, and he now has healthy children. In the beginning of the present year he obtained by some accidental inoculation a chancre on the lip. It became very large, much indurated, and was attended by large glandular swellings. Subsequently a most copious eruption followed, and both in primary and secondary phenomena the case was as severe a one as I have seen for a long time. It may be that idiosyncrasy has something to do with this exceptional occurrence of liability during the individual's lifetime. In one instance in which I attended a member of our own profession, thrice for syphilis, first when a student, and secondly, ten years later, the same person had, he assured me, twice had variola. In respect to vaccination, it is, I believe, well recognised that some persons lose its protective power much sooner than others. Those who, by an attack of an exanthem remain protected through life, may be said in some sort to have acquired a diathesis. It is one, however, which, as I have already asserted, does not manifest itself by any active phenomena, nor is it one the influence of which extends to offspring; or if it does so, it is to an extent so small as to be almost inappreciable. It is a remarkable but undoubted fact that *quoad* the specific fevers the offspring of protected parents starts afresh. It may be, and probably is, the fact that in successive generations the tissues become to some extent habituated, and suffer less severely, but still they do suffer, and nothing approaching to immunity is perhaps ever observed.

I have been speaking of the non-inheritance of the negative diathesis induced by an attack of any one of the specific fevers, but it remains yet to say a few words as to my assertion that some of them produce an active diathesis which is heritable. The only exception to this which will be alleged is syphilis. I shall be asked "Is not the diathesis of syphilis often transmitted from parent to offspring?" No, certainly not. It is not the diathesis which results from the disease, but the germs of the disease itself that particulate elements of the virus which are transmitted. It is transference, a form of contagion rather than hereditary transmission, which occurs. Two years ago I produced before you at some length the facts which point to this conclusion. Since then, by further thought on the subject and the accumulation of more evidence, my opinions on this subject have been much strengthened. We well know that the danger of trans-

mission to children has reference not to the state of health of the parents, but to the lapse of time which has occurred since the primary disease. We see cases in plenty in which parents whose children have been quite healthy subsequently afford conclusive proof that the diathesis still persists in themselves. Indeed, it is almost an acknowledged law that parents in the late tertiary stages do not transmit taint. On the contrary, when offspring are born in the secondary stage of the disease, especially in its early periods, it is a rule with exceedingly few exceptions that the disease is transferred. These facts strongly favour the belief that the inheritance of syphilis so-called is possible only while the fluids of the parent contain the living elements of the virus. These elements, in a large majority of cases, develop and go through the same stages as if inoculation had occurred at the time of birth. It is far more like contamination *in utero* than true inheritance. By contamination in this use of the word I mean that with sperm or germ of either or of both parents there passes the virus itself, the sperm or germ being itself unmodified, but simply the material medium of transference. In the case of the mother we know well that it is not necessary that the germ should have been infected at all, but that if her blood receive the virus even so late as the eighth month it will pass into that of the child also. Inherited syphilis, when produced under these last-mentioned circumstances, runs exactly the same course as when derived from a parental taint which existed before conception. A child then inherits syphilis in precisely the same sense and in precisely the same manner as it inherits small-pox. It inherits not the diathesis, but the disease. The reason why the inheritance of small-pox is very rare, whilst that of syphilis is unfortunately common, is simply that the period during which the virus is extant in the blood is very different in the two cases. The conspicuous facts, then, with which we are all so familiar in reference to the syphilis of infants afford no proof that the diathesis of syphilis any more than of the other exanthemata is capable of transmission. It remains, however, for us to inquire whether there are other facts of a somewhat different kind which support the view which I have endeavoured to combat. I am alluding, of course, to the old controversy as to whether some forms of struma, and especially such diseases as lupus, may not be modified forms of inherited syphilis. My own belief is very strong indeed to the effect that they are not, but the facts are very detailed and very difficult to marshal concisely. My argument, if I have made it plain, has pointed to the conclusion that no minified transmission of syphilis is possible, that the child gets either nothing at all or the germs of the disease, and that in the latter case they will, subject to the laws of idiosyncrasy, develop in all cases. Excepting as the result of vaccination or of a previous attack we know nothing of inherited small-pox, and it is probably the same with syphilis. Let me try briefly to state some facts on this question, and I will then leave it to your judgment. Nothing is more common than for parents who have themselves at some former time suffered from syphilis, to produce children who remain through life robust and in perfect health. Sometimes one or more of the family inherit syphilis, and suffer, it may be, severely, whilst others, and younger ones escape, and when this occurs the latter enjoy almost exceptional vigour. When I have seen a whole family of grown up children, the offspring of syphilitic parents, manifesting signs of cachexia, there has usually been reason to think either that all had actually suffered, or that the symptoms present in some were not specific, but due to other causes. I have seen very numerous cases of lupus on the one hand, and of inherited syphilis in young persons on the other, and I never found the two things together, nor have I ever recognised in the subject of true lupus the brother or sister of one who had suffered from inherited syphilis. Of the cases of lupus which I have seen, in a very great number there were the strongest possible reasons for denying the probability of syphilis in the parents.

I have of course occasionally seen inherited syphilis and scrofula together in the same patient, but a large majority of those who suffer from the former never show any tendency whatever to the latter. In what I have said above I have been speaking of course of common lupus, and have wholly excluded that form of destructive ulceration which is sometimes mistaken for lupus, but which is from beginning to end syphilitic, and is curable by specific treatment. I have taken lupus as being a type of disease, but what I have attested as regards it applies equally to other forms of scrofula, to psoriasis, and other diseases, which have been suspected as the remote consequences of specific taint. I believe that the domain of inherited syphilis is just as definite and just as restricted as that of the acquired disease, and that it stands sponsor to none but its own progeny.

Original Communications.

THE TEACHINGS OF TWO HUNDRED AND FIFTY YEARS OF SMALL-POX IN LONDON—FROM 1629 TO 1880. (a)

By WILLIAM A. GUY, M.B. Cantab., F.R.C.P., F.R.S.,
One of the Hon. Presidents of the Statistical Society, Consulting
Physician to King's College Hospital, &c., &c.

(Continued from page 67.)

FROM this time forward, I shall make use of the ratios I have just indicated, deaths by small pox to 100,000 by all causes, deaths by small pox to 100,000 persons living.

I will remind you again of the high mortality by small pox which prevailed up to the very close of the 18th century. In 1796, the highest figure ever recorded made its appearance; it is 18,394 in 100,000 deaths from all causes; and in the year 1800, counting that year as the last of the 18th century, there was an epidemic of the severity indicated by the figure 10,443.

In the 19th century, on the other hand, epidemics of this order ceased, the nearest approach to them being 9,592 in 1805, and 9,837 in 1871.

And here I note this interesting fact, that whereas the longest period free from epidemics of the old standard of severity (10 per cent.) in the 17th and 18th centuries, was nine years, in this 19th century the interval of the years for which we possess records was fifty-six years.

I would also take note in this place of the frequency and magnitude of the fluctuations in the figures of the 19th century, as compared with the fluctuations in measles and whooping cough, also of the wide interval which separates the highest figure from the lowest—9,837 from 56!

Compare this with the highest and lowest figures of the 18th century. The highest was 18,394, the lowest 1,532, so that in the 18th century the lowest figure was 1-12th of the highest, in the 19th, 1 in 175.

These are remarkable figures, but we shall presently see that the figures of this 19th century—the era of vaccination—are strange figures indeed!

I will first compare the minima for the three centuries. The lowest figure in the 17th century (the years of the Great Plague and Great Fire omitted) was 1,008 to the 100,000; the lowest in the 18th was 1,532; the lowest in the 19th was 56!

Let us next compare the maxima. In the 17th century the highest figure was 12,440; in the 18th, 18,394; in the 19th, 9,837. So that the highest figure in this 19th century was not greatly in excess of the half of that of the 18th.

This fall from a higher to a lower level is, as I have already stated, the reverse of what happened with measles and whooping cough.

These striking contrasts are almost sufficient in them-

selves to prove that in the case of small pox we are dealing with some force or forces which are inoperative on two other maladies of the same class.

But I will not rest content with the presumption these figures afford—I will carry the matter further, and, with this view, I have prepared a table, which will form part of the paper to be published in the next number of the *Journal of the Statistical Society*.

It is divided into three parts, and relates throughout to the two epidemic maladies *Small Pox* and *Measles*. The crosses mark transitions from lower to higher figures. They are numerous both in the columns relating to small pox and in those relating to measles, but somewhat more numerous in the case of measles.

The three parts or sections consist—First, of the facts of the last two quinquenniums of the 18th century; secondly, of the facts of the first six quinquenniums of the present century; and thirdly, of the facts of the last eight quinquenniums of this century.

The two quinquenniums of the 18th century are remarkable for the high figures they display; on these I have already sufficiently commented.

The six quinquenniums of the first part of this century represent thirty years free from any complication which sanitary reforms and improvements might be the means of introducing. It was a period of vaccination encouraged and assisted.

The eight quinquenniums ending with the recent date 1880 mark a period of forty years during which vaccination was first assisted and encouraged, then rendered compulsory, but during which period sanitary reforms and improvements were at work side by side with what I may venture to call vaccination-development.

Now there is an obvious difficulty in dealing with the figures of these two groups of quinquenniums. The first group of six quinquenniums happens to have its maximum in one year of the first quinquennium, whilst the maximum in the second group of eight quinquenniums does not occur till the 7th quinquennium. There is only one comparison, therefore, open to us. We may compare the maxima with the minima, disregarding the times of their respective occurrence. These are the figures which issue from this comparison:—

During the first six quinquenniums, the highest figure was 9,592, the lowest 2,136, showing a difference of 7,456 deaths by small pox in the 100,000 deaths. During the last eight quinquenniums, the highest figure reached was 9,837, the lowest 56, a difference of 9,781. During the first three quinquenniums of the eight, the highest figure was 3,529, the lowest 351, difference 3,178. During the last five of the eight, the highest figure was 9,837, the lowest 56, difference 9,781.

I have thought it possible to improve upon this arrangement thus:—

I divide the fourteen quinquenniums into two groups of seven each, both of which have maxima differing little from each other, namely 9,592 and 9,837, and I get these results. The maximum in the one case being 9,592, the minimum is 792, or 1-12th; the maximum in the other case being 9,837, the minimum is 56, or 1 in 175. Making every possible allowance for the fact that the sixth and seventh quinquenniums of the first seven are separated by ten years of no returns, we have nevertheless a most curious contrast, the minimum in the earlier period as large as 1-12th, that of the later period so small as 1-175th. Whatever force, or forces, then, were in operation in the first seven quinquenniums, acted with a fourteenfold power of mitigation in the second. These, again, are remarkable facts. Sanitary reform had no existence in the first seven quinquenniums. It came into existence in the first quinquennium of the last seven (in 1867), and whatever force or influence it had went on increasing as did the force or influence of vaccination itself. Sanitary reforms and improvements had no existence in the first thirty years of the century, when small pox underwent great abatement. Is it necessary to suppose that some new force or influence must be brought into

(a) Abstract of the paper as read before the Statistical Society.

play to account for the more considerable abatement of the last forty years? Let us assume for a moment, and by way of argument, that sanitary reform was this new force, and see whether we can bring the assumption to the test of figures.

Sanitary Reforms.—Sanitary reforms and improvements must be assumed to exercise the same health-preserving and live-saving influence on all epidemics alike. But the figures of the table show that while the deaths by small pox were reduced from a maximum of 98 to a minimum of 1, measles, which has undergone the most considerable abatement after small pox, exhibits only the eleventh part of the effect which small pox shows. If, therefore, we credit sanitary reforms and improvements with the utmost reduction they can claim, and take away an eleventh part from the 98 parts which represent the abatement in the case of small pox, we leave 90 units out of the 98 to be accounted for by the action of some other protective power. That power I recognise in vaccination. I can see it—I can imagine it nowhere else.

Epidemics.—But the remarkable epidemic of small pox which occurred in 1871 may be brought forward as an argument in support of a desponding view of the preventive efficacy of vaccination, assuming vaccination to have been the cause of all the abatement that small pox has not shared with other epidemic maladies. I do not see in the figures any warrant for this desponding view, but, on the contrary, much that ought to reassure us.

It is in the very nature of epidemics to take us by surprise, to spring upon us with unwonted force after lulling us into security by a long repose. From 1805 to 1831, and again from 1841 to 1871, we were free from an epidemic of the magnitude represented by some figure between 90 and 100. The longest interval between epidemic and epidemic in the 17th and 18th centuries was nine years.

Let us see what occurred in the case of the plague. I use Heberden's figures. There were five great epidemics, in the years 1593, 1603, 1625, 1636, 1665; and the deaths, in round numbers, were 11,500, 30,500, 35,400, 10,400, 68,500. The least fatal of these epidemics was interpolated between the two that were most fatal. Between the least fatal and the most fatal of the five, twenty-nine years intervened—the longest recorded reprieve—and yet the Great Plague, with its 68,500 victims, burst upon our ancestors like an unexpected and unprecedented storm. Why, then, should this small pox epidemic of 1871 surprise or appeal us? Why should it shake our faith in the protective power of vaccination? If the storm of 1871 alarms us, ought not the wonderful calm of the three successive years 1873, 1874, and 1875 to reassure us? Surely I do not put before you an improbable explanation of the facts when I say that I see in the epidemic of 1871 only a proof that there are states of atmosphere for which we have no measure, and possibly never shall have, which laugh to scorn even the protective power of vaccination, but which, having spent their mysterious force, allow that which is a real, efficient protective in all ordinary states of atmosphere to resume its protective away. The storm of 1871, which was measured by the figure 98, completely exhausted itself in the following year, when its remnant of force was measured by the moderate figure 25, leaving behind it a dead calm, lasting through three successive years, of which the measure is 1.

I make no apology for using figurative language. It expresses my meaning as clearly, but with more force, than more prosaic terms would do. I believe in vaccination as a protection against small pox, but a protection of which the force and efficiency is measured by two factors—its own virtue (whatever that may be), and the vigour of the attack directed against it by its atmospheric assailant. In most years, vaccination is victorious; in some, it is defeated.

The Protective Power of Vaccination.—This subject of vaccination and its protective power is—need I say it?—no new subject of thought with me—no new topic on which to expend language which some may deem exagger-

ated. When lecturing, some years ago, on the great epidemics which had afflicted us in times past, but had suffered extinction or abatement, I spoke of the life-long labours of our great statist, John Howard, who banished the worst forms of fever and the confluent small pox from our prisons as the *Romance of History*, and, later on, of Jenner's great discovery as the *Romance of Science*. (a) Was I guilty of exaggeration? I think not. Small pox in this great city, with its constant influx of strangers from every part of the world, with its tramps and vagrants mustering by hundreds round the open doors of our workhouses night after night, bearing with them their rags, their diseases, and their vices—small pox, among a population such as this, reduced in three successive years almost to a vanishing point, to a little more, or much less, than 1 in 1,000 (59 in 100,000 deaths)—small pox so reduced seems to me to warrant the strongest language I can use. I have shown that sanitary reforms and improvements can be credited with but an insignificant fraction of this strange result. If vaccination is not to be credited with the remainder (with 9-10ths, at least, of the whole reduction), I am at a loss to imagine what is.

But in expressing myself thus strongly, I trust that I shall not be misunderstood—that I shall not impair the value of the figures I have laid before you. I began this paper by saying that I was not influenced by the spirit of controversy. I say so still. If I may give a name to the spirit in which I have been working, I should call it a spirit of scientific curiosity. I wanted to know what my long array of figures would confess if put to the torture of a rigid scientific inquiry. My primary object was to learn what I could about small pox, and then, if the knowledge so acquired seemed to have any bearing on inoculation, or on the one simple question of the preventive efficacy of vaccination, to make application of it to that question. Again, that I may not be misunderstood, I must say that my inquiry does not extend beyond the simple question upon which alone my figures enable me to throw light. Has vaccination, as it has been actually practised, reduced the deaths by small pox? To this question, I submit, our discussions should be limited this evening.

If what I have just stated appears to any one to be inconsistent with what I have elsewhere said and written in favour of vaccination, I would point out the wide difference which there is between the feelings which we share with the outside public and the scientific indifference which we constrain ourselves to feel when, as Fellows of the Statistical Society, we address what I venture to term our constituency. In this spirit of scientific indifference I have written throughout, and I have deemed it a duty I owe the Society to place before it all the results, without exception to which all the inquiries that have suggested themselves to my mind have led me. Whatever the outside public may think of the saying that "anything may be proved by figures," we know that it is true only of the careless, the unpractised, and the dishonest: it is not true of us. Two things, at least, figures cannot be brought to prove—that the wonderful reduction which has taken place in the mortality of small pox owes nothing to vaccination, or much to sanitary reforms and improvements.

OUR LAST WAR IN EGYPT MEDICALLY CONSIDERED.

By Surgeon-General CHARLES A. GORDON, M.D., C.B.,
Late in Medical Charge of Her Majesty's Forces in Madras, and
Special Commissioner during the Franco-Prussian War.

It is considered that in reference to the expedition now being despatched to Egypt, much that is useful, in a medical sense, may be gained from a study of past experience. According to the "Medical Sketches" by Sir James McGrigor, the force which in 1801 reached Egypt from India, after descending by the Nile from Girgê, namely, a

(a) See "Public Health Lectures," VII. and VIII.

distance of nearly four hundred miles, were placed partly in quarters at Ghiza, partly in camp on the island of Rhoda. During the passage down the river the troops had almost entirely recovered from dysentery and fever, with which, while crossing the desert from Cosseir, and stationary at Girgê, they were affected; and when, on the 12th of August, they disembarked, "they were uncommonly healthy." But this state continued only a very short time after landing. In the course of the first week most of the corps sent one-twelfth, and some one-tenth, of their strength to hospital; within three weeks the number of sick had increased to a serious extent. A considerable number of cases of ophthalmia occurred, but the prevailing disease was fever. The latter affection became so general in every corps that very few persons escaped it. The attack, however, was generally of short duration, seldom lasting more than two to five days, and being rarely fatal. Ghiza was considered to be an unhealthy quarter, and the encampment on Rhoda was found to be swampy. The sick of the army were therefore sent into Ibrahim Bey Fort, pleasantly situated on the Cairo bank of the river. The circumstance having transpired that shortly before the arrival of the British the French had some cases of plague in a ward of that hospital, "every measure of precaution was taken, and the disease did not spread." [And yet the tendency of the present day is to assert that in bygone times hygiene was a thing unknown in the army.] It was remarked, however, that few of the patients sent to that hospital escaped the prevailing fever altogether. During the month of August the range of the thermometer in the hospital was between 80° 5' F. to 90° F. The ratio of sickness among the troops was very considerable, mortality was relatively small, and many of the deaths could be traced to the situation near Cairo [which may be cited as another proof that the influence of locality on disease was quite understood by army surgeons of that day]. Dysentery now prevailed to a considerable extent, and ophthalmia was very general. Hepatitis did not appear.

Early in September the greater part of the army had removed to and encamped near Rosetta. Separate regimental hospitals were provided for every corps at that place. [This measure presumably adopted as an improvement on the general hospital as it existed in Fort Ibrahim at Cairo. The circumstance is therefore of importance in reference to the system of hospitals recently reintroduced in the British, and, indeed, the army of every other European nation.] Sickness now increased rapidly among the troops, principally ophthalmia, dysentery, and hepatitis. Now, another and still more serious disease appeared, namely, plague. The first case of this nature occurred on the 14th of the month (September). Very elaborate measures were at once taken with a view to the isolation of further cases, and to the prevention of the spread of the terrible disease. "Our situation on the 16th, that is, two days afterwards, now became very alarming." The hospital of the 88th Regiment, and the "observation room" attached thereto were thoroughly disinfected by means of nitrous fumigation. A large building was procured, "and with all possible haste the men were moved into it." [What more efficient disinfectant could be employed at the present time?] All the men before removal were bathed, their hair cut, their clothes taken to be washed, and afterwards clean clothing and bedding given to them, those used by them being "repeatedly washed and baked."

So excellent were the results of the means thus indicated that only one instance of the Plague appeared in the new hospital. [Could more complete results be ensured even now-a-days?] The weather during September continued as it had been in August. There was no rain. On the 15th the Nile began to recede. On that day, as also the 16th and 17th, the wind blew from the westward. After this the weather was close and calm. The general range of the thermometer in a house in Rosetta was from 73° Fahr. to 83° 5' Fahr. The prevailing diseases among the troops were ophthalmia, dysentery, and hepatitis.

THE CHINESE MATERIA MEDICA.

By FREDERICK NEWCOME, F.S.S.

(Continued from page 24.)

Chien'hu is a cheap and somewhat largely cultivated medicine, and is, we believe, the shoots of a variety of *Bupleurum*, just as Ch'ai Hu exported from Newchwang in the north, and Wuhu in the interior, are the tender shoots of the *Bupleurum Octoradiatum*. Hsi Hsin is another drug in which a substantial trade is carried on. It appears in the list of several very distant ports, and we may therefore conclude is common to the whole, or greater part, of the equatorial zone. It has been distinguished as *Heteropa asaroides*. Fang-fêng, root of *Libanotis* is likewise a generally consequential product; and so is Ma' Huang (*Ephedra flava*). The same again may be said about Mu' Tung (*Clematis vitalba*); Wu Wei-tzû (*Kadsura Chinenensis*); Huang Pai the bark of *Pterocarpus flavus*; and Ch'ê Ch'ien tzû, the seeds of *Plantago major*. T'iao Ch'i is likewise not unimportant, but its source is still incognito. Two or more kinds of pœony are found serviceable—the root of *Pœonia rubra* from which a medicine named Ch'ih Shao is educed, and *Pœonia albiflora*, from whence Pai Shao. Among other herbs turned to account are the roots of Gentian or Dragon's Gall Plant. From these, found in several districts, a medicine called in the native vocabulary Lung Tan-ts'ao, or Tants'ao, is derived. Somewhat curiously, the *Pekin Gazette* contained a notice the other day to the effect that 5 catties of this medicine had been purchased for the especial use of His Sublime and Imperial Majesty. Next, we have *Equisetum hyemale* (Mu Tsai), rough horse tail or Dutch rushes, once used by whitesmiths and cabinet makers here for polishing metals and wood; also by dairymaids in the north to scour their milk pails. *Cicuta* (whence Kao Pên) the water hemlock, drunk by Socrates; *Amomum amarum* (I Chih) a species of ginger, and supposed to have formed one ingredient in the dose given to a member of Earl Macartney's embassy by a native physician, who, attributing his patient's illness to the predominance of cold humours in the system instead of to a severe dysentery, the true cause, prescribed an admixture of cayenne pepper, cardamoms, and ginger, given in hot distilled spirit, with the necessary sequel of as nearly as possible settling the unhappy European.

Huang Pai (*Pterocarpus flavus*), mentioned above, is the bark of a tree similar to that found in Brazil, from whence the red saunders-wood of the cabinet maker is obtained. It is utilised to a considerable extent by the Chinese, to whom its dyeing properties are well known, if not greatly appreciated. The root of Bellwort (*Platycodon grandiflorum*), found co-existing in both the northern and southern provinces, is another drug admired under the name, Chieh Kêng; while of the many species of convolvulus with which the country abounds scarce one can be named that is not turned to some medicinal account or other. Chin Yin'hua consists of the flowers, stalks, and leaves of the *Lonicera Xylosteum*, a native of the north, and is exported from Newchwang. Mentioning this plant naturally directs attention to the many uses to which aloe wood is put by the Kitata. The agalocha or Xylo aloe forms a regular element in the Oriental materia medica, being esteemed a sovereign cordial in fainting fits or disorders of the stomachic region, also as a vermifuge for children afflicted with ascarides. It is likewise used as a restorative in palsy. However, its chief value is as an incense to burn in the Temples of Budda, or for scenting rooms or clothes. Still far from cheap, it was at one time excessively costly, the calambac or heart being positively dearer than gold. A species of skull-cap (*Scutellaria Viscidula*) is largely consumed under the cognomen Huang Ch'in, but for what particular purposes it is employed we are unaware. Meadow rue (*Thalictrum rubellum*) is also included in the native pharmacopœia under the name Shêng Ma,

and so is Dodder (*Cuscuta*) under that of Tu Sati-zü. Of this last medicine a considerable quantity is produced, nor does its cultivation seem confined to any particular district. The truth of Sir George Staunton's dictum, about the Chinese having in the course of ages found a medicinal duty for every product of the field, is borne out by the fact that the kernels of the common cherry are converted into a physic sold as Yü Li-jên. Among other drugs Chi Shêng has been recognised as the *Epiphytes*; Fang Chi, as a variety of convolvulus; Pai Fu-tzü as the *Aroideæ*; while Tzü 'Hua is supposed to be the flowers of a species of Hollyhock (scientific name unknown), and is used both as a medicine and a dye, chiefly the latter. The origin of Hsien P'i, Ta 'Li-tzü, and Taio Ch'i, are still involved in obscurity. None of the last-mentioned medicines, except T'iao Ch'i constitute at all consequential elements in Chinese medical economy.

Curiously enough the Chinese attach but small importance to that most valuable of roots, rhubarb. In so far as they themselves are concerned, other drugs take its place, although it seems beyond dispute that at one time they were of opinion that if supplies were cut off the detested foreigners of the north would all die of constipation. This anecdote is well vouched for; indeed, prior to the outbreak of war in 1839-40, the terrible threat was actually held out, Lin, or Keshan (the same Ki-chan subsequently met with by the Abbé Huc at Lla-Saa, Thibet. This statesman was not executed, as commonly supposed, for ceding Hong Kong), we forget which, was so firmly persuaded of the fact as to memorialise the Emperor regarding the advisability of forbidding the export of rhubarb, and thus starve the foreigners into submission. But dropping anecdote, rhubarb grows wild in all the northern and western provinces, yet nowhere does it seem to be brought under cultivation, invariably being found in a wild state. Several varieties of rheum plant are indigenous to China, some being inestimably valuable, others almost worthless. Shênai roots are by far the most esteemed—those coming from the Kanchow district being perhaps the more prized of all. This rhubarb, the best in the market, can be readily distinguished from other kinds. The roots are large, smooth, and extremely fragrant; whereas those obtained in the province of Szechwan are smaller, rough on the exterior, deficient in flavour, and when cut give out little scent. Best Szechwan rhubarb commands only about one half the price asked for Shênai rhubarb, while inferior qualities fetch from one-tenth upwards. In this connection it is interesting to note how strongly many Chinese hold by the belief in the utter inefficacy of roots grown in the Southern provinces, which, according to their theory, are only good to sell to the English barbarians. As a fact, Russian merchants look at no rhubarb that does not bear on its face evidence of a northern derivation. In this, unfortunately, they are not imitated by their English rivals, who buy anything that is offered so long as the price is sufficiently tempting, or hold out a prospect of additional profit. This points to the necessity of medical men and retail druggists exercising extreme care in the selection of their rhubarb, and, perhaps, more important still, to buy only of persons in whose judgment and honesty they can place entire dependence.

Another good sample arrives at Tientsin from Hsining in Kansuh, after which town it takes its name. Churgh'i rhubarb is also greatly prized, while Chihuang, Taihuang, and Shanhuang, are about as worthless as well can be. Doubtless, however, as Mr. Detring remarks, a considerable percentage of inferior rhubarb is nothing more than Dock plant root, sold under the fashionable name. Upon the properties of this sham we cannot speak authoritatively, but quite likely it possesses properties similar to those of the Yellow Dock and other European species of this order. It is not exactly pleasant to contemplate that the greater part of this rubbish is bought for the English market, but such,

nevertheless, appears to be the case. The other producing districts besides those mentioned above are Chihli, Honan, and different parts of Thibet, from whence several very fine varieties, formerly sent overland, *via* Kiakhta, through Russia are obtained.

Galangal, a product of the Island of Hainan, in the Tonguin Gulf, is another largely consumed article, over 5,000 piculs being sent away yearly to Hong Kong for transhipment to Chinese ports. These roots are very inexpensive, about five or six shillings a hundredweight, and on this account commend themselves to the poor unsophisticated Chinese, who cares little about taste so long as the article is cheap. They have an unpleasant aromatic smell, and a displeasing, bitter, extremely hot biting taste. Formerly they were used in this country in bitter infusions, but on account of their obnoxious flavour the practice has died out. Kempfer says, "They were used to remove obstructions of the hypochondria, to warm the stomach, discuss flatulency, and to strengthen the bowels and nervous system." Possibly they do as much for "Ah Sing" to-day.

Sesamum seeds are perverted to a variety of purposes medicinal and otherwise; one, little known here, is worth alluding to. At Hankow the manufacture of "Lie Opium" forms a not unimportant industry, about 700 cwt. being exported yearly to Chefoo and other northern centres. This spurious opium is made from sesamum seeds mixed with other ingredients, and is used to adulterate the genuine article. It is indiscriminately known, according to Mr. George Hughes, of Chefoo, as Chiayên-Kao, preparation of false opium; Liaoping, cakestuff; and Chihma-Kao, preparation of sesamum seed. While on the topic of adulterants it may be worth while to direct the attention of the medical profession to a leaf known as Kêncha, or Kên Ch'a in the native tongue, and *especially prepared for adulterating tea*. From the port of Kiung-chow, in Hainan, 2,791 piculs (372,000 lb.) were exported to Hong Kong in the year 1880. In the year previous the quantity was only 751 piculs, and a few years ago, nothing at all. This fact, and the destination Hong Kong, suggests the not very pleasing possibility that most, if not all, of the 372,000 lbs. of Kêncha ultimately finds its way to England to the questionable benefit of Her Britannic Majesty's liege.

Camphor is likewise grossly adulterated with a glue obtained by boiling a rattan creeper, locally called T'êngtsai. This weed, growing luxuriantly in the interior of Formosa from whence, as everyone is aware, all Chinese camphor is derived, is full of a glutinous matter which boiling water converts into a colourless glue. Mixing this with the pure camphor and a small percentage of water prevents evaporation, though naturally destroying the high quality of the article itself. Camphor so adulterated will keep, it is said, for a couple of months without loss; indeed, will bear the journey to Europe without suffering appreciable diminution. Experiments recently made have demonstrated the existence of two parts of glue to three of camphor in certain samples offered in the Tamsui market, rendering the article absolutely useless. Happily fire will readily detect the foreign body. Mr. Walter Lay, to whose admirable report upon the camphor trade in 1880 we are indebted for this information, adds: "I have obtained a sample of the plant from which the glue is obtained, but cannot find out what its botanical name is; indeed, I have not succeeded even in obtaining the correct Chinese characters for it. It is called locally T'êngtsai, but it doubtless has a more distinctive appellation than that. It is not given in the 'Topography of Tamsui.' Mention is made in the Wahu Report for 1878 of a plant which yields a glutinous substance on being boiled in water, and which is used in the manufacture of paper. The name given to it at Wuhu is Yang Kout'êng, and this possibly may be the name of the creeper used here for the adulteration of camphor."

Before the ruthless axe of the Chinese woodcutter the

beautiful inland forests still adorned by the graceful *Laurus camphora* are fast disappearing. The aborigines inhabiting the interior fight desperately for the possession of their woods, but each year sees a fresh tract surrendered to their indomitable enemies. To illustrate the difficulty attending the collection of the prized wood, it may be mentioned, on the authority of the above-named gentleman, that between five and six hundred Chinese were killed two years ago in the petty warfare which prevailed with the savages. Sooner or later there must be a dearth of camphor. With their customary want of common prudence the conquering race are recklessly clearing the ground for tea cultivation, burning up the camphor wood in tea-firing operations, for which purpose it can seemingly be used with perfect safety, despite the pungent fumes given forth.

Very little of the camphor manufactured in Formosa is consumed by the Celestials, nearly all being shipped to foreign countries. On the other hand, they continue importing for their own use the more precious natural article secreted by the *Dryobalanops camphora* of Sumatra and Borneo. For these concrete masses, commonly known as Camphor Baroos, fancy prices are still paid—thirty-one shillings a pound was the import price at Ningpo last year. Of this fine camphor, it may be added, but a small quantity finds its way to Europe; the relative cheapness of the manufactured article driving it quite out of our markets, although it is well known the native manufacturers in Formosa place no special reliance on their own product, which, they say, possesses little or no virtue—very little now-a-days, one may opine, if adulteration is carried on to the extent asserted.

(To be continued.)

Clinical Records.

GLASGOW OPHTHALMIC INSTITUTION.

Restoration of Eyelid by Transplantation of Skin Flap from Distant Parts by Wolfe's Method.

By A. T. THOMSON, M.D., C.M.

THE interesting paper read recently by Dr. Benson before the Surgical Society of Ireland, and the discussion thereof, published in the *Medical Press* of April 26th, 1882, induces me to send the following record of a case in which I assisted Dr. Wolfe in the performance of a similar operation.

A. McD., et. 65, was admitted 1st July, 1882, into the Glasgow Ophthalmic Institution, suffering from epithelial cancer involving half of the upper and half of the lower eyelids of the left eye, and extending slightly beyond the inner canthus to the nasal integuments; the lower lid was puckered, and everted by the neoplasm. On the integuments of the forehead and cheek were scattered, warty, and melanotic nodules, and, therefore, rendered quite unsuitable for flap formation.

Operation—On 4th July Dr. Wolfe performed the operation as follows:—Under ordinary circumstances, when the ectropion is caused by a burn, he first makes a staphylorrhaphia, and dissects and removes the adherent integuments and hardened tissues to make a clean bed for the new skin flaps, but in this case, owing to the diseased and touch-me-not condition of the parts, he introduced a bony spatula under the eyelid and carefully dissected off the affected portions by means of a scalpel and curved scissors; the wound was thoroughly cleansed with warm water and wiped perfectly dry. The required quantity of skin measuring 2 + 1, was removed from the radial aspect of the left forearm, allowing sufficient latitude for shrinking; every vestige of subcutaneous tissue was removed from its under surface by the scissors, leaving a pure white surface; it was dipped into tepid water and gently dried, and then placed over the wound of the lower lid, inner canthus, and also part of the upper lid, leaving a portion of the latter to heal by granulations. Pieces of lint wrung out of hot water were placed over the part; above these dry lint (covering both eyes), a piece of oiled silk, and an immovable bandage, completed the operation.

The same kind of dressing was renewed on the fourth day, and every day subsequently. There was no discharge from the wound, and the transplanted skin presented a healthy appearance, only, the centre was whiter, the rest was of a rosy tint, and adhering in every part to its new site.

July 24th.—Patient discharged cured, twenty days after the operation, the lids are freely movable, and the eyeball completely protected.

Remarks.—Dr. Wolfe in his first operation, published in the *British Medical Journal*, September, 1875, dissected the skin of the face all round, which served as a frame, under which the new flap was inserted, and by which it was held in its place without ligatures. The dressing consisted of dry lint and cotton wadding impregnated with the fumes of carbolic acid, the result of the dressing had this effect, he thought, of causing the cuticle to peel off. In subsequent operations, he tried four silk ligatures, but found now and then a small suppurating spot where the needle punctured, and has ultimately come to the conclusion that, simple coaptation with warm water dressing is more suitable for the maintenance of the vitality of the flaps.

I may remark in conclusion that, it appears to me that Dr. Benson and some members of the Society in discussing the comparative merits of this operation, have not sufficiently appreciated the extent of its applicability: their opinion seemed to be that the operation should only be resorted to in cases where the neighbouring parts, as face, forehead, &c., are unsuitable for gliding or twisting flaps; but, from the cases which come under our notice, and indeed it is only the other day we saw two operations for ectropion, one, done by a very competent surgeon, but, the puckering of the lid, dragging of the parts and resulting scars left, show that such results are not to be compared with the clean and elegant appearance presented by Wolfe's operation.

The eight cases recorded by Dr. Benson and just alluded to are the first performed in this country since Dr. Wolfe introduced the operation; and, considering the difficulties connected with its proper performance, and some misconceptions which still attaches to it, the results may be regarded as highly satisfactory. But, when its adoption will have become general, and the procedure has undergone improvements, there is no reason to doubt that it will occupy a far higher place in the estimation of the profession.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

ORIGIN OF SCROFULOUS WHITE SWELLING.—At the meeting of the Société de Chirurgie M. Launelougue made a communication upon the character and origin of white swelling, called scrofulous. He showed that the tubercle was the commencement of all the lesions attributed to this affection. The elements that formed the fungous growths were specific, for they were inoculable. He succeeded in inoculating eight rabbits with the morbid element, thus tuberculous and scrofulous arthritis should no longer be described separately, as there exists but one form, namely, the tuberculous. As to the different parts of the articulation affected with tubercle M. Launelougue believed that the cartilage was wholly exempt, although such was not the general opinion, the synovial was frequently the first to be affected, but it was in the bone in general that the first sign of the disease manifested itself. The alteration in the bone was either circumscribed or diffuse in which case the whole epiphysis was implicated. The disease afterwards invaded the synovial, and soon the other epiphysis became attacked. In the latent state when the synovial is but slightly affected, and the epiphysis barely sensitive, it would be rash to interfere, for the exact position of the lesion is not known; rest with a fixed position of the limb and good nourishment is all that would be necessary. If the membrane be attacked, a good compression on the igni-puncture, with

perhaps interstitial injections of tincture of iodine or iodoform will give good results. When there is an abscess it must be opened at once, and the tubercle carefully sought for and taken away by scraping, gouging, or resection, partial or total when necessary. M. Verneuil agreed in general with the statements of M. Lunelougue, but he believed there was a third variety of the disease in question, which he observed in the adult, and which could not be attributed to the presence of tubercle or inflammation. The form he alluded to resembled a well developed hydrarthrosis with a sense of fluctuation, but without any sign of inflammation or caseous lesion of any kind. Cure is effected by fixing the limb, compression, and application of iodine.

ANTISEPTIC PROPERTIES OF OXYGENATED WATER.—At the Hôpital St. Louis M. Péan has been making experiments on the antiseptic properties of oxygenated water. This water was specially prepared, and contained from two to twelve times its volume of oxygen. Externally, the liquid was used in the dressing of large wounds and ulcerations of every kind, and having given good results it was used as the only dressing after major operations, such as amputations of the arm, leg, and thigh, and in the ablation of large tumours. During the operations a spray of the same liquid was playing on the wounds. Under the influence of these applications the wounds showed a favourable tendency to unite by first intention, and in the case of chronic ulcers cicatrization was observed to be effected more rapidly than with any other dressing. At the same time to patients who had been treated by other means, and who were threatened with septicæmia the oxygen water was given internally with the most salutary results. M. Péan believes that this agent is superior to phenic acid, and it has also the advantage of being devoid of any obnoxious odour, nor does it possess any toxic properties.

ACTION OF QUININE AND SALICYLIC ACID ON THE EAR.—Dr. Kirchener has studied the action of these two medicines upon the ear in order to elucidate the question still disputed as to whether the noises in the ear are really to be attributed to congestion of the labyrinth. Clinical experience has for a long time shown that these agents produced vertigo and a certain degree of deafness which disappeared immediately on the cessation of the drug; but sometimes when the quinine or salicylic acid was given in large doses these symptoms persist and constitute a long and serious affection. Experiments on animals proved that quinine and salicylic acid produced hyperæmia of the tympanum, and when excessive, hæmorrhage might result. If the hyperæmia lasted a certain time it might cause an alteration of the ultimate ramifications of the nerve.

GLYCERINE IN PHTHISIS.—Dr. Jacoud, editor of the *Dictionnaire de Médecine et de Chirurgie*, prescribes in common phthisis, where cod-liver oil is not borne, glycerine with a certain amount of rum or brandy. Glycerine one ounce, rum or cognac two drachms, peppermint one drop, a tea-spoonful three or four times a day. This composition of an agreeable savour is well tolerated by the stomach, and excites the digestive functions.

SULPHUR IN WHOOPING-COUGH.—Dr. Luton recommends in the treatment of whooping-cough, especially in the convulsive period, the administration of sulphur. Flowers of sulphur 8 to 15 grains, sugar of milk 16 grains. In ten powders, one every two hours, carbonate of iron should be given to keep up the strength, ten grains in the day. Coffee renders good service, and a vomitive should be given every two days. Belladonna, which has been considered the most efficacious remedy in this disease, has been given by

Trousseau as follows:—Ext. belladonna four grains, syrup of poppies and simple syrup of each one ounce; one to eight tea-spoonful to be given in the twenty-four hours, according to age. Dover's powder associated with extract of hemlock has been frequently given with the best results in the formula:—Dover's powder one grain, extract of hemlock in powder one grain, ginger in powder two grains, and sugar four grains, the whole to be given at bed-time, for a child of two years.

Special.

RECOVERY OF NINE CASES OF HYDROPHOBIA.

At a recent meeting of the Paris Academy of Medicine a memorandum was read by M. Decroix reporting nine cases of cure of hydrophobia.

In the first case Dr. Menecier had inoculated with the saliva of a mad dog two other dogs and a rabbit. The three latter died of hydrophobia, while the former, which had supplied the virus, recovered.

Among the experiments on rabies which M. Decroix had made, one of them was the inoculation of a dog with the saliva of a mad dog. The latter died while the former became first mad and then recovered. M. Decroix had also inoculated, with saliva taken from a man some hours before he died mad, a dog, which became mad, but ultimately recovered.

The fourth case was one in which M. Rey, formerly Director of the Veterinary School at Lyons, received into the hospital a dog bitten by another mad dog. It became hydrophobic, but finally recovered.

M. Laquerrière, military veterinary surgeon, also reported a case of a dog which, when bitten by a mad dog, became affected with the malady, and was ordered to be destroyed; but the proprietor did not wish to lose the animal, and it recovered without any treatment.

In the sixth case Dr. Lunel had treated a reaper who went mad after being bitten by a rabid dog, and he recovered; while a dog bitten at the same time by the same animal died.

In the seventh case Dr. Nichols, at a time when both men and animals were going mad in the same locality, was called in to attend an Englishman who showed symptoms of rabies. He recovered in a few days, although he had been bitten by a dog twenty-one days before, which had not been found up to that date.

In the eighth case a mad dog bit two men, a cow, and a dog. They all died except one of the men, who recovered.

Lastly, M. Decroix reported that he had seen a horse which showed symptoms of madness. It recovered in eight or ten days, as did men and other animals similarly affected.

In hydrophobia the fits commence and increase in frequency and intensity during the first two or three days; are at their height for two or three days, and disappear in the same period of time if death has not taken place about the fifth or sixth day. The scientific men who have not seen cases which have been cured are very wrong in regarding the cases reported by those who have seen them recover, and in publishing only unsuccessful cases, or those where there has been an error in the diagnosis, thereby forming erroneous ideas in the public mind.

The Committee on Rabies made, during the year 1874, a series of experiments with medicines said to be useful for curing rabies, in which they made use of pilocarpin three times, and in every case the remedies hastened death by the violent fits they brought on.

In the course of his experience M. Decroix met with two cases of rabies which did not end fatally.

The conclusions arrived at by the Committee are as follows:—

1. It has been experimentally demonstrated that rabies may recover spontaneously.

2. Up to the present no treatment has been proved to be anti-hydrophobic, and cases of cure by this or that means may be attributed to the efforts of nature.

3. All the means used by the Committee since 1874, comprising principally injections of azotate of pilocarpin, have hastened rather than retarded the death of the subject.

4. Those dogs usually recovered which were left without treatment, as the medicines brought on violent fits, and there is an inclination among medical men to leave men thus attacked in perfect quiet, and only practise experiments on animals. The filing down of dogs' teeth—an easy and almost painless operation—is still the most efficacious preventative of madness.

6. Rabid people left in the dark and kept quiet are not subject to fits, unless they are brought on by excitement or ordinary medicines, and “as far as I am concerned,” says M. Decroix, “I would rather be attacked by this kind of madness than many other diseases, particularly than that red chancre of smokers.”

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Derby 8; Bradford 14; Bristol 15; Birmingham, Sheffield, Plymouth 16; London, Norwich, Wolverhampton 17; Brighton, Birkenhead, Blackburn 18; Cardiff, Halifax, Portsmouth 19; Hull, Oldham 20; Dublin, Edinburgh, Newcastle-on-Tyne 21; Manchester, Glasgow, Nottingham, Huddersfield, Liverpool 22; Leeds 23; Salford, Leicester 24; Sunderland 25; Bolton 26; and Preston 30.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 27, Bombay 21, Madras 36; Paris 22; Geneva 12; Brussels 20; Amsterdam 23; Rotterdam 16, The Hague 17; Copenhagen 25; Stockholm 27; Christiania 20; St. Petersburg 48; Berlin 29; Hamburg 24; Dresden 24, Breslau 37, Vienna 29, Prague 30, Buda-Pesth, 31, Munich 26, Trieste 29, Rome 26, Turin 30, New York 33, Brooklyn 25, Philadelphia 21, and Baltimore 38.

THE highest annual death-rates per 1,000 in the large towns last week from diseases of the zymotic class, were: From whooping-cough, 1·4 in Newcastle-upon-Tyne and 1·1 in Nottingham; from scarlet fever, 1·8 in Sunderland and 1·3; from measles, 1·3 both in Derby and Huddersfield; and from fever, 1·6 in Portsmouth and 1·3 in Sunderland. The death-rate from diarrhoea averaged 1·7 per 1,000, considerably below the mean rate in the corresponding week of recent years. Thirteen deaths from diphtheria were returned in London, 2 in Edinburgh, and 2 in Portsmouth. Small-pox caused 4 deaths in London, 3 in Leeds, one in Manchester, and one in Newcastle-upon-Tyne.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.
POST FREE TO ANNUAL SUBSCRIBERS £

IF PAID IN ADVANCE 1 1

* Post-office Orders and Cheques to be drawn in favour of—
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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 2, 1882.

IMPOLITIC SCIENCE.

It requires but a cursory examination of anti-vivisection literature to discover from it that the principal impetus given to the movement which has, above all things, paralysed the study of experimental physiology in this country was originally derived from France. Not directly, it is true, but as a reflex of the publicity with which our trans-channel brethren have been wont to surround their method of carrying out scientific investigations; for it is chiefly owing to the unnecessary ostentation of Majendie and his school that anti-vivisection fulminades have been enriched with examples of the “atrocities” they mainly serve to emphasise. That much mischief has been caused by such unwise display on the part of professional workers is incontrovertible; indeed, we may safely assert that the crippling legislation from the effects of which English science is at present suffering would never have been carried out had it been called for only as a means of checking abuses connected with the employment of vivisection as an aid to discovery by our own countrymen. In that monument of stupidity and ignorance, the “evidence” given before the Royal Commission by a well-known opponent of scientific advance, almost the only facts adduced in support of his opposition are derived from accounts of experiments conducted in foreign laboratories. It is the greater pity, therefore, that a policy which has been so productive of evil in the past should still be persisted

in at the present, and by the living representatives of those who were formerly the instruments of disaster.

There is peculiar reason just now why no obstacle should be opposed to the steady growth of a better feeling in the public mind towards the authors of discoveries, and why every attempt should be made to educate the people to perceive the vital importance to themselves of freedom in research, while, at the same time, any cause of offence to the uneducated in this respect should, within the limits of legitimate regard for progress, be studiously avoided. There are in action at this moment several forces, each of which is slowly but surely tending to the destruction of that bitter animosity to science which, inasmuch as it was based on pure ignorance, must of necessity fall before the illumination of a better knowledge. All we who are deeply interested in the consequences that shall follow from later combats with this spirit of ignorance cannot fail to regard any interference, from whencesoever it may come, with the ameliorating influences that are at work, with the utmost jealousy, and hence it is that the term "impolitic science" is the least harsh we can find to apply to certain recent proceedings in France, which are, we fear, likely to exert a sinister influence on the progress of research principles in this country also. With a want of discrimination which, to say the least, is unfortunate, Dr. Laborde, of Paris, has seen fit to perform at a public lecture a series of experiments on living animals, for which, under the circumstances, no justification can possibly be found. We cannot wonder—indeed, we can even feel satisfied—that popular indignation has been aroused in consequence, and that an urgent appeal has been made to the Society for the Prevention of Cruelty to Animals to use its endeavours to prevent a repetition of such needless cruelty. Dr. Laborde is an earnest and a successful worker, but this fact cannot be held to excuse him while desecrating the scientific method by demonstrations the only effect of which is to excite a vulgar *furor*, without in any way advancing a single scientific question. We are, and have consistently been, enthusiastic advocates for the repeal of the vexatious law which hampers English physiologists in pursuit of truth, but throughout the whole controversy we have invariably insisted that the power of experimenting is demanded for, and should be employed for research pure and simple. Vivisectional experiments for the purpose of demonstrating well-proven points can never be defended on grounds either of utility or of necessity, and in the hands of British teachers would never be so employed.

We regret extremely that the Parisian world has been exercised by this new development of the vivisection dispute, and more especially because equal publicity obtains for all the particulars connected with it on this side also. It will, without doubt, form the groundwork for a new and vehement attack by the anti-vivisection brotherhood, which had become all but silenced as a consequence of the propagandist proceedings recently directed against it here. Opportunity, unfortunately, has once again been given them of raking up afresh the time-honoured and familiar chance expressions of innumerable scientific worthies who, at some time or other,

may have spoken or written sentences seemingly antagonistic, when taken from their context, of the experimental method. Valueless as such argument is, it carries a certain weight with those who yield obedience to a name without consideration for the utterances accredited to its owner, and hence the influence of such disjointed expressions when used by noisy agitators, who, for motives more or less pure, form themselves into societies and committees, and other associations, for appealing to the public purse.

Under circumstances like those surrounding Dr. Laborde's recent display the only result to be anticipated, even at the most favourable reckoning, is the gratification of a morbid and vulgar taste for horrors. It would be feeble to pretend that any scientific truth, or that any instruction could by this means be conveyed to a public audience which should be at all commensurate with the sacrifices entailed. The tyro or the uninitiated in science can derive no advantage from examination of experiments conducted on living animals; no advantage, that is, which might not equally well be secured by attentive study of the records of experiments on which the conclusions to be demonstrated depend. Until he is acquainted with the great principles of physiology, and until he is so far an expert in the science that he can grasp the consequences flowing from experimental interference with functions, the student is not fitted to derive benefit from them, or to date his advance from their performance. It is undoubtedly a fact of the utmost importance to know that the heart will continue its pulsations after removal from the body, but it is unnecessary to resort to vivisection for the purpose of demonstrating it. Again, the fundamental experiments through which knowledge has been gained of the specific action of drugs can never be repeated with advantage before an audience untrained to habits of exact observation; and yet we find that such fruitless and wholly unnecessary violations of right and propriety are again and again committed, and with the natural result of exciting disgust against those who commit them.

We earnestly hope that our French *confères* may be led to perceive the unwisdom of such acts as Dr. Laborde has been guilty of, and that they will recognise the absolute necessity of confining vivisectional experiments to the laboratory, where alone they can be productive of good, and where, we contend, they should be permitted with all the freedom and licence sanctioned by the vast importance of the issues at stake.

THE NOTIFICATION OF INFECTIOUS DISEASE.

THE agitation against an extension of the law by which physicians are liable to be fined or locked up if they omit to report their cases of infectious disease to the sanitarians, is growing rapidly in England. Meetings have been held in several important towns for the purpose of backing up the new "Association for preventing the extension of the system," which Association has been recently formed in Liverpool under the presidency of Dr. Carter.

We hear that Sheffield has now taken up arms against

compulsory notification, and will shortly hold a demonstration on the subject.

The attitude of the British Medical Association in reference to the matter is very remarkable, and is likely to lead to an *emeute* at the Worcester meeting. It may be recollected that last year, at Ryde, the Parliamentary Bills Committee gave a sort of indefinite promise to support compulsory notification, and that Mr. Michael, Q.C., came down from London on behalf of the Social Science Association to try to persuade the members of the Association to place themselves voluntarily under the yoke, but his effort failed; his resolution to that effect was rejected, and, moreover, the profession was, for the first time, aroused to resistance. That resistance being pressed upon the attention of the executive of the Association, a conference on the subject in London was spoken of and half promised, but it never took place, and, consequently, the members of the Association who object to be made sanitary detectives have been compelled to take their own course. Accordingly, the Liverpool Anti-Compulsion Society has applied to the Committee of Council to have a special time and place fixed for a debate on the subject at Worcester, and the Committee of Council, instead of complying with the request, has answered by relegating the discussion to the Public Health Section. It is hardly necessary for us to point out that this attempt to cushion the protest against compulsory notification is—if not illegal—utterly unfair.

Under the bye-laws any fifty members of the Association can, by requisition, call a special meeting of the Association to debate any particular question, and if this important matter is to be shelved at Worcester by referring it to a section, it will be easy to obtain the necessary signatures to such a requisition. But there is another more speedy course which may be pursued if it be considered expedient to force a debate. It will be open to any member to move an amendment to, or the rejection of the report of the Parliamentary Bills Committee, or even to move for a reconstruction of that Committee, so that those members of it who have directed its policy towards compulsory notification may be eliminated from it. Whether any or all of these proceedings may be necessary to bring the danger in which the profession stands under the notice of the entire body of members, it is evident that the opponents of the policy of the Parliamentary Bills Committee cannot rest content with a dull half-hour's talk on the subject before the Public Health section. The case for the opponents could not be fully heard by the members of the Association in any such place, nor would any decision then arrived at have any real influence on the policy of the Association; therefore, we hope, that those who are acting in defence of the profession in this matter will insist on a public hearing of their protest. The question is worthy of it, and the numerical importance of the anti-notificationists entitles them to demand the privilege of speech.

THE IRISH POOR-LAW SUPERANNUATION BILL.

THIS measure, which has been waiting for a second reading so long that its passing this session had almost ceased to be hoped for, came before the House at the extra

sitting of last Saturday week. The Irish Medical Association had only a few hours' notice of the intention to bring on the Bill, but it did what was possible to bring members to the support of it, and, after all, the second reading was very near being adjourned in consequence of the length to which the discussion on some Scotch education Bill, which had precedence, extended. In moving the second reading Mr. Herbert Gladstone promised that if the House would assent to the second reading he would propose various amendments in committee in deference to Irish opinion. He would also propose to submit the Bill to a committee of thirteen Irish members.

Mr. Healy thought the Government had taken a reasonable course, but differed totally on the principle of giving so much power to the Local Government Board.

Mr. Leamy here moved the adjournment. He opposed the Bill, and he had put down his notice of opposition in order that the Bill should only be taken when it could be properly discussed.

Mr. Daly seconded. The experience he had of the Local Government Board gave him the profoundest distrust in it, and he considered that there could be no greater monstrosity than that the tribunal that should grant men superannuation was a tribunal which had no cognisance of the individual merits or demerits of the men to whom they were granting the superannuation.

Mr. Mundella thought the Bill ought to be read a second time.

Mr. A. O'Connor suggested to the hon. member for Waterford that he should withdraw his motion. Nobody could be more opposed to this Bill than he was; but at the same time he was bound to admit that some provision should, as was proposed in this Bill, be made to meet the very scandalous circumstances that arose with regard to the superannuation of certain officers of Poor-law unions.

Dr. Lyons also supported the second reading.

Mr. Callan said he would join in the suggestion if it was proposed to examine in committee a few witnesses on each side.

Mr. Ewart said there was a desire in the north of Ireland for an improvement in the law in this respect, and the proposal that was made was very reasonable.

Mr. Biggar did not agree with the details of this Bill. The Local Government Board were asked to supersede the rights and interests of the ratepayers. The practical result of the Bill if it passed would be that the different officials would set the guardians, who were their paymasters, entirely at defiance, and would constantly appeal on all questions to the Local Government Board. He hoped this Bill would not pass this or any other session.

Mr. Fitzpatrick supported the second reading.

The motion for adjournment was negatived.

Mr. Callan hoped the hon. gentleman would have no objection that a few witnesses should be examined on both sides to test the merits of the Bill.

Mr. Gladstone said that, so far as he was personally concerned, he would have no objection whatever to that course being taken.

The Bill was then read a second time and referred to a select committee.

It will be observed from the foregoing epitome of the debate that the prevailing objection to the Bill was jealousy of the Irish Local Government Board, and that its chief opponents are the Irish irreconcilables. We do not at all regret that it has been referred to a select committee, if, in that reference, three considerations be observed—*First*. That the committee shall sit at once, so that the Bill shall not be delayed beyond the present session. *Secondly*. That gentlemen willing to take a fair view of the subject in the interest of the public and the officers of unions shall have their places

on the committee, and that it shall not be composed exclusively of the Parliamentary representatives of low-class guardians, few of whom could be trusted to treat their officers with decency, not to say generosity. *Thirdly.* That the *viso voce* testimony of a few well-informed witnesses be taken before the committee in order that the facts may be presented briefly and with more force than they could have if committed to paper.

We are fully confident that if the select committee will hear dispassionately the case for Irish Poor-law medical superannuation they must and will recognise the justice of the case on behalf of the medical officers; but we would greatly apprehend that, if a decision were given by them on the faith of written statements which could not be properly sifted, they might be disposed to yield to the desire for economy of the rates rather than the sense of what is just to public officers.

The select committee has not, at the date of our writing, been yet appointed; and though the proposed nominations have been placed on the notice paper of the House, it is likely that delay will occur in the appointment of the committee in consequence of the obstruction offered by Mr. Biggar and Mr. Daly. The gentlemen originally proposed by Mr. Herbert Gladstone were as follows:—The Attorney-General for Ireland, Messrs. Healy, Justin McCarthy, Meldon, Gibson, Fitzpatrick, Aylmer, Biggar, Sir Patrick O'Brien, Herbert Gladstone, Tottenham, Collins, and Mulholland. We hear that the Conservative leaders object, on principle, to the appointment of an exclusively Irish committee, while the Irish irreconcilables object to the nomination of any member who holds an English seat, even though he be an Irishman. Mr. H. Gladstone has therefore increased the committee to sixteen by the addition of Messrs. Green, Callan, and Findlater, while Mr. Biggar and Mr. Daly have put down notices to substitute other names for those of Mr. Meldon, Mr. Collins, and Capt. Aylmer.

This opposition has caused such delay in the appointment of the committee that it may be very difficult to pass the Bill this year, but we trust that not a day will be lost in setting the committee to work even with a view to legislation next session.

Messrs. Biggar and Findlater are known to be especially hostile to medical interests. The Irish Medical Association has already applied to be allowed to send a witness to the committee.

Notes on Current Topics.

Royal College of Physicians of London.

THE Royal College of Physicians seems to be fully determined to sustain the reputation it has gained of being, next to the General Medical Council, the most "do nothing" of all the medical institutions. On Thursday last a meeting of the Fellows was held at the College, when, after certain formal annual business had been transacted, attention was given to Dr. Sieveking's much-anticipated motion—"That the system of extensively advertising medical works in non-medical journals, and the custom of giving laudatory certificates of medicinal and other preparations, whether for publication or not, is

misleading to the public, derogatory to the dignity of the profession, and contrary to the traditions and resolutions of the Royal College of Physicians." This curious jumble of words was put in the form of a resolution without any attempt apparently to give it a more rational significance, or a more grammatical appearance; and cutting, so far as it can affect anything at all at the tenderest susceptibilities of more than one eminent Fellow present, it naturally underwent a good deal of modification. It would, of course, be extremely irreverent even to think anything that would "derogate" from the dignity of so august a body as the Royal College of Physicians; but the thought irresistibly suggests itself—"Quis custodiet custodes ipsos?" After much discussion the resolution was finally passed in a form which confers a plentiful measure of elasticity on it, and will tend to make it readily adapt itself to circumstances as they arise. This was effected by omitting the words "in non-medical journals," and adding after "other preparations" the words "and medical and surgical appliances." It is comforting to know that the assembled Fellows were honest enough to carry the mangled remnant of Dr. Sieveking's resolution "by a large majority;" but it is unpleasant, nevertheless, to reflect on the possibilities the future may present. We have from the first insisted on the utter futility of the College of Physicians acting in the childish fashion it has adopted. Who cares for its resolutions? Or even if a few upright and conscientious men do pay heed to them, they alone suffer the threatened evils, for a hundred others fearlessly transgress the resolutions for every one who abides by them. We venture to think the College of Physicians has rendered itself supremely ridiculous by this last performance; and that it very fittingly proceeded, after passing the resolution referred to, to elect as one of its prominent officers a gentleman who has persistently ignored the terms of a similar regulation in the past.

Irish Workhouse Administration before Parliament.

ON Wednesday last, Mr. Biggar gave notice of a series of questions imputing grave neglect of duty to the master of the Belfast Workhouse, who, it was alleged, had refused admission late at night to three persons bearing orders marked "urgent," and they were found by the police lying at the workhouse gate. It was stated that one of the three was an old man, seventy years of age, who was suffering from a severe attack of hæmorrhage; and another was an old woman of sixty-seven. It appeared that complaint had been made of previous cases, and also that the guardians had approved the conduct of the master; and Mr. Biggar intends to ask, if these allegations are true, what steps will be taken by the Local Government Board.

Mr. A. O'Connor also put upon the paper three questions with regard to the Carlow Workhouse. They refer mainly to the conduct of the chairman of the board of guardians, who is accused of having acted without the authority of the board in ordering additional works connected with the workhouse and infirmary; but the third question is as follows: "Whether Dr. Rawson, the medical officer, who also attends the soldiers stationed at

Carlow, has on several occasions introduced into the workhouse for treatment soldiers suffering from loathsome skin and other affections; and if so, whether the Chief Secretary intends to take any notice of the practice?"

The London Hospital.

IN our account of the recent prize-distribution ceremony at the London Hospital, we spoke of the awards being made to students and *practitioners*. This should have been students and *probationers*, the latter recipients being probation nurses who had attended classes regularly held for their instruction, and who had succeeded in obtaining the prizes offered for diligence in connection with their work. This feature is a good one, and is likely to be followed with advantage at other institutions besides the London. At the latter place, regular courses of lectures are delivered to the probationers by members of the medical and surgical staff, and with the most gratifying success.

Death of Professor F. M. Balfour.

THE greatest loss that English science could well sustain has been experienced in the death, last week, of Mr. Frank Maitland Balfour, Professor of Animal Morphology in the University of Cambridge. It is but a short while since we chronicled the fact of his election to the post thus rendered vacant, and which it is now well known was created with the express object of retaining Mr. Balfour at Cambridge. The circumstances surrounding his death are peculiarly mournful. He had gone for a few weeks' relaxation to Switzerland, and while climbing the Alps with a guide for companion, is supposed to have slipped and fallen; at any rate, his dead body and that of the guide have been discovered, but the particulars of the accident must of necessity for ever remain unknown. The late professor, though but thirty years of age, was the most distinguished graduate Cambridge has had since the time of Clifford, and in his own special field of embryology he was without a rival. The work he has already accomplished is a vast addition to our knowledge, and, thanks to his indefatigable industry, is embodied in a connected work which renders it accessible to every student. It will be impossible for Cambridge, even out of the rich store of distinguished scientists numbered among her own graduates, to replace the professor thus prematurely deceased, and the loss experienced also by the world of English science is one that cannot at present be made good. Mr. Balfour's work, however, is his best memorial, and in the influence exerted by it on future progress he will continuously, though dead in body, be alive and active in spirit to the unutterable gain of the science he so loved and served. The deceased naturalist was a Fellow of the Royal Society, Royal Medallist in 1881, M.A. and Fellow of Trinity College, Cambridge, LL.D. of Glasgow University, and President of the Cambridge Physiological Society. He was a younger brother of Mr. Arthur Balfour, M.P. for Hertford, and nephew of the Marquis of Salisbury.

Adulteration.

THE *Pharmaceutical Journal* reports that "In the London drug market last month some false *arnica* was offered for sale. Under the name of *coto bark*, a pale, aromatic, bitter, but not pungent, bark has been offered. It is probably the bark of a species of *Croton*, the flavour having a family likeness to that of *cascarilla*. Spurious saffron, of the kind described by Hanbury as being adulterated with carbonate of lime, is still extant in English commerce, two samples having recently been obtained in London."

We learn from the *Grocer* that a chop of tea, consisting of over a hundred half-chests, imported from Hong-Kong as "extra choicest Ningchow Congou," was sold publicly at from 6d. to 6½d. per lb., and has since been resold at a profit and distributed throughout the country. The top of each package consists of sound tea, but the remainder is composed of willow or other leaves mixed with some substance which has become putrid. The Customs authorities not only passed it, but refuse to return the duty which had been paid on the lots which the brokers took back from their customers.

The *Medical Times and Gazette*, referring to the yearly report of the English public analysts, says: "The adulteration of drugs is a serious matter, reflecting as it does on the character of a body of men who are presumed to hold a higher social position in virtue of their superior education than the petty tradesmen. It prevails in the rural districts to twice the extent that it does in towns, and in these again it is twice as general as in London. It does not appear whether the wholesale houses or the retailers are mostly to blame, but we greatly fear that if the truth were known it would be found that some of the former supply inferior articles to their country customers, presuming on the ignorance of the grocers and drapers, who, in small places, are at the same time retailers of drugs, and on their inability to test the quality of their wares by chemical or microscopical means."

The Report on Irish Lunatic Asylums.

MR. CORBET, last week, asked the Chief Secretary for Ireland when the report of the Inspectors of Lunatics on Irish Lunatic Asylums for the year ending 31st of March last would be presented to Parliament.—Mr. Trevelyan said: The Inspectors of Lunatics cannot fix any date for the presentation of their report. It is, however, in the hands of the printers, and the Inspectors hope to have it ready before the close of the session.

Mr. Thomson's Innominate Case.

AT the post-mortem examination of this case, which we reported in our last as having died on the 42nd day, it was found that the sinus from which the bleeding took place terminated in an ulcer, which involved the anterior wall of the junction of the innominate, carotid, and subclavian arteries. The innominate and carotid were filled with clot; the subclavian contained a clot occluding it to the extent of half an inch. The position of the ulcer was on the distal side of the ligature, the constricted portion of the innominate not being involved. The hæmorrhage had apparently taken place from the innominate, as there was a recent blood stain on the cardiac side of the clot. None

of the vessels were pervious to water forced in with a syringe. The aorta was atheromatous. Consolidation was proceeding satisfactorily in the tumour. Excluding the successful case of Dr. Smith, of New Orleans, this is the second longest survival on record; Graefe's case having reached the sixty-seventh day, and Cooper's the thirty-fourth.

Unqualified Assistants.—Conviction for Homicide.

A STUDENT, who had been assistant to a practitioner in Dumfries, was recently charged with culpable homicide. When in attendance on a woman, he administered to her, by hypodermic injection, from twelve to fifteen minims of a solution of morphia, whereby she was immediately reduced to a state of insensibility, and died about four hours afterwards. At the first diet of the court, the accused pleaded not guilty, but subsequently he stated his intention of pleading guilty. The sheriff imposed a fine of £20, or alternatively a month's imprisonment.

A NOVEL and important decision was given in a case tried on Tuesday, July 11th, at the Lambeth Police Court, before Mr. Chance. Mr. C. F. Groom, M.R.C.S. Eng., was summoned at the instance of the Medical Alliance Association for wilfully making a false certificate, under or for the purposes of the Births and Deaths Registration Act, 1874, concerning the death of a child named Mary Louise Sparks, on the 28th June, 1882. It was proved at the hearing that the defendant had seen the child once, and had made up a bottle of medicine for it. Mr. Chance, however, held that one solitary attendance did not amount to that degree of investigation and attendance of the patient's case which would justify the defendant in giving the usual form of death-certificate under or for the purposes of the Act, which he had done. He therefore convicted him of the offence charged, and fined him £2 and £2 2s. costs. This is, we believe, the first judicial definition of what amounts to an "attendance" under or for the purposes of the Registration of Deaths Act sufficient to justify the medical practitioner in charge in giving the usual form of certificate of death; and it deserves serious consideration.

The Doctor's Brougham.

It will interest many of our readers to learn that there is every probability that the Prime Minister, in deference to the generally-expressed dissatisfaction at the proposed increase of the tax on carriages, will abandon this item in the year's revenue. We trust our optimist views on this subject will not be disappointed, and that the doctor's vehicle, which is as necessary to the proper carrying on of his profession, especially in country practice, as is any other item of his armamentarium, will not be loaded with the additional cost of two guineas per annum.

THE Irish newspapers report the death, last week, near Kingscourt, in the co. Cavan, of an old woman named Melady, at the mature age of 105; she retained her faculties up to her death; her eldest great grandchild is 24 years of age.

The Chelsea Hospital for Women.

THE self-help principle has been introduced into this hospital, both in the in and out-patient departments, ever since its foundation, eleven years ago, during which time £3,400 has been contributed by the small payments of those patients who have been unprovided with a subscriber's free letter. This averages 2s. 6d. from every in and out-patient treated. From the medical report presented at the annual meeting on Saturday last it appears that in-patients have been received from Biarritz, Queensland, the Cape of Good Hope, Buenos Ayres, &c. In view of removal to the new hospital in the Fulham Road, the following additions have been made to the medical staff:—Physicians: John James, M.B., F.R.C.S.; A. W. Edie, M.D., F.R.C.P.; and Assistant-Physicians, Fancourt Barnes, M.D., M.Ch., and John Phillips, B.A., M.B. In appealing for increased monetary assistance the treasurer said that, although the financial results of the year had been very satisfactory, there was urgent need of contributions to pay off a mortgage of £5,000, and that £7,739 invested in the Funds had to be sold out to pay the instalments due upon the contracts for the new hospital, which it is expected will be ready for the opening ceremony early next year.

Dissolution of a Board of Guardians.

IT is truly gratifying to witness the display of a little unwonted *fortiter in re* in the proceedings of the Irish Local Government Board. We are, therefore, pleased to observe that the Carrick-on-Suir Board of Guardians have been dissolved by the Local Government Board for neglect of duty. It appears that, as a measure of retaliation for the refusal of the chairman to put a political resolution, the majority of the guardians adjourned the meetings four times in succession, leaving a large amount of urgent ordinary business unattended to. *Oh, si sic omnia!* If the Local Government Board would only erase a dozen or two of the conclaves of village politicians who misuse the Poor Law of Ireland what a blessed riddance we should have to be thankful for!

Iodoform in Diabetes.

PROFESSOR MOLESCHOTT, of Rome, has published a series of articles in the last numbers of the *Wien. Med. Wochens.* on the use of iodoform in the treatment of diabetes mellitus. For some months together he kept a series of five patients suffering from this disease under treatment by the drug, and from the results obtained came to the conclusion that iodoform was a drug that promised much in this affection, inasmuch as under its employment for a few days or weeks the sugar disappeared. In those cases that were not cured the sugar reappeared on the discontinuance of the employment of the iodoform, to disappear again when its use was resumed in increasing doses. It further promised much as the improvement set in even when the use of starchy foods was not limited, and even when the patient had to contend with exciting cares and excessive labour. A cure was effected in one case that had withstood the action of salicylate of soda. He recommends iodoform gr. xv., extr. lactuc. sat. gr. xv., "cumarin" 1-15, to be made into twenty pills,

of which one may be taken from twice to eight times a day.

[The form recommended by Anthofer, and published in this journal, page 345, 1882, vol. i., would be a suitable form for administration.]

Accidents in Lunatic Asylums.

A PATIENT in the Waterford District Asylum died recently under circumstances which necessitated an inquest. She is stated to have been restless and unmanageable, and when being brought by the nurse to her room, to have fallen and cut her face, and becoming suddenly ill, to have died within forty minutes. The resident medical superintendent is reported to have expressed himself at the inquest as "quite satisfied that no violence was used to the deceased," but he could "not say without post-mortem examination whether she fell through heart disease or sudden weakness," but he "thought she died from nervous shock, caused by the fall." Perhaps she did, but why was not the cause of death thoroughly sifted? This is just one of those cases which makes us jealous for the presence of other eyes within the asylum besides those of the administrative officers. It is, of course impossible to prevent occasional accidents in large institutions of this sort, and we do not for a moment hold the officers answerable for such misadventures, but we insist that, when they occur, they should be thoroughly investigated, and it does not satisfy us that lunatic patients should die within a few minutes of a personal injury, and that the public should know no more about it than the report of a nurse and the guess-work diagnosis of a medical officer.

M. FAUVEL relates an instance in which he found a bullet in the larynx ten years after it had entered the head.

PROFESSOR NOTHNAGEL is now definitely named Professor of Special Pathology, Therapeutics, and Clinical Medicine in the University of Vienna.

THE Bradshawe Lecture will be delivered this year by Dr. Long Fox, on Friday, August 18th. The subject will be "The Influence of the Sympathetic System on Disease."

SEVENTEEN anti-vaccinators were last week fined 20s. each and costs, at the Eastbourne Police Court, for neglecting to have their children vaccinated. A case for appeal was granted.

ON the 22nd July a solemn leave-taking took place in honour of the departure of Langenbeck from Berlin, in which students from all the faculties, teachers, and other admirers of the great surgeon took part.

ACCORDING to the proposed New Regulations of the Lord Chamberlain, a doctor is required to be in every theatre during a performance. When a piece runs for, say five hundred nights, as many do, his occupation will become slightly monotonous.

IN addition to the medical staff for Egypt, given in our last, Surgeon-Major Frederick Hume-Spry, M.D., of the 2nd Life Guards, has been selected to take medical charge of the Household Cavalry Brigade there.

COMPLAINTS are constantly made of some of the deodorisers used in several large cities; these are so strong and disagreeable as to be positively sickening. Some correspondents preferring the chance of infection to the disinfectants.

DERBY gave the extraordinary low death-rate last week of only 8 per 1,000 of its population (83,587). The highest rate reached was at Preston, where the mortality was 30 per 1,000 in a population of 97,656; the excess being chiefly attributable to diarrhoea.

THE Japanese Government has lately drafted new regulations for marriages. According to these, no man in the empire will henceforth be permitted to marry before arriving at the age of twenty. Women, however, are to be privileged to marry at eighteen.

MORE than half a ton of strawberries and other fruit was distributed to the hospitals in the metropolis by the South London Committee of the Hospital Saturday Fund last week. The fruit was presented by the growers and carried free of charge by the South-Eastern Railway Company.

THE attempt made by certain guardians to oust Dr. Pullin from his position as medical officer of the Honiton Union has failed, the result of inquiry being to relieve Dr. Pullin from blame, while recognising that he should have been more alert to obey the call made on him to visit a patient.

LADY CORMACK, widow of the late Sir John Rose Cormack, has just died at her residence in Paris, having survived her husband little more than two months. She had long been in impaired health, having suffered much during the siege of Paris in 1870, during which she remained in that city with Sir John Rose Cormack.

THE heat is so intense at New York and other cities in United States, that numerous deaths from sunstroke are daily reported. The epidemic of diphtheria has happily been overcome in New York, and deaths from diseases of the zymotic class are now merely nominal. Typhoid is still prevalent in Paris, and diarrhoea excessively fatal in Berlin.

THE appointment of Dr. Finny to the King's Professorship of Medicine in the School of Physic attached to Trinity College, Dublin, and his consequent connection with Sir Patrick Dun's Hospital as Clinical Physician, caused him to vacate his office as Physician to the City of Dublin Hospital. To that position Dr. George Duffey, Lecturer on Materia Medica and Therapeutics in the Carmichael School, has been elected, and he consequently vacates the Physiciancy of Mercer's Hospital, which he has held for some years.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

UNIVERSITY OF GLASGOW.—The graduation in medicine, and the distribution of medals and certificates of merit in connection with the medical classes at the University, took place on the 27th ult., in the Lower Hall of the Museum. The Very Rev. Principal Caird presided, and Prof. Charteris, M.D., delivered the valedictory address, in which he said he wished to speak some plain practical words to those who had just completed their studies as to the course they were now to pursue. Some, he said, might be in a position to make a foreign tour, to look forward to spending a year or two at the most noteworthy Continental schools, previous to settling at home. To this there could be no possible objection, for they would meet there in familiar intercourse, in the ward or in the laboratory, many men whose names were known to them by text-book or lecture. Such an intercourse and such a tuition must expand their mind and augment their scientific training. Moreover, it facilitated their acquisition of a modern language, and that in this cosmopolitan age was no slight advantage. He questioned, however, if recent subserviency to German researches in medical matters had not, like a kind of fetish worship, tended to lower our national character by weakening our native powers of original work and habits of sturdy independence both in the realms of thought and practice. In no other practical pursuit did we find the Anglo-Saxons rush to other lands for knowledge as though they were unable to find it in their own. Our proud position had ever been in the first rank. Granted that the Germans were the most patient of investigators, the most fertile of theorists, the most encyclopedic of recorders, it must yet be added that they were the most unspractical of men. From personal experience, he could unhesitatingly say that the hospitals in which those before him had been trained were better than theirs. They were better ventilated, better drained, more cleanly kept, less overcrowded; and who could doubt the patients were better treated, and more with a wish to preserve life than with a curious desire to speculate on the cause of death? One thing they could, however, learn from the Germans, namely, each one to do work for his own hand in his own chosen department. To those who found it necessary at once to begin practice, the speaker proceeded to give various practical advices, concluding by conveying the heartiest wish of the Professors for the future welfare of their students.

UNIVERSITY OF EDINBURGH.—PORTRAIT OF DAVID HUME.—At a meeting of the Senatus Academicus, on Friday last, a copy of an original and interesting portrait of David Hume was presented to the University by Lady Abercromby, through Professor Campbell Fraser. The original picture belongs to the Camperdown family, and is now at Weston House, Warwickshire. This finely-executed copy has been taken by Lady Abercromby herself, for presentation to the University of Edinburgh, with the desire that this memorial, the work of one of his own countrywomen, should commemorate the great Scottish historian and philosopher, in the city of his birth, and in his own University.

CHAIR OF SURGERY IN THE UNIVERSITY OF EDINBURGH.—At a meeting of the Senatus Academicus, on Friday last, July 28th, John Chiene, M.D., F.R.S.E., presented his commission, and was duly inducted as Professor of Surgery in the University.

EDINBURGH DENTAL HOSPITAL AND SCHOOL.—At a meeting of the directors of this institution, held last week, the

Dean, in bringing up his half-yearly statement, said that with regard to the students who were attending the University medical classes from the Dental Hospital, he had a gratifying report to make. During the winter session Mr. James Graham Munro obtained first prize in physiology, while Mr. David Dewar Hepburn was second prizeman in anatomy. For the summer session, in the junior division of the practical anatomy class, although medical students were in the proportion of five to one of the dental students, three out of the four honours in the class were gained by dental students—James Johnston taking first place, James Graham Munro second, and John T. S. Hughes fourth place. In the chemistry classes at Minto House, Messrs. Hughes and Munro received each 92 per cent. of marks, and Mr. Johnston 89 per cent. At the same meeting Dr. Joseph Bell was elected honorary consulting surgeon to the dispensary, in room of the late Professor Spence. The chairman afterwards presented the prizes offered by the Dean for general excellence in hospital work during the summer session, Mr. Joseph Smithson Thomson being awarded the prize in the senior division, and Mr. J. G. Munro the prize in the junior division. In congratulating the students on the nature of the report, Dr. Sandford said it was gratifying to know that the recent Act of Parliament had done much to raise the status of the gentlemen who belonged to the dental profession to a higher level than hitherto, and he was sure that the sense which their instructors had of the benefit of the Act of Incorporation would tend greatly to raise in the students' own estimation the work to which they were going to devote themselves.

Literature.

BILLROTH'S CLINICAL SURGERY AND REPORTS OF SURGICAL PRACTICE. (a)

WE hail with pleasure the appearance of this work, under the auspices of the New Sydenham Society, the translator being Mr. C. T. Dent, F.R.C.S. The name of Billroth is sufficient to recommend it to the notice of the profession. The opportunities of this distinguished surgeon have been very great, and he has fully availed himself of them, and the volume before us is to a certain extent the result of his labours in practical surgery.

The work is an abridged translation of four volumes of hospital reports, and relates to Professor Billroth's surgical experiences between the years 1860 and 1876. The original German work in its entirety comprised some eighteen hundred pages, and to reduce it within the prescribed limits of the Sydenham Society volumes has been a difficulty of no small importance to the translator. However, we can congratulate him on the manner in which he has accomplished his task. In order to curtail, in some instances certain parts had to be sacrificed as a matter of course. A considerable amount of rearrangement was also necessary; but the general plan of the work appears to have been adhered to.

The Reports are collected from two sources: from the year 1860 to 1867 the field of Billroth's labours was the Zurich Hospital; and from 1868 to 1876 they are collected from the General Hospital, Vienna, at which institution Billroth is at present an ardent worker.

The translator divides these reports into twenty-two chapters. Chapter I. treats on the important subject of "Antiseptic Treatment of Wounds and Anæsthetics."

Billroth states: "In 1875 I first began to employ the antiseptic method regularly. In 1877 my assistant, Dr. Wölfler, journeyed to England, France, and Germany, and brought

(a) "Clinical Surgery: Extracts from the Reports of Surgical Practice between the Years 1860 and 1876." By Dr. Th. Billroth, Professor of Surgery in Vienna. Translated from the original, and edited with Annotations, by C. T. Dent, F.R.C.S., Assistant Surgeon to St. George's Hospital; Surgeon to the Belgrave Hospital for Children. With nine lithographs and twenty-nine woodcuts. The New Sydenham Society. London. 1881.

back with him the most recent modifications of the method, whereupon we began afresh with our antiseptic treatment." After speaking very fully on this subject he implies that the method has not been entirely successful in every case in his hands, and says: "Without venturing to assert that I have come to any final conclusion on the subject of the advantages of antiseptic dressings over other methods of treating wounds, I think I may say that practically it is an admirable method, and I shall always recommend it as safe and reliable until some better mode of treatment has been devised." When speaking on the subject of anæsthetics, he remarks: "At the end of the year 1878 I had had a quarter of a century's experience in operation, more than six years as assistant, and the rest of the time in the charge of my own clinic. During this period I had seen chloroform administered some 6,000 times, with 2 cases of death. Up to the end of 1870 I always employed chloroform alone as an anæsthetic; since then I have used a mixture consisting of three parts of chloroform, one of sulphuric ether, and one of alcohol. With this anæsthetic I am perfectly well satisfied, and have not seen any asphyxia or syncope result from its use. The mixture seems to me merely of service in diluting the chloroform."

On all the surgical subjects treated throughout the volume the author gives a vast amount of practical information, rendering the book a useful reference manual for young practitioners. It is illustrated by twenty-nine well-finished woodcuts, besides having some excellent lithographed plates with descriptions at end of work. We strongly recommend the book for perusal, feeling sure that few will read it without deriving information; besides, it constitutes one more valuable addition to the long list of useful works issued by the New Sydenham Society.

Correspondence.

THE COMPULSORY NOTIFICATION OF DISEASES BY MEDICAL MEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few days since I received a letter from the Town Clerk informing me that he would send blank copies of a notice to be forwarded by me to the medical officer of health of all infectious diseases that came under my notice, and accordingly I received the enclosed and a book containing twenty-four blank notices with a halfpenny stamp on back, and directed to "The Medical Officer of Health." I hold no office, post, or appointment of any kind, am under no obligation to any one here, and should not like to take the office of a detective, for by furnishing information, to the prejudice and annoyance of any person who might wish to have my professional advice, I should be acting in that capacity in their houses, without even the mercenary excuse of being paid for such dirty work. I am on friendly terms with the Town Clerk, and entertain a high opinion and much respect for the medical officer of health, and am sadly at a loss to know what is the proper course to adopt towards these gentlemen. If no law compel me, I shall refuse to comply with this regulation, although I consider there should be some law to compel the patient's friends or the occupier of the house to supply information which may lead to the suppression of such infection. The notice, I may add, would lead one to suppose that cases of venereal, itch, and the like are included.

Yours faithfully,
M.D.

[Our correspondent should first ascertain if a local Act has been obtained for his district. If it has, the iniquity has been perpetrated, and he must supply information of even slight cases, under penalty. If such Act does not exist, he may put the notices in his waste basket.—ED.]

Gobelities.

FLUID EXTRACTS OF CINCHONA.

THAT fashion swells immensely the already over-burdened vocabulary of our *Materia Medica* there can be but little dispute. Some of the remedies brought forward are but short-lived, through obvious failure when tested with the experience of daily practice. Others succeed, and are at once classed with our reliable armamentaria. Cinchona

bark, opium, and such well-known drugs and their alkaloids, are as much relied upon as they were a quarter of a century since, and they will continue to hold their own so long as the drugs themselves are not found in a deteriorated condition, and their respective alkaloids are prepared in a state of commercial purity.

We notice from time to time in publications touching on pharmacy that no secret is made by practical men that the flat yellow bark (*Calisaya*) that we were accustomed to see in our student's days is now a thing of the past; in short, that all bark of such character is absolutely worthless in its quinine assay.

This might be viewed seriously were it not that we are aware that the British Government, as well as coffee planters and others, have not only been for some time actively engaged, but have actually succeeded, in producing in British India a bark containing large proportions of alkaloid, the bark itself being admirably suited for the production of a fluid extract, which may with advantage be exhibited in all cases where the use of Cinchona is indicated. For some time we have been using one of these extracts (Umney's Fluid Extract of Cinchona), both in hospital and private practice, with the most satisfactory results. It is, we believe, made from the variety known as *Cinchona Succirubra*, the bark of which contains not only a considerable portion of Quina, but large quantities of Cinchonidine and other alkaloids.

KANDOLT'S APERIENT TAMARIND LOZENGES.

THERE is, of course, nothing new in the use of the tamarind fruit as an aperient. Its action is so certain and its taste so agreeable, that the wonder is resort is not more commonly had thereto by persons of constipated habit. Probably the principal objection is to the form in which it is imported—in large jars of seven or eight pounds' weight, which are formidable, and withal inconvenient. A German chemist (Kandolt, of Gotha) has sought to remove this objection by compressing the tamarind, minus its stringy accompaniments, into the form of lozenges, one of which is a dose for an adult, and a half or a quarter for children, according to age and circumstances. In this form a mild, safe, and agreeable laxative is always at hand, which will be highly appreciated by those to whom mineral waters, or patent medicines of an unknown composition are an objection.

PORTABLE BOX FOR TESTING ARSENIC.

MESSRS. GRIFFIN and SONS, of Garrick Street, London, have submitted to us a neat portable box of very simple apparatus for the purpose of testing arsenical wall-papers and arsenic in domestic fabrics generally. We have already intimated that the Society of Arts, by the aid of a committee have undertaken to furnish a standard and infallible test apparatus for the detection of the minutest quantities of arsenic; but to apply a test with scientific accuracy it would require an amount of chemical knowledge and skill, as well as apparatus, which few persons would be likely to possess. To enable the public to protect itself, and at a cost which shall be trifling, against the dangers arising from poisonous materials so much employed at present, it became necessary to provide not only a cheap set of apparatus, but such as can be readily applied by almost any one who has seen an experiment performed in a lecture-room, or, at all events, who may be supposed to possess no practical knowledge of chemistry. This, then, is what Messrs. Griffin and Sons have done. In a small box, four inches square, and at the cost of a few shillings, they have managed to pack all the necessary apparatus, tests and test tubes, by means of which any one can ascertain whether the article purchased is free from arsenic. Should this convenient and useful apparatus become generally adopted, the use of arsenical colours will of necessity be abandoned by manufacturers.

BRAND AND CO.'S ESSENCE OF MALT.

MESSRS. BRAND and Co. now prepare a concentrated essence of pure malt, which we have recently had under trial with excellent results. In one case—that of a lady troubled with long-standing inability to retain food for any length of time on the stomach—the malt essence has been found of the greatest use, and has so far succeeded in overcoming the difficulty that the process of digestion is now almost always completed. It contains an active body allied to diastase, on which much of its virtue probably depends, and it is certainly of the

almost value to persons of weak digestive power. It is pleasant to take, and easily mixes with water, sherry, &c.

The essence is prepared by a special process patented by Messrs. Dence and Mason (Brand & Co.), and the claims made on its behalf are thoroughly substantiated by experience in its use.

OLD BOTTLED WATER.

The Medals have recently been issued by the jurors of the International Balneological Exhibition at Frankfort-on-the-Maine, where specimens of all the famous mineral waters of Europe were exhibited. The prize medal for English mineral waters was awarded to Messrs. W. and J. Burrow, of Malvern, whose exhibit was one of the most remarkable in the Exhibition, being specimens of the Malvern Waters bottled by them ten years ago. Notwithstanding the length of time the waters had been in bottle, they were found on opening as fresh and pure as when first drawn from the Malvern springs. No water containing organic matter would keep good for so long a time. This is a convincing test of purity.

PASS LIST.

Royal College of Physicians of London.—The following gentlemen were admitted Fellows of this College on Thursday, July 27th:—

Blanc, Henry, M.D. Montpeller, Bombay
Grant, James Alexander, M.D. Montreal, Ottawa.

The following candidates having passed the required examinations, were admitted Members of this College on Thursday, July 27th:—

Grabham, Geo. W., M.D. Lond.
Herringham, W. F., M.B.
Jenior, Charles Moore
Jones, A. Henry, M.D. Lond.

MacLagan, T. John, M.D. Edin.
Richardson, Gilbert, M.D. Dub.
Rouh, A. J. McC., M.S. Lond.
Shaw, John, M.D. Lond.

The following were admitted Licentiates on Thursday, July 27th:—

Alpin, William G. Patrick
Bamford, Charles Robert
Banatvala, H. Edaljee
Bass, Frederick
Bertram, Benjamin
Blatherwick, Henry
Buckell, William R. Bert
Cameron, John
Challinor, Cedric
Chown, H. H., M.D. Kingston
Collyns, Robert John
Cooper, Walter
Cox, Roland Frederic
Day, John Robertson
Dandy, Walter Chester
Downing, Charles
Durant, Robert Jas. Anderson
Evans, Thomas Jones
Frost, George

Greaves, T., M.D. New York
Hoakyn, Donald Templeton
McMillan, John Fure
Marston, Francis Ernest
Pocock, Alfred George Clarke
Pritchard, Samuel Evan
Reynolds, James Jones
Robinson, Wilford Vidal
Strachan, William Henry
Tait, Henry Brewer
Thornton, Hestwell W., M.D.
McGill
Todd, Charles Edward
Toller, Charles William Edw.
Viney, Josiah Ernest, M.B.
Camb.
Wightwick, Fallon P. rey
Williams, Evan
Zimmerman, Benj. Frazier.

Royal College of Surgeons of England.—The following candidates, having passed the required examination for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on July 20th:—

Birch, Henry Priestley
Caryon, Edward T. wbody
Fenner, Robert Nathaniel
Knight, Frederick
Russell, Robert Hamilton

Sheppard, William John
Thring, Edward Thomas
Tresidder, Edward Stanley
Williams, Edward Richard
Wilson, Mervyn Seppings.

The following were admitted Members on July 21st:—

Back, Herbert Hatfield
Barber, Alfred
Berry, James
Blagg, Arthur Frederick
Boiler, Frederick James
Frost, George

Howell, James Bromley
Marsh, Nicholas Percy
Maude, Arthur
Nicolson, Robert Howard
Skipper, Edward
Viney, J. Ernest, M.B. Cantab.

The following were admitted Members on July 24th:—

Anderson, Alfred Jasper
Carr, Thomas
Clarke, Louis Bennett
Davies W. T. Frederick
Eastes, Frederick
Elgood, Charles Reginald
Gibson, John Hutchinson

Hern, William Ashburton
Jacob, Arthur Howard
Jones, Isaiah Henry
Quick, Frank
Toller, C. W. Edward, L.R.C.P.
Lond.
White, Ernest Alfred.

The following were admitted Members on July 25th:—

Banatvala, H. E., L.R.C.P.
(amphib.) Samuel George
Gordon, Edward, L.S.A.
Gracie, Charles Eatten
Freeborn, J. C. Richard

Harratt, Henry
Kelly, Charles Augustus
Lilley, Frederick John
Spang, William
Thomas, John Lloyd, L.S.A.

The following were admitted Members on July 26th:—

Benjafield, Wm. B., M.B. Edin.
Beverley, John Metcalf, L.S.A.
Fowler, Charles Owen, L.S.A.
Massey, Henry Massey

Poocock, R. Knox, M.B. Edin.
Pryce, Thos. Davies
Wilson, Reginald William
Wilcocks, Arthur Durant
Wilcox, Ernest, M.B. Edin.

Royal College of Surgeons in Ireland.—At the Examination in General Education held on the 19th and 21st July, the following gentlemen were adjudged certificates of qualification, the names in the first and second classes being arranged in order of merit:—

First Class.—Victor Fenton; Ambrose J. Birmingham and Thomas Carr, equal; John C. O'Sullivan; Joseph Nalley; John H. Jones and Henry Powell, equal; David Dubia and William Kerr, equal; Michael T. Casey. *Second Class.*—Alfred C. Burges and Frederick A. Malcolmson, equal; Francis H. Hill and William T. Steele, equal; Joseph Casey; Thomas G. W. Carpendale; Richard J. Dodd, James F. Hanrahan, John R. Hinkson, Thomas McEllistrem, Frederick de J. Patterson, Charles A. Wickham, and Edward Yates, equal; Louis Burgoyne and Richard W. Dillon, equal; Bartley H. Hopkins, Charles McDonnell, and Henry L. McDonnell, equal. *Unclassed.*—James Boyan, James Butler, Valentine Carney, Robert Cody, Edward A. Cooke, Joseph Costelloe, St. Leger J. Edmundson, John P. Friel, William Greene, John C. Hamilton, William P. Harding, Waltham H. Hilliard, John Lagan, Francis J. Martin, Michael H. McGann, John Morrison, James K. Mortell, Thomas Rossiter, John A. Ryan, William J. Ryan, Patrick J. Sheedy, and Edward H. Wheeler. Twenty-five were stopped.

The following have passed the first half of their examinations for the Letters Testimonial of the College, viz.:—

Edward L. Abern, Henry T. Baylor, Joseph Coffey, George P. Cope, Walter W. S. Corry, William P. Delahunt, Patrick J. Dillon, Thomas J. Dillon, Sinclair Finlay, George B. Heffernan, Joseph P. Kelly, Wm. Love, Mathew Macnamara, Michael J. McCavan, Richard Murphy, Patrick H. Murphy, Joseph Purdon, Robert U. Russell, James D. Ryan, John C. Sody, Thomas W. Sprowie, and William H. Waterfield. Forty-nine were stopped.

University of Glasgow.—The following candidates have obtained the degree of Doctor of Medicine (M.D.) of this University:—

Adam, Thomas Bate, M.B.
Guthrie, Thomas Orr, M.B.
Halket, George, M.B.
Orr, Alex. Brodie Seton, M.B.
Pollack, Charles Fredk., M.B.
Rankin, Guthrie, M.B.

Taylor, David, M.B.

Doctor of Medicine and Master in Surgery (M.D. and C.M.).
Smith, Frederick Augustus A., England.

Bachelors of Medicine and Masters in Surgery (M.B. and C.M.).

Beith, Robert, Scotland
Bell, Andrew, L., do.
Brown, John, do.
Buchanan John, do.
Campbell, Dugald, do.
Carroll, Joseph, do.
Caruthers, John, do.
Carrwell, Fergus, do.
Clerk, Norman M.L., do.
Crawford, Robert, do.
Donald, David, do.
Dougal, Wm. T., do.
Dunlop, John, do.
Dunlop, Thomas, do.
Dunlop, Thomas G., do.
Dunn, Thomas S., do.
Fotheringham, John, do.
Galbraith, Alex., do.
Gallie, Chas. Pinel, Jersey
Gardner, David, Scotland
Gardner, James, do.
Geddes, Robt. J., M.A., do.
Gillies, Hugh C., do.
Goff, John, do.
Grime, Thos. J., England
Haddow, George, Scotland
Haworth, Fred. G., England
Henderson, John C., Ireland
Henderson, J. H., Scotland
Hodgson, Isaac C., England
Hood, Alex. Jarvis, Scotland
Horn, Robert, do.
Howells, Wm., Wales
Jardine, James, Scotland
Johnston, John, do.
King, James, England
Lawrie, Wm. J., Scotland

Love, Duncan, do.
Lowe, Alex., Scotland
Marshall, John N., do.
Martin, Matthew, do.
Meighan, Alex., do.
Miller, James, do.
Miller, John M., do.
Mure, Richd., do.
Morton, Alex. Y., do.
Macdonald, J. D., Scotland
Macdonald, Thos. F., do.
Macintyre, John, do.
MacKay, John Y., do.
McLean, Peter, do.
MacLennan, Norman M., do.
Macleod, Herbert A., India
MacMillan, John, Scotland
McNish, James, do.
McPhun, John F., do.
Oastler, James, do.
Pattullo, Wm., do.
Ramsay, Andw. M., do.
Rennie, James S., do.
Robinson, Wm. T., England
Sandel, Anundo L., India
Semple, Andrew, Scotland
Simpeon, John P., do.
Sinclair, Dugald, do.
Sinclair, John, do.
Smith, Patrick A., do.
Tennent, Joseph T., do.
Thomson, R. S. B.Sc., England
Turner, Andrew D., Samoa
Waddell, Wm., Scotland
Webb, Henry P., England
Wilson, James L., Scotland
Wilson, Wm. M., do.

The following gentlemen were named as entitled to Honours, to High Commendation, and to Commendation, on account of distinguished merit at the various examinations for the degrees of M.B. and C.M.:—*I. Honours.*—Beith, Robert. *II. High Commendation.*—Love, Duncan; Thomson, Robert, S., B.Sc. *III. Commendation.*—Bell, Andrew J., Carwell, Fergus, Dougal, Wm. T., Geddes, Robert J., M.A., Marshall, John N., Macintyre, John, MacKay, John Y., MacMillan, John, Oastler, James, Pattullo, William, Ramsay, Andrew M., Webb, Henry P.

* Mr. Beith gained the Brunton Memorial Prize, awarded to the most distinguished Graduate in Medicine of the year (1882).

Master of Arts (M.A.), with First-Class Honours in Classics.—Dodds, James M., M.A., Scotland. *Certificate in Engineering Science.*—Carson, Alexander, C.E., Scotland.

South London School of Pharmacy.—The following prizes were awarded last week at this School:—Senior Chemistry: Mr. Caldecot (medal). Junior Chemistry: Mr. T. B. Tyson (medal). Botany: Miss Mitten (medal). Materia Medica: Mr. F. Ransome (medal). Practical Dispensing and Pharmacy: Mr. C. L. Dillon (medal). Senior Chemistry: Mr. Bain (certificate). Junior Chemistry: Mr. F. Ransome

(certificate). Botany: Mr. C. E. Hartson (certificate). Materia Medica: Mr. C. E. Hartson (certificate). Practical Dispensing and Pharmacy: Mr. T. B. Tyson (certificate). Certificates of Merit were also awarded to Messrs. Dowdeswell, Dillon, Hornby, Schofield, Thomas, and Thistleton.

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MR. J. SHUTER.—Communication received while we were at press; reference will be made thereto in our next.

DR. PEARSON AND DR. DRYSDALE.—If possible in our next.

DR. SUNTER is thanked for his note. The error which was so palpable, was made so long since that it is hardly worth calling attention to at the present time. The quotation from *Punch* is apropos and highly amusing on the subject of baronetries.

DR. WOLF.—Dr. Jacob's lectures have been unavoidably held over. We hope to commence their publication in our next issue.

MR. DAVENPORT.—The paragraph quoted should read thus:—"For in one case only could you obtain anything approaching this strength." The word *no* instead of *one* was an obvious misprint.

DR. A. C.—Registration confers no privileges except that of being able to recover fees in a County Court. For all other purposes your diploma offers more valuable testimony than an entry in the Register, and candidly, we do not think you will obtain an adequate return for the £5 you will be required to disburse. There is no charge for insertion in the Directory.

MR. WILLIAMS.—St. George's was the hospital referred to. The information was quite correct, as you will have discovered. In any future communication please be good enough to remember the rules under which letters are received.

CANNINE.—Mr. Hill's work on the "Diseases of Dogs" is a valuable treatise, and will give you all the information you require. Dr. Carpenter's work on "The Microscope" (J. and A. Churchill's) is the best book we can recommend on the subject. There has been a recent edition.

SURGICUS asks if we think he might presume to write to the authors of certain papers concerning the subject of an operation in which he is interested, and which has been written on by several surgeons. We do not think any gentleman would feel otherwise than gladly willing to afford any assistance or explanation in his power to a brother inquirer, and we would recommend "Surgicus" by all means to write as suggested.

RAIN WATER.—The water collected from housetops is usually contaminated to a greater or less extent. The best roofing is, undoubtedly, good slate. You should carefully examine all water employed for chemical purposes, and reject what is not found to be absolutely pure. Distilled water is the only reliable liquid.

BLUE SPECTACLES FOR THE ARMY.—The Government have ordered 25,000 blue spectacles or "goggles" for the use of the army in Egypt. The contract price is 2jd. a pair. We doubt if the manufacturer will be able to retire this year from business on the profit.

DR. SMITHSON.—A case in point occurred last week at Wolverhampton at the meeting of the board of guardians, of which town a letter was read from the Local Government Board, stating that a vaccination certificate could only be given by a qualified practitioner who had personally vaccinated the child. This decision effectually settles the matter.

DR. J. E. B. will receive a private note in a few days, when the necessary inquiries have been made.

MR. WOOD (Edinburgh).—You will find the new edition of Harris and Power's "Handbook for the Physiological Laboratory" of the greatest assistance in the prosecution of your studies.

MR. A. WRIGHT.—The law requires that the actual attendant on the case shall certify the death, and no one can, except under severe penalties, act for another in the matter. It thus renders the whole subject one of considerable difficulty, since there is absolutely no escape from the obligations insisted on in the Act. Whatever the result, it is a subject of vital interest to the profession.

FRANCIS A.—We do not, as a rule, pay any heed to such reports. This one, however, is beyond doubt founded on fact, and we have no option left to us in the matter. If you will send the papers we will hand them over to a gentleman who has made the subject his own, and by whom they will be fully considered.

A DISGUSTED ONE.—A correspondent signing thus wishes our opinion, in "Notices to Correspondents," on the Compulsory Notification of Diseases Act as it affects him. He says: "I have as patients two children (daughters of a butcher doing a very extensive business) down with scarlatina. If I notify the fact to the medical officer of health, the precautions he must necessarily take under the Act will cause the matter to be noised about, and no one will go near the place for months. The tradesman will thus be ruined in business, and the rest of the public will decline to call me in when medical aid is required because I had turned 'informer.' The children are isolated; there is no fear of infection; but the law says I must notify, which I have not as yet done. Please advise me."

[Our correspondent will find our reply at the foot of another letter in the Correspondence column. Our opinion of the injustice of this Act receives daily confirmation.—Ed.]

DECLARATIONS BEFORE MAGISTRATES.—"Myocotis" says: I am a medical practitioner and J.P. for the county, and on a few occasions when signing "declaration forms," the declarants, who happened to be residents in England, tendered a fee of 2s. 6d., which, to their surprise, I declined. They said it was the invariable custom in England for the magistrate to get 2s. 6d. for such services. Will you be good enough to tell me in your columns for correspondents if such be the rule, as I was under the impression that the distinction was purely honorary, and debarred the recipient from taking any emolument for magisterial services?

[Page 523, Humphrey's "Justice of the Peace," 6th edition, gives the following quotation from the Petty Sessions (a Stamps Act, 21 and 22 Vic., c. 100, 32nd Aug., '53, sec. 14: "Every document enumerated in the Schedule (C) to this Act annexed shall, after the 1st day of January, 1859, be printed or written upon paper bearing a stamp denoting the amount or value set opposite to such document in that Schedule; and where any such document shall consist of more than one sheet, the first sheet only shall be impressed with the stamp; and no fees other than those contained in the Schedule (C), nor any stamp duties shall be payable in respect of any of the documents therein enumerated."

SCHEDULE C.

"On every solemn declaration (not being a declaration as to loss or pawnbroker's duplicates, or as to admission of paupers to work-houses)."

Nothing can be discovered in Humphrey's "Justice" or Levinge's "Justice" to authorise or warrant the receiving of fees by magistrates. A Justice will do wisely to be very cautious, and be sure that he is justified before accepting fees or donations. Heavy fines and removal from the Commission have followed indiscretion.—Ed.]

Vacancies.

Downpatrick Union, Portaferry Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election August 8th.
Dudley Dispensary.—Resident Medical Officer. Salary commencing at £130. Applications before August 15th, to the Hon. Secretary.
Earlswood Asylum.—Medical Superintendent. Salary, £400, with extras. Applications, endorsed "Medical Superintendent," to be sent to the Secretary, 35 King William Street, London, E.C., before August 21st.

North Stafford Infirmary.—House Physician. Salary commencing at £100, with board. Applications to the Secretary, at Hartshill, Stoke-on-Trent, before August 23.

Royal Isle of Wight Infirmary, Ryde.—House Surgeon and Secretary. Salary, £50, with board, &c. Applications to be sent to the Secretary before August 8th.

Tunbridge Wells Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Secretary before August 9th.

Wrexham Infirmary.—House Surgeon. Salary, £100, without board. Applications to the Secretary before August 8th.

Appointments.

DYER, H. G., M.R.C.S., L.R.C.P., Medical Officer to the Ringwood Union and Workhouse.
EYANS, F. W., M.D., M.R.C.S., Certifying Factory Surgeon for the Cardiff District.

GOWAN, C., M.D., C.M., L.R.C.S. Ed., Medical Officer for the Newtown District of the Llanidloes Union.

MACKEW, S., M.B., Assistant Medical Officer to the Roxburgh, Berwick, and Selkirk District Asylum, Melrose.

THOMPSON, J. A. B., M.D., C.M. Glas., Medical Officer to the Middleton Cheney District of the Banbury Union.

VIVIAN, G. E., M.R.C.S., Medical Officer for the Alne District of the Easingwold Union.

WHITE, E. A., M.D., M.C. Aber., Medical Officer for the Third District of the Malmesbury Union.

WILLIAMS, C. L.S.A. Lond., Medical Officer for the First District of the Epsom Union.

WILSON, J. A., M.B., C.M., Assistant Medical Officer to the Govan Poorhouse and Asylum, Merryflatts, Govan.

Births.

LAST-SMITH.—July 27th, at Mayfield, Torquay, the wife of Edward Last-Smith, L.R.C.P., L.R.C.S. Ed., of a daughter.

REDMOND.—July 22nd, at 23 Victoria Street, Dublin, the wife of Dr. T. O'C. Redmond, of a son.

Marriages.

COLEMAN—MCKIE.—July 27th, at St. Augustine's, Highbury, N., Chas. A. Coleman, M.D., of Streatham, to Jessie, daughter of the late Thos. McKie, of Halifax.

Deaths.

BRIDGFORD.—At Bray, Charles Trussell Bridgford, M.D.

FITZPATRICK.—July 18th, at his residence, Maryborough, Archibald Fitzpatrick, M.D., aged 90.

ELKINS.—July 21st, suddenly, at Erdington, near Birmingham, Chas. Elkins, M.R.C.S., of Weston-super-Mare, aged 78.

POPPLTON.—July 25th, at The Grange, Horsforth, Leeds, Joe William Poppleton, F.R.C.S. Lond., aged 67.

WOODWARD.—July 25th, at King's Lynn, Edwin Woodward, [L.R.C.P.] in his 48th year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 9, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

LECTURE V.

MR. PRESIDENT AND GENTLEMEN,—In reference to malignant new growths it is possible to use the word *diathesis* as applicable to two different things. We may mean a state of tissue-health giving proclivity to cancer, or the state which results from the existence of cancer. I will ask permission to employ the word cancer in its old and popular sense, as including malignant new growths of all kinds. This is the sense in which it has been used for centuries, and it is, I think, a pity that it should be changed, especially as we have in carcinoma, as opposed to sarcoma, a very convenient term by which to distinguish for scientific purposes certain forms of malignant new growths from others. In examining as to diathesis we must merge all the distinctions which have been established by the splendid labours of modern histologists, and speak of malignant new growths as one family. Indeed, it is by no means improbable that some forms of new growth not counted as malignant ought in this matter to be placed with those which are so, and that we should estimate the individual tendency to new growth in general without paying too much regard to differences in quality. We not infrequently observe that some persons display more than one form, and when hereditary transmission occurs it is very common to see it produce a growth of a different kind. On this doctrine of transmutation in transmission I had much to say in my last year's lectures.

The term diathesis is, I think, to be repudiated, as not suitable in reference to liability to the general diffusion, local recurrence, and failure of health which the existence of can-

cerous growth produces. These are all the direct and immediate effects of the disease, part of it, and are better named the cancerous dyscrasia. The real question before us is whether there exists any peculiar state of health wholly antecedent to the development of any local growth, and which gives proclivity to it. If such exists, and especially if it be in any way recognisable, the term diathesis may be conveniently applied to it. The first observation to be made in reply to this question is that cancer in the main is obviously dependent upon age, that it is in nine cases out of ten part of senility—a sort of second childhood of the tissues. Amongst the lower animals yet more than with ourselves cancers are, I believe, almost always the appanage of age. Old dogs and old cats get cancer of the lip or mamma, but these maladies are scarcely ever seen in young animals. When new growths which approach the malignant type are met with in the young there is probably almost always a history of inheritance. If we admit this statement we admit at the same time that there is a cancerous diathesis, since it is clear that a state of health may be transmitted which gives proclivity to the disease without actual conveyance of the cell germs of the new growth. The probability that such states of tissue-health exist is to be increased when we take cognisance of the numerous cases in which with hereditary history no manifestation occurs until adult or even senile periods of life are reached, though it must be admitted that these facts may be held to be evidence in both directions. We shall probably be not far from the truth if we admit senility of tissues, local or general, to be the one predisposing cause of cancer with which we are acquainted, and injuries and all forms of local irritation to be its exciting causes. A little step further may next be taken, in the belief that everything which tends to hasten senility, either local or general, will increase the predisposing influence, and in this category may be placed anxiety, distress, over-work, and excesses of all kinds. It is highly probable that under such conditions a state involving increased proneness to cancer may be induced, and further, that if offspring are produced after that state has been developed, they will inherit that tendency. This leads me to say a few words as to the last-suggested cause of diathesis which I have placed in my list. It may have seemed strange to some that it should have been suggested that senile changes can ever produce anything worthy of the name. It was by no means my intention to propose to rechristen old age by the name diathesis. What had occurred to me was rather this: Are there not conditions of tendency to premature old age which amount

almost to disease, and which are sometimes observed to run in families? The results are simply general tissue degeneration, atrophies, arcus senilis, white hair, pale blood, and general failure of nutrition, and yet the causes are to be sought among the ordinary causes of disease. Both arcus senilis and white hair, when met with, as they sometimes are, early in life in many members of the same family, and wholly without any accompanying signs of senility, may be held to rank as idiosyncrasies of tissue, simply little or nothing as regards the future. But there are many cases in which they are attended by other conditions, and in which they imply much. It is possible that arcus senilis may be in the course of hereditary transmission sometimes wholly detached from the state of health which produced it, and may become, as we have suggested, that hæmophilias and xanthelasma sometimes are heritable *per se*. More usually, however, it is probable that other conditions, such as tendency to arterial disease, accompany it, and that the total result is a state of premature senility. Certainly there are families in which a tendency runs to early senility rather than to any specific disease. I recently had occasion to amputate the lower extremity for senile gangrene of the foot of a gentleman who was barely fifty, but in whom general calcification of the arteries had proceeded to an extreme. I cannot but think that it would be convenient to recognise as a diathesis the state in which premature senility amounts to a disease.

I wish next to ask attention to certain laws as to persistence, self-aggravation, and recurrence, under which morbid processes due in the first instance to simple causes, or possibly quite accidental, may in the end breed diathesis. The best examples of this which I shall be able to find will perhaps be in such maladies as catarrh, erysipelas, and elephantiasis. Indeed, in what I said as to carbuncle, diphtheria, and erysipelas, I have already glanced at it. In our last lecture I contended that the specific fevers, in virtue of their own specificity, and that they are intrusions from without rather than modifications of existing elements and processes, possess no power of originating pathological habit, and thus do not become the parents of diatheses which are permanent. After a longer or shorter time their influence ends. In the instance of syphilis the length of reign is undoubtedly prolonged; still it does eventually terminate, and terminate completely. In my argument on this point I suggested that there was an essential difference in respect to this between inflammation which begins from particulate contagia and those set up by other influences, inasmuch as the latter do tend by the mere fact of existence to develop what we call pathological habit, and to increase in power by the mere fact of possession. It is, of course, not meant that they always do so, for fortunately there are other vital forces which are constantly working in other directions and tending to the restoration of health. What I wish to hint is that there is always a risk that an inflammation once experienced may become more or less habitual, and that its tendency is, if not counteracted, in that direction. In some of minor degree this is true probably of all inflammations, even of those which have been caused by injuries. There are several ways possible in which local inflammations or local injuries may become the causes of permanent change in the general health. They may in the first place, by the long-continued pain and irritation caused, reduce the nerve tone, and thus stamp a lasting impression on the cerebro-spinal part of the organisation; or secondly, by long persistence they may influence alike the blood and the nervous system. Sometimes it is not persistence so much as tendency to frequent recurrence which effects a similar mischief. Lastly, I shall have to maintain a theory that all inflammatory action is in itself infective, not to the same extent, but after the same pattern as malignant new growths. On this latter point permit me to go into a little detail before I proceed to the others. It is, I am sure, a fact familiar to all surgeons, that when acute periostitis attacks one bone, other bones are very prone to follow. Many years ago this curious fact attracted the attention of Mr. Simon, who wrote on it under the name of "necrosal fever." Distinctly the affection of the other bones is secondary to that of the one injured, and not simultaneous. There is usually a considerable interval, and further, those bones which suffer latest never suffer as severely as the first. It is exactly as if from the bone first inflamed some elements had been shed into the blood having the power to infect others. The bones affected secondarily may be in no structural connection with the first attacked—may, indeed, be a great distance from it. Thus, I have seen it begin in the tibia and occur secondarily in the humerus,

scapula, and ulna. The risk of implication of other bones exists only during the early stages of the disease, and is, I think, very seldom witnessed after the first fortnight. Mr. Simon's term, "necrosal fever," might perhaps suggest similarity with the form of multiple acute arthritis which we name *rheumatic fever*. In the latter, however, many joints are affected simultaneously and symmetrically, and all suffer in equal severity. In these features rheumatic fever differs much from what I have been just describing, and suggests that the different joints are affected independently of each other and from a cause common to them all. It is quite possible, however, that even in rheumatic fever the law to which I have adverted may be in force. We may remember that sometimes the arthritis does for a short time restrict itself to a few joints, or even to one, and that often some joints which escape at first suffer later on, whilst the implication of the heart never happens until a considerable time after the first outbreak in the joints. These facts would fit well with the theory that the parts first inflamed contaminate the blood and become the causes of inflammation of similar tissues elsewhere. It may be that it differs chiefly from necrosal fever in that the process is much more rapidly accomplished. At any rate as regards multiple periostitis we may be sure that in it the multiplicity is not to be explained by supposing that there is from the beginning some common cause, since in nine cases out of ten the inflammation of the bone first effected was caused by an injury. All who had paid attention to the development of eczema cases will, I am sure, bear out what I am now going to assert. It is very common for eczema to begin locally from a known local cause, such as the use of an irritating lotion or poultice, the employment of washing powders, or exposure to heat, and for the eruption subsequently to become general. It is possible that the restriction to the part first affected may be very short, or, on the other hand, it may be very long. I feel that I may almost venture to extend the scope of my first assertions and to say that I believe that it is rare for a local eczema, if allowed to persist, not to become sooner or later a general disease. It would be easy to collect instances innumerable in which eczema beginning around an ulcer on one leg has been followed by eczema on the other quite independently of any ulceration. It is not extension by continuity of tissue, or even by contiguity, but reproduction of the same type of inflammatory action in the same tissue at a distant part. In almost all cases of general eczema there is the history of an early period in which it was restricted to one part. I have several times seen disease of the finger-nails (chronic onychitis) appear on several fingers and on both hands, apparently in consequence of an injury to one. In these instances there is always I think a long interval between the injury and the affection of the other fingers, and during the interval the injured nail has always remained in a state of chronic inflammation. A gentleman who had consulted me a few weeks ago from thickened and opaque nails, and in whom several on both hands were in various degrees affected, told me respecting one which in no respect differed from the others: "Oh, that has been so for thirty years, it was from a crush." I found that the crushed finger nail had been diseased for twenty years before the others began to suffer. He had no skin disease, nor was there any history of such in his family, but I must add that he believed that his grandfather had had some affection of the finger nails. It will be thought by many that this latter fact deprives the case of its supposed significance and reduces it to simply an example of hereditary tendency. I have no doubt that in most cases in which local inflammation shows a power of contaminating the system we must acknowledge the existence of a predisposing cause as well as the exciting one, and it is to this rôle chiefly that I should like to assign inheritance in the first case narrated. No doubt the cases in which local eczema becomes general happen in persons who have a proclivity to eczema, but this fact only reduces and by no means takes away the importance of the exciting cause, since without it in all probability the morbid phenomena would never have come into existence. The occurrence of eczema in any part and in connection with any local cause, must rank as a revealing symptom to this extent that it makes known the fact that its subject is one liable to eczema but of itself next, if what I have suggested be correct must rank as a cause, and a very efficient cause, of aggravation of the previously existing proclivities. Under this suggested law of self-aggravation the permitted persistence of any local disease may become a source of danger just as

we well know the permitted persistence of a malignant growth constantly does. Nor surely is there any *a priori* reason why the life tendencies of inflammatory products and of those of new growths should be wholly dissimilar in this respect. Amongst other instances of maladies which often begin simply and locally and subsequently become multiple or general, we have boils, sycois, common lupus, various scrofulous affections, and certain forms of rheumatism. Respecting all these I believe that it is true that if they are cured after having persisted a long time the patient remains far more liable than others to a fresh development. In some sort a diathesis has been produced. In the case of periostitis I have seen some remarkable examples of this.

(To be continued.)

Original Communications.

TWO CASES OF ATRESIA VAGINÆ.

By J. HALLIDAY CROOM, M.D., F.R.C.P., F.R.C.S.E.,
Physician to the Royal Maternity Hospital; Lecturer on Midwifery in
the School of Medicine; Vice-President Obstetrical Society, Edinburgh.

THE following two cases of atresia vaginæ, offering, as they do, several points of interest, appear to me worthy of record.

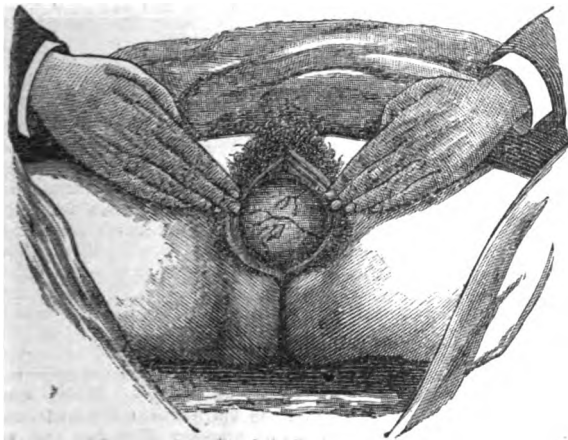
H. B., æt. 16, was seen by Dr. Alexander Moir in March last. She was suffering from acute pain all over the pelvic region, accompanied by vomiting and tenesmus. On examination, the abdomen was swollen, tense, and tender, and as she complained of bearing down pain on the inside of the thighs, Dr. Moir proceeded to make an examination in the region of the anus and perineum, and found projecting from the vulva a large, firm, tense tumour about the size of a large apple.

I saw the patient with him the same evening, and found the condition as described, and, in addition, made out distinct supra-pubic swelling, extending into the right ovarian region as far up as nearly to the brim of the false pelvis.

He got the following history from the patient's friends:—She had suffered as an infant from infantile paralysis of the left leg, which still remains comparatively useless and atrophic. She had never menstruated, but for the last thirteen months, at regular intervals, she has suffered from pain and discomfort, sometimes associated with tenesmus; otherwise she had been in good health. She had never suffered from any red discharge from any other part of the body.

The following day she was brought to St. Luke's Home, and an examination was made, when it was found that the vulvar tumour was slightly diminished in size and less tense, and that blood was escaping from the sides of the urethra.

The accompanying woodcut shows the appearances presented.



During the two following days blood escaped slowly from this aperture, and at the same time the supra-pubic swelling gradually diminished. *Per rectum* there could be felt but small space between the anterior rectal wall and anterior vaginal wall. The cervix could be felt continuous with the supra-pubic swelling.

The patient was allowed to pass over this period without any interference, and four days after the menstrual period a careful examination of her was made.

The supra-pubic tumour had disappeared, it had evidently been the enlarged uterus, and on recto-abdominal examination it could be found to be about the size of an orange. The most careful examination of the thick hymen failed to detect absolutely any opening, and *per rectum*, and with the finger in the bladder, scarcely any thickness of septum could be detected.

At next menstrual period careful observation was made of the part at which the blood escaped, and there could be no doubt that it was from the urethra. Various attempts were made with the finest probes to find an opening amongst the many lacunæ in the thickened hymen; but no such opening could be discovered. The urethra was dilated with Tait's dilators, and a careful vesico-rectal examination made out the uterine neck, and but a very limited area between the fingers.

The points of interest here therefore are two—

1. Escape of the menstrual fluid *per urethram*. This apparently came about in the following way:—The menses secreted in the uterine cavity, flowed no doubt into the small vagina, and met with obstruction from the thick tough hymen, and when the tension on the hymen was at its greatest, some part of the urethral septum, which in this case must have been weaker than the thickened hymen, gave way, and hence the patient menstruated through the urethra.

If the question be asked, "How was it that the opening in the urethra was not noticed?" the answer is simple: In such a case, not only is the opening through which the menses escape very small, but, what is of more importance, it is valvular. Hence its detection in the mucous membrane of the urethra will be difficult. This valvular nature of the opening is well illustrated in the case which follows.

2. The next point of interest is the apparently rapid involution of the uterus. This is a point which is well worthy of some study, because here we have the uterus getting only slowly distended, its distension to the size noted extending over a period of twelve months, and the uterus returning to little over its normal size within four days after being emptied, and that without any appreciable uterine contractions.

That the supra-pubic swelling was uterine, and not, as it often is in such cases, merely a stretching of the vagina, was proved by my first abdomino-rectal examination, when I could feel the cervix and tumour continuous, and further, as the tumour diminished I could make out the outline of the uterus.

It is further of note that although there had been accumulation of menstrual fluid for at least twelve months, and although it is well recognised that the puncture and withdrawal of the retained menses is often a dangerous, and sometimes a fatal, operation, yet, in the present case, the escape of the menses was unaccompanied by any disturbance. Probably this favourable issue was due to the remarkably small opening through which the menses passed, and that the opening was valvular, preventing the ingress of air and the consequent putrefaction of the fluid, as well as the fact that, even had the fluid been putrid, the raw surface for septic absorption was extremely small. Septicæmia and septic peritonitis are by no means infrequent causes of death after interference for this malformation.

Prof. A. R. Simpson, in his contributions to obstetrics and gynecology, records a case of imperforate hymen, with retained menses, where he endeavoured to meet the difficulty by penetrating the hymen with a fine incandescent

wire. The case he records, and which I saw, was most successful.

CASE II.—Some years ago I saw this girl, and found her suffering from a tumour in the left iliac fossa, and a bulging imperforate hymen. She had not menstruated, and was at that time aged 16. The hymen was punctured and the tarry menstrual fluid allowed to escape gradually. The girl made an excellent recovery. She went to her work ten days after the operation apparently in good health, and although she was urged to come and get the opening further enlarged, she did not return. The operation was done in dispensary practice with the poorest surroundings. The puncture was made to relieve the necessities of the moment, and a careful examination was not made, as I hoped to secure that more accurately at the dispensary afterwards. During last winter, after the lapse of five years, the girl consulted me as to the propriety of her getting married. She had menstruated regularly all that time without pain. On examination, I found the remains of the hymen, and an inch higher up the vagina was occluded by a well-marked septum, which was firm and unyielding. The septum was divided into two fornices: the left one shallow, and admitting the tip of the forefinger; the right one deep and narrow, into which the forefinger could not be introduced. On examination carefully with the small end of a duckbill speculum, the entire roof of the left fornix could be seen, and no aperture of any kind could be distinguished. It was impossible to inspect the right fornix by means of any form of speculum, nor was it possible to pass the sound. Even the finest probe would not pass up. Nor was I able, during the time of her residence in the Home, to get even a fine whalebone probe passed; and yet the menstrual fluid, during her next menstrual period, could be seen escaping slowly from the apex of the smaller fornix. The opening being small and apparently valvular. The uterus, by means of a recto-vesical examination, could be found retroverted, and the space between the cervix and the septum just described very small.

Such vaginal septa are common, and atresia vaginæ caused by septa some distance along the vagina is by no means rare, as is shown by Breisky in his work on the vagina. The peculiarity of the present case consists in the fact that the atresia consisted mainly and primarily in the condition of the hymen, the secondary atresia formed by the septum some distance along the vagina being only discovered some years after, and, as it were, by accident. As the record shows, it formed no obstacle to menstruation.

The formation of such a septum in the vagina is somewhat difficult of explanation. The first thing that occurs to one is, could the septum not be formed by the remains of the hymen becoming atrophied and shrivelled. This is not likely, as the remains of the hymen could be seen. Two suggestions occur:—

1. That it may have been the remains of some plastic inflammation arising after escape of the menstrual fluid five years ago; or else, which is possible, that
2. The condition may have been congenital, for I have no recollection of examining the uterus per vaginam at the time of puncturing the hymen. This would be brought about, if congenital, by an imperfect cleavage of the anterior perineal segment at the period of sexual differentiation in the uterus. In any case the condition did not appear to me to admit of any treatment, and was, in my opinion, a sufficient reason for celibacy.

WE are requested to announce that a meeting of Fellows of the Royal College of Surgeons of England will be held in the Assembly Room, Guildhall, Worcester, on Thursday, August 10th, to consider matters affecting the interests of the Fellows generally. The chair will be taken at 1 p.m. by Mr. C. G. Wheelhouse.

THE CHINESE MATERIA MEDIOA.

By FREDERICK NEWCOME, F.S.S.

(Continued from page 90.)

THE opium question is far too wide to enter upon except as a separate discussion, but two points wholly outside the bitter controversy are worth noting. A consensus of opinion is agreed that home grown opium (Szechwan opium chiefly) exercises on the natives very few of the debilitating and enervating effects attributed to the Indian article. Imperial restrictions upon its cultivation are rapidly being withdrawn, and although not so pleasant to the taste as Patna, or Benares, not to say anything of fine Malwa, its superior cheapness is securing it increasing support. Besides, the native cultivators are daily discovering improved methods of culture, imparting to it a superior flavour. When this difficulty is overcome and native opium can rival Benares in taste, the Indian opium question is very likely to solve itself by the almost total cessation of trade. Existing edicts, already ignored in parts, will soon be erased everywhere when hundreds of square miles will be given over at once to the poppy. Against the low prices then ruling Indian shippers will be incapable of contending, and this trade, like that of indigo, will gradually subside into absolute insignificance. Anti-opium pills and anti-opium powders form our second theme. These are presumably manufactured for the benefit of opium-smokers, in whom the pills are supposed to create a distaste for the seductive drug, but whether they act to his benefit or detriment is somewhat an open question. Mr. Lay remarks: "Confidence in the power of the pill to check the habit induces extra indulgence in the pipe, and the recreation is often divided between the pipe and the pill, to the manifest detriment of the system generally. A person may bear up against the effects of the pipe, but it must require a strong constitution to cope with the pipe and pill together, and it frequently happens that where the resolution is not strong enough at the outset to withstand the pipe, the victim succumbs to the treatment that he lays out for himself. If he has not a will enough to eschew the pipe, let him avoid the pills, as the two combined are not unlikely to bring on an attack of diarrhoea or dysentery, either of which to an opium-smoker indicates danger. An official who died in this region in the early part of 1878 is said to have succumbed to the use of anti-opium medicine. At times the pipe gave way to the medicine, then the medicine gained the upper hand, and this treatment was varied until Nature rebelled against it and the man was carried off by an internal disorder which set in." Unfortunately, we are not told the *recipe* of this interesting drug.

The value of castor oil is not unknown to the Chinese, but for some reason they seldom use it, exporting nearly all that is made. In the interior they find another use for the *ricinus communis*, converting it into a most palatable esculent. Latterly, however, the use of Palma Christi oil as a drastic has considerably extended. Turmeric is used by them both as a dye and medicine, and in the latter capacity we may assume for much the same purposes as it was once considered useful in this country. Among other productions of the Empire are aniseed; cassia; cardamoms; liquorice; juniper berries; cinnabar, used medicinally as well as for manufacturing vermilion; arsenic, traded in without any restrictions whatever, and utilised solely for dressing arable lands or destroying grubs and worms; china root; potash; chillies; green and white alum, the latter being largely converted into false pearls at Peking. With the therapeutic properties of all of these the natives are quite conversant; equally so with the various oils in which they trade, such as juniper, sweet Basil, cassia, cassia-leaf, and peppermint, all of which serve some medicinal purpose or other. On the other hand, they take from foreign countries gamboge, and several balsams; for example, dragons' blood and benzoin; also the resins

olibanum and myrrh. These serve an infinity of purposes, both medicinal and sacrificial. Sulphuric acid is occasionally used in preparations, but mostly for dividing gold from Sycee silver, while gypsum takes the place of violet powders in toning down the rouge with which the fair ones of the Flowery land so liberally besmear themselves. We had almost forgotten to mention mallows, which enter largely into the domestic economy.

The production of aniseed in China is simply prodigious. In one district alone the crop is estimated at 1,500,000 lbs., indeed, this must be an under-estimate, almost as much leaving Pakhoi for foreign countries. Star aniseed is found in two districts in Kwangsi—first, Lunchow, on the borders of Annam, from whence the larger supply comes; and, secondly, that around Posé, on the West River, close to Yunnan. Aniseed oil is another great production of this province, about 120,000 lbs. weight being exported yearly by sea. A considerable quantity of aniseed is also grown in Yunnan. This, however, finds its way *via* Yarkand into India, where it is known as *Bādiyāne Khatāi*, or Chinese aniseed. The properties of aniseed and its oil are well known to the natives, by whom large quantities are consumed.

About Cassia, or cassia oil, it is unnecessary to say anything, their properties being so well understood, but the subjoined notice of cassia leaf oil will doubtless be acceptable. Only quite recently has it become an article of commerce. Mr. Piry, of Pakhoi, writing in 1880, remarks: "It has not been known for more than a couple of years at Pakhoi, and passing to Mocao, it was probably never spoken of in Customs reports. A sample was sent to Canton; no trade was found to be done there in this oil, which, it was stated, offered but a poor percentage of proper cassia oil, or bark oil. It is extracted from the leaves of the *Cinnamomum Cassia*, and exclusively manufactured at Yulin. A similar essential oil, I may remark, has for years been extracted at Ceylon from the Cinnamon leaves, and called *Oleum Cinnamomi Foliorum*. The following data are given about this Ceylon essential oil:—'This is a brown, viscid, essential oil, of clove-like odour, which is sometimes exported from Ceylon. It has been examined by Stenhouse (1854), who found it to have a specific gravity of 1.053, and to consist of a mixture of eugenic acid, with a neutral hydro carbon, having the formulæ $C_{10}H_{16}$. It also contains a small quantity of benzoic acid.'—(*Pharmacographia* of F. A. Plückiger and Daniel Hanbury, F.R.S., Page 474)."

Cassia Leaf Oil is said to be much darker, thicker, and of less odour and transparence than Canton Cassia Bark oil, the specific gravity of which is 1.066. Generally speaking, it seems to be considered of very little value, except for sale to foreigners. The natives, perhaps wisely, do not use it, adhering to the bark oil, although so many times dearer.

(To be continued.)

Clinical Records.

ST. MARY'S HOSPITAL.

Stricture of Urethra—Perineal Fistula—Extensive Sinuses in Perineum and Scrotum—Extravasation of Urine—Erysipelas—Operation—Cure.

Under the care of A. T. NORTON, F.R.C.S.

History.—Patient was in the 9th Lancers for fourteen years, and was invalided from the army three years ago. He has had a stricture for eleven years, and on two different periods he had catheters passed regularly for some weeks, but the stricture was not cured. He said treatment had to be stopped at one time because he could not stand it; in another, because an abscess formed on the thigh, ceased, "as the doctor said," by the catheterisation.

Patient thinks the stricture was caused by riding a particular young, bony horse. For some time he had to ride bare-backed, and shortly after this a "lump" appeared in

the perineum. This was opened. Rather later he has had trouble in passing his water. At that time all the water passed by the urethra.

About five weeks ago, without any fresh injury, another abscess formed in the perineum. It was very painful and tender until it burst, a few days after its first appearance. Discharge then began to come from the urethra, and soon after the water passed through the external openings in the perineum, which were three in number.

Patient has had gonorrhoea once badly; it continued for six months. It was some years after this that the stricture first appeared. Has not had syphilis, nor any other serious illness. Has always had good general health. When invalided in hospital from stricture, he had an abscess form on his thigh, which was opened. He was under treatment for this for seventeen weeks.

Patient has never been in the habit of drinking much.

Present Condition.—Is a well-nourished, big, muscular man; complexion and general look healthy. He has a stricture a little in front of the bulb of urethra, which will admit, by continued pressure, a No. 7 catheter.

There is an opening in the right side of perineum about a quarter of an inch long, about one and a-half inch in front of the anus, through which, if it is not stopped, urine passes when micturating. The fistula passes forwards to open into the urethra about three-quarters of an inch in front of the external opening; on the left of the median line there are three cicatrices—two at the root of scrotum, the third an inch or two further back. In each there is a slight sinus, which will admit a probe for a quarter of an inch, but there is no urinary discharge from them. Beneath one of the sinuses can be felt a hard lump, slightly fluctuating in one place. There are two scars of small incisions on the front of the left thigh, slightly contracted and depressed.

Nov. 12th.—Patient had catheter passed to-day, and had a rigor afterwards. He was rather badly affected by it.

R. Tinct. opii, m. x.;
Quina sulph., gr. v.;
Aqua, ℥ss. statim, et bis die.

15th.—Scrotum red and inflamed slightly. Decided rigor after passing catheter this evening. Pulse quick. Great depression. Poultice scrotum. Temp., even., 102.6.

16th.—There is much inflammation and swelling of the scrotum and penis to-day. Redness extends on to the groins and thighs. Patient says he feels so ill; is very flushed and hot. Tongue coated, with red papillae showing at tip and sides. Pulse, quick, 100, weak. Takes only milk and beef-tea. Sleeps badly. Temp., morn., 102.8; even., 104.2.

17th.—Temp. just before operation, 101.6. Inflammation spreading. Patient was taken into the theatre in the evening, and Mr. Norton, when the patient was under ether, passed a curved staff. He then cut down upon the urethra in the median line, making an incision about an inch and a-half long. Tissues cut through were thickened and cedematous. The urethra was opened to the same extent as the external opening. The scrotum was then punctured at the back in several places; slight amount of inflammatory lymph exuded from the punctures. A director was then passed into the sinuses, and these laid open; from the most anterior of those on the left a small quantity of pus escaped. There was very little bleeding. The openings were plugged with cotton wool, and when bleeding had stopped, a poultice was applied. Patient recovered well from the anæsthetic.

18th.—Temp., morn., 101.4; even., 102.8. Diet, simple: Soda-water; eggs, ij.; beef jelly, ℥j. Bowels open very freely this morning. Erysipelatous inflammation spreading on thighs and abdomen. Removed to isolation ward to-day. Tongue coated with white fur. Pulse quiet, 90, and not easily compressible.

19th.—Temp., morn., 102.4; even., 102.8. Ordered to be put in a warm bath for two days by Mr. Norton, the inflammation of the scrotum and penis having increased.

20th.—Patient has been in the bath since the evening of the 18th. Inflammation is spreading on the thigh and over the buttock, but the scrotum is slightly less inflamed and swollen. Takes milk and beef-tea, and eggs beaten up in

milk or tea well, with brandy. Sleep; a little. Shivering and complaining of cold. Anxious and painful expression; rather flushed. Tongue coated. Pulse regular, 85; small, but not easily compressed. Temp., morn., 103°6; even., 103.

22nd.—Patient was taken out of the bath last evening. To-day feels rather better. Pulse is weak; about 100. Tongue dry; red at edges. Sleeps little now and then. Redness disappearing from scrotum, but extending down thighs without oedema. Parts are now poulticed. Has not much pain. Water passes freely through the wound in the perineum, which now is healthy; little through the external meatus. Temp., morn., 100°8; even., 101°8.

23rd.—Patient rather better to-day. Had two hours in bath this morning. Redness about parts rather less. Tongue dry and coated. Pulse 90, weak and soft. Bowels open to-day. Temp., morn., 101°8; even., 104°8; later, 103.

24th.—Temp., morn., 100°6; even., 102°6. Diet—Chicken, bottled beer.

25th.—Temp., morn., 97°8; even., 100. The scrotum and penis are less swollen, and redness is fading away. Bowels are open regularly. Tongue is cleaner. Patient takes his food well.

26th.—Temp., morn., 98°6; even., 100.

27th.—Temp., morn., 90; even., 100.

29th.—Patient visibly better now. The erysipelas is going off, and redness has very much faded. The whole of the thighs are not poulticed, only the knees being reddened now. The wound in perineum is looking well. Pulse is quiet, weak, and soft; 100. Temp., morn., 97°8. Tongue clean and moist, little coated, slightly reddened. Appetite is fairly good as a rule. Bowels opened. A little urine comes through the natural opening. Patient sleeps well as a rule. Sometimes sweats very much, which keeps him awake.

30th.—Poultices left off, except to wound.

December 2nd.—Patient is improving very much, and now there is not much discharge from the opening in the perineum. He does not complain of pain, and sleeps and eats well. Water passes freely through the meatus externus. Temperature varies about 1½° in the day, being subnormal in the morning.

6th.—Yesterday Mr. Norton passed a No. 8 silver catheter without much difficulty, and drew off a small quantity of water. It gave a great deal of pain. The erysipelas has entirely subsided, and the poultices have been left off the legs. There is still some oedema of the skin on the penis and prepuce.

12th.—Patient is doing well, but feels weak, and is not very cheerful. General health good. Little water passes now through the median opening, and it is granulating up rapidly. The other sinuses do not seem inclined to heal. Patient passes water very frequently in small quantities at a time. He complains of scalding. Sometimes a quantity of thick discharge is passed with the urine, and at this time he has more irritation. Discharge in the urine is thick and flaky; proves to be pus on examination. Iodine injections into sinuses are continued. The sinus on the right is now an inch deep. On the left there is a depression, the base of which is filled with granulations, and from it sinuses are found to extend upwards. Patient was taken into the theatre in the afternoon, and Mr. Norton—when ether had been administered—passed a sharply curved short staff, and then cut down upon it, in the old median incision, with a scalpel, opening the old incision in order to prevent the water from passing the urethral passage, and thus entering the numerous sinuses of the scrotum. The staff was then withdrawn, and a No. 10 silver catheter passed. No. 12 was then passed. A director was then inserted into the sinuses, and these were slit up with a scalpel to their extreme limit. The openings were plugged with oiled lint.

13th.—Wounds looking well. No rise of temperature. Dressed with oiled lint, and syringed with carbolic lotion. All urine comes through perineal wound. Pulse weak; 95.

16th.—R Pot. brom., gr. xx;
Chloral hydrat., gr. x;
Aqua, ad., 5j. omni nocte.

17th.—Pulse stronger. Patient doing well; more comfortable. Healthy granulations beginning to form at bottom and sides of three wounds. Patient micturates rather less frequently. Urine scalds. General health good. Getting stronger. Repeat haust chloral hydrat., gr. xx.

20th.—Patient going on very well. Wounds syringed

and dressed as before with oiled lint. Fast filling up by healthy granulations. Small quantity of urine comes by natural passage now.

23rd.—Doing very well. Wound on right has completely closed, and is beginning to skin over. The left wound has nearly filled up, and the central incision is also closing, very little urine coming through this now. Patient can stop this and make all the urine pass by the natural passage when he likes.

26th.—The central wound has now quite healed, and no urine passes this way now. Granulations filling it are soft and flabby. Right wound nearly skinned over. Left beginning to skin over. Mr. Norton passed No. 10 silver catheter to-day with ease, and without much pain to patient.

30th.—The opening into urethra from perineum has closed, and patient passes a large-sized stream in ordinary way. He passes water frequently, and in small quantity at a time. Slight deposit of mucus and pus in water. Left wound nearly skinned over. Oiled lint dressing, with syringing continued.

Discharged cured on the 18th January.

Germany.

THE IMPERIAL GERMAN CONGRESS OF SURGERY.

As already mentioned in these columns, the Eleventh Congress of the German Society for Surgery was recently held in Berlin, the session lasting four days. The gathering was a brilliant affair, not only from the great number of distinguished men present, "*Namen von gutem alten Klang in der Chirurgie*," but also from the excellent quality of the work done.

In addition to the residents of Berlin, who were naturally present, there were amongst others Billroth (Vienna), Volkmann (Halle), Esmarch (Kiel), Thiersch (Leipzig), v. Bergmann and Riedinger (Wurzburg), Rosenbach (Göttingen), Trendelenburg (Bonn), Schönborn (Königsberg), and many others of European reputation. There were also strangers from Russia, Poland, France, England, Denmark, and other countries still more remote. The first meeting was held in the hall of the University of Berlin, under the presidency of Herr v. Langenbeck. The President thought it better for the Society that he should resign his office, having held it since its foundation, as he intended leaving Berlin in the autumn, but finally consented to retain it for one year longer. A proposal which would have been brought forward in the event of the distinguished President persisting in his resignation, viz., to elect him President for life in recognition of his distinguished services, was likewise withdrawn for the year.

ON BLOOD CHANGE IN ACUTE INFECTIOUS DISEASES.—

The first address was by Herr v. Bergmann (Wurzburg), "*On a Blood Change in Acute Infectious Diseases.*" It related to those infectious diseases in which the morbid position is multiplied indefinitely, and in which the danger consists in an enormous diminution in the number of white blood corpuscles. The diminution in number, he alleged, was brought about by invasion into them on the part of the introduced bacilli, and their subsequent destruction. He mentioned other agents as capable of producing like effects, namely, unformed ferments, as the juice of the stomach and intestinal glands. This peculiar condition explained, as he contended, the train of symptoms common to diseases which have been proved to have a parasitic origin—anthrax, tuberculosis, and relapsing fever—diseases which are characterised by high temperature, swelling of lymphatic glands, icteric tint, and rapid weakening of the heart.

THE TREATMENT OF GENU VALGUM.—Herr Schede, of Hamburg, then followed with a paper on the treatment of genu

Valgum, after which a discussion took place, in which Mitsaliez, of Vienna (Billroth's assistant), Sonnenburg (Berlin), Winiwarter, Bidder (Mannheim), and Langenbeck took part.

BATHS IN THE TREATMENT OF SURGICAL DISEASES.—A paper by Sonnenburg succeeded, entitled, "The Importance and Use of Permanent Baths in the Treatment of Surgical Diseases." The advantages he claimed for them were complete absence of pain during the employment of the baths; diminution of fever; removal of discharges; greater rapidity of the healing process; and the absence of traumatic diseases, which have never been observed. He spoke of this method of treatment as of inestimable value in a whole series of cases, particularly when there are large cavities in the neighbourhood of the pelvis, of the rectum, uterus, bladder, and abdominal cavity, for all cases of chronic caries and suppuration. It had specially proved its value after lithotomies, particularly after the high operation, where drainage is often difficult. Dr. Hagedorn (Magdeburg) had employed permanent bathing for 20 years in an operation for stone; he used it also for extensive burns and scalds, in phlegmon and fecal fistula. Herr Schede (Berlin) also spoke favourably of the method. Herr Sonnenburg completed his communication by stating that the proper temperature of the water varied in different cases. Hebra had left his patient in the water for from 2 to 300 days. He himself used the bath night and day. Herr Bardeleben reminded them of the proposal of Weber, of Halle, to add salt to the water, and had himself employed an addition of thymol 1-1000, or acetate of alumina.

CORROSIVE SUBLIMATE AS A SURGICAL DRESSING.—Herr Kümmell, of Hamburg, read the next paper, in which corrosive sublimate as a surgical dressing was discussed. As it had been proved to be such a very powerful germicide, the author determined to make use of it, in place of ordinary disinfectants—carbolic acid and thymol, and had been completely satisfied with its action. The strength used for bandages, &c., was $\frac{1}{2}$ per cent., and for washing out wounds, 1 in 2000.

THE ANTISEPTIC PROPERTIES OF TURF-MOULD.—The next paper was by Herr Neuber (Kiel) "On the Antiseptic Properties of Turf-mould." Since Sept., 1881, in Prof. Esmarch's clinic, all operation wounds have been dressed with iodoform gauze over which has been laid a cushion stuffed with mould. This has been permitted to stay on for weeks, generally until complete healing of the wound had taken place. He spoke of it as an excellent absorbent application. The author mentioned many other substances with which the cushions might be stuffed, such as bran, sand, ashes, particularly beechwood shavings, saw-dust, &c.

THYMOL DRESSINGS.—Herr Rauke (Groningen), read a paper in which he expressed the opinion that thymol gauze dressings held their ground, and that if, in some instances, they had failed to produce good results, it was because the thymol was of inferior quality.

THE RESORPTION OF IODOFORM.—The next paper read was one by Herr Zeller, of Berlin, on "Experiments on the Resorption of Iodoform." The experiments were made in view of the numerous cases of poisoning by iodoform, from the report of which, however, data as to the quantity of the poison absorbed were absent. He arrived at the following conclusions:—1. That resorption from the bowel is slow and incomplete; 2. That iodoform absorbed from the bowel never produces toxic effects; 3. That absorption from a wound surface cannot be estimated. The quantity of iodine entering the urine is small, but on the other hand, the quantity present in the blood is always considerable, whence the teaching is drawn that iodoform should never

be introduced into any wound cavity from which it cannot be removed in the moment of danger.

NAPHTHALINE DRESSINGS.—Herr E. Fischer (Strassburg), followed with a paper on "Naphthaline Dressings." He described naphthaline as a white crystallised body nearly insoluble in water, but soluble in ether. The curing of smoked viands depended to some extent on naphthaline. It had the power of quickly destroying micro-organisms, did not produce a scab like iodoform, "but allowed all secretions to pass quickly through like sand." In Strassburg the results obtained had been *splendentes*. Hollow wounds could be stuffed with it without unpleasant accidents or symptoms of intoxication. It had the power of destroying insects living on plants.

ODOFORM IN THE TREATMENT OF WOUNDS.—Herr S. Langenbeck (Berlin) read the next paper, which was on "The Value of Iodoform in the Treatment of Wounds, and on Healing under the Iodoform Scab." In the course of the address he mentioned two deaths that had taken place from iodoform poisoning in Berlin (15 gramm. had been used) after amputation of the breast. These deaths had produced a change in the method of using iodoform, and for two months (since the beginning of April) iodoform had not been brought into actual contact with the wound. The following is the method now employed:—After bleeding has ceased the wounded surface is carefully washed in a 5 per cent. solution of acid carbol., and after the laying in of a wide drainage tube it is closed by sutures. Over the whole surface is then placed fine earth (mullstreifen) powdered with iodoform; over this again gutta-percha tissue, wadding, and a light compress. The drainage tube is removed on the third day, the suture on the sixth or seventh, and usually the wound is quite healed by the seventh. There is no suppuration, no redness and swelling of the edges of the wound, no pain; and even when the drainage tube is dispensed with, when blood collects in the cavity of the wound, there is no aseptic fever as when Listerian dressings are used. The author believed that by the use of the iodoform-scab dressing plastic operation would undergo a great change. In the discussion which followed, Herr Mikuliez weighed the advantages and disadvantages of iodoform, and concluded that in those cases in which iodoform had appeared to do harm, the manner of its employment had been at fault. In Vienna it had never been more than sprinkled over the wound, and then not over recent ones. This had been specially avoided in wounds of the mamma and amputation stumps. The discussion was then joined in by several, including the well-known names of Küster, Schede, of Hamburg, Bardeleben, &c.

From the above hurried glance at the work of the Congress it will be seen that the principal aim of the German surgeons of the present day has been to accomplish the aseptic healing of wounds, and to do this after the safest and most convenient method. Much remains to be done; no method is perfect, for simplicity is the essence of perfection; and all our present methods of dealing with wounds are too far removed from simplicity to be anywhere near perfection. Yet, when perfection has been reached, when the royal road to surgical healing has been discovered wherein the wayfaring man, though a fool, shall not err, it will still be Listerism.

SURGEON-MAJOR R. W. JACKSON, C.B., who has been residing in Dublin, has left for Egypt, his services having been specially requested by Sir Garnet Wolseley.

British Medical Association.

FIFTIETH ANNUAL MEETING.

ERE these lines are in the hands of our readers the British Medical Association will have inaugurated its jubilee in the ancient city of Worcester.

PRESIDENT—BENJAMIN BARROW, F.R.C.S., Consulting Surgeon to the Royal Isle of Wight Infirmary.

PRESIDENT-ELECT—WILLIAM STRANGE, M.D., Senior Physician to the General Infirmary, Worcester.

HONORARY LOCAL SECRETARIES—GEORGE W. CROWE, M.D., Shaw Street, Worcester; H. C. MOORE, M.R.C.S., 7 King Street, Hereford; THELWELL PIKE, M.D., 2 Montpelier, Great Malvern.

HONORARY TREASURER—G. A. SHEPPARD, M.R.C.S., Worcester.

The following is the Programme of the proceedings for August 8th, 9th, 10th, and 11th, 1882:—

TUESDAY, AUGUST 8th.

The Session will commence with a meeting of the Committee of Council in the Committee Room, at the Guildhall, at 2.15 p.m.

At 3 p.m., meeting of the Council of 1881-82. (Council Room, Guildhall.)

At 4.15 p.m. there will be a short service in the Cathedral, with sermon by the Dean of Worcester. After which, a collection will be made in aid of the British Medical Benevolent Fund.

At 8 p.m. the first general meeting will be held, when the President will deliver his address. The Annual Report of Council and other business will then be taken. Tea and coffee will be served after the meeting.

WEDNESDAY, AUGUST 9th (Jubilee Day).

At 9.30 a.m., meeting of Council of 1882-93. (Council Room, Guildhall.)

At 11 a.m., second general meeting, when an Address in Medicine will be delivered by Dr. W. F. Wade, of Birmingham.

IN THE SECTION OF MEDICINE

The following subjects have been selected for discussion:—1. Dr. W. S. Playfair will open a discussion on the Systematic Treatment of Aggravated Hysteria and allied forms of Neurasthenic Disease. 2. Dr. Balfour on Chlorotic Murmurs. 3. Dr. Leech on the Treatment of Cardiac, Hepatic, and Renal Dropsy.

The office-bearers in this Section are:—*President*—Thos. Clifford Allbutt, M.D., F.R.S. *Vice-Presidents*—George W. Balfour, M.D.; William Henry Broadbent, M.D.; G. H. Philipson, M.D. *Secretaries*—Edwin Rickards, M.B., 14 Newhall Street, Birmingham; H. Ashby, M.D., 13 St. John Street, Manchester.

After the address in this Section a luncheon will be given at 1.30 p.m. by the Worcester and Hereford Branch to members of the Association (limited to 500), and afterwards presentation of bust of Sir Charles Hastings to the Mayor and Corporation of Worcester. (Great Hall, Shire Hall.)

At 3 to 5.30 p.m. sectional meetings.

At 7.45 p.m. there will be a special service in the Cathedral, at which, by permission of the Dean, Haydn's sacred oratorio, "The Creation," will be performed by the Philharmonic Society, assisted by members of the Worcester, Gloucester, and Hereford Choirs, and conducted by Mr. W. Done, organist to the Cathedral. A collection will be made in aid of the British Medical Benevolent Fund.

THURSDAY, AUGUST 10th.

At 9 a.m., meeting of the Committee of Council. (Committee Room off Assembly Room, Guildhall.)

At 10 a.m., third general meeting. Reports of Committees will be read and considered. (Assembly Room, Guildhall.)

At 11 a.m. the Address in Surgery will be delivered by Dr. Stokes, of Dublin.

IN THE SECTION OF SURGERY

The following subjects have been selected for discussion:—1. Mr. J. Greig Smith will open a discussion on Early Operative Treatment of Joint-disease as a Preventive

of Excision, in which it is hoped the influence of Antiseptics in Excisional Surgery will be discussed. 2. Mr. Howard Marsh will open a discussion on Bone-setting.

The office-bearers in this Section are:—*President*—Augustin Prichard, F.R.C.S. *Vice-Presidents*—T. W. Walsh, F.R.C.S.; Reginald Harrison, F.R.C.S.; T. H. Bartleet, M.B., F.R.C.S. *Secretaries*—F. E. Manby, F.R.C.S., 10 King Street, Wolverhampton; Richard Clement Lucas, M.B., F.R.C.S., 18 Finsbury Square, E.C.

From 2 to 5.30 p.m., sectional meetings.

At 6.30 p.m. the annual public dinner will be given; tickets (price 2s. for wine-takers, 1s. for abstainers) will not be issued later than 12 o'clock on the day of the dinner.

FRIDAY, AUGUST 11th.

From 9.30 to 11.30 a.m., sectional meetings.

At 11.30 a.m., concluding general meeting; reports of Committees. (Assembly Room, Guildhall.)

At 3 p.m., garden party, at Madresfield Court, Great Malvern, given by the Lord-Lieutenant and the Countess Beauchamp.

At 9 p.m. a *soirée* will be given by the President and Mr. G. W. Hastings, M.P.

THE SECTIONS.

Beside the Sections mentioned in the foregoing Programme there will be six others, in which no opening addresses will be delivered, but in which various subjects will be brought forward for discussion:—

OBSTETRIC MEDICINE.—(Committee Room Assembly Room, Guildhall.)—A discussion on Subinvolution of the Uterus, its causes, its relation to uterine disease, and its preventive treatment, will be opened by Dr. John Williams (London).

The office-bearers in this Section are:—*President*—William Leishman, M.D. *Vice-Presidents*—Henry Ververs, M.R.C.S.; J. G. Sinclair Coghill, M.D.; Arthur W. Edis, M.D. *Secretaries*—C. J. Cullingworth, M.D., 25 St. John Street, Manchester; Tom Bates, L.R.C.P., Worcester.

PUBLIC MEDICINE.—(Civil Court, Shire Hall.)—A discussion on the Public Medicine Aspects of the Alcohol Question will be opened by Dr. Norman Kerr (London). A discussion on the Notification of Infectious Diseases will take place in this Section.

The office-bearers in this Section are:—*President*—Alfred Carpenter, M.D. *Vice-Presidents*—Alfred Hill, M.D.; Horace Swete, M.D.; E. T. Wilson, M.B. *Secretaries*—Geo. Haynes Fosbrooke, jun., M.R.C.S., Bidford, Redditch; Francis Edward Atkinson, L.R.C.P., Settle, Yorkshire.

ANATOMY AND PHYSIOLOGY.—(North Wing Committee Room, Guildhall.)—Several papers have been promised, and tables will be provided for the exhibition of microscopic objects.

The office-bearers in this Section are:—*President*—George M. Humphry, M.D., F.R.S. *Vice-Presidents*—S. S. Roden, M.D.; Frank Payne, M.D.; Gerald Yeo, M.D. *Secretaries*—J. B. Haycraft, M.D., Mason's College, Birmingham; James Shuter, M.B., F.R.C.S., 58 New Broad Street, London.

PATHOLOGY.—(South Wing Committee Room, Guildhall.)—In this Section there will be: 1. A debate on the Morbid Anatomy and Pathology of Diabetes will be introduced by Dr. D. J. Hamilton, of Aberdeen. 2. Mr. Jonathan Hutchinson will open a debate on the Origin of Tumours. There will be a table for the exhibition of wet specimens connected with this Section in the room provided for the meeting. There will also be an exhibition of microscopic objects connected with pathology in the same room.

The office-bearers in this Section are:—*President*—J. Hughlings Jackson, M.D., F.R.S. *Vice-Presidents*—W. R. Gowers, M.D.; H. T. Butlin, F.R.C.S.; Wm. Smith Greenfield, M.D. *Secretaries*—Sidney Coupland, M.D., 14 Weymouth Street, London; F. Treves, F.R.C.S., 18 Gordon Square, London.

OPHTHALMOLOGY.—(County Grand Jury Room, Shire Hall.)—The subjects in this Section are: 1. Dr. Edwyn Andrew will open a discussion on Extraction of Senile Cataract in its Capsule: modes of procedure. 2. A discussion on the following subject will be opened by Mr. E. Nettleship: To what extent do the signs derived from the examination of the Eye and its Appendages contribute to the localisation of Central Nervous Diseases?

Mr. Juler will exhibit Microscopic Sections of Diseases of the Eye. Mr. Juler and Mr. Anderson Critchett will exhibit the New Ophthalmometer of Javal and Schiotz for detecting Corneal Astigmatism, &c.

The office-bearers in this Section are:—*President*—James Voss Solomon, F.R.C.S. *Vice-Presidents*—David Everett, F.R.C.S.; Frederick Mason, F.R.C.S.; Edwyn Andrew, M.D. *Secretaries*—Geo. Edwin Hyde, L.R.C.P., Worcester; J. A. Nunneley, M.B., 22 Park Place, Leeds.

OTOLOGY.—(City Grand Jury Room, Shire Hall.)—In this Section a discussion on the connection between Diseases of the Ear and General Medicine will be opened by Mr. George P. Field; and a discussion on Auditory Vertigo, especially in regard to its Differential Diagnosis, will be opened by Dr. Woakes. Dr. Cresswell Baber will show an Aural Reflector and a set of Specula for the Waistcoat Pocket. Dr. Urban Pritchard will show a Convenient Form of Audiphone.

The office-bearers in this Section are:—*President*—W. Laidlaw Purves, M.D. *Vice-Presidents*—Geo. P. Field, M.R.C.S.; A. H. Jacob, M.D., Dublin; E. Cresswell Baber, M.B. *Secretaries*—J. J. Kirk Duncanson, M.D., 22 Drumahugh Gardens, Edinburgh; Peter McBride, M.D., 20 Alva Street, Edinburgh.

EXCURSIONS.

Worcester is proverbially famous for several manufactories of considerable artistic interest, all of which will be open to the inspection of members during the meeting. The following arrangements have been made for excursions at the conclusion of the meeting:—

SATURDAY, AUGUST 12th.

1. Excursion to Malvern Hills.—A train will leave Worcester, Foregate Street Station, at 9.39, arriving at Great Malvern at 10, where members lodging at Malvern can join the party. The geological structure of the hills and surrounding country will be explained by the Rev. W. S. Symonds, F.G.S., and G. H. Piper, Esq., on the spot. The return to Worcester can be made by any of the ordinary trains.

2. Excursion to the River Wye, Ross, Monmouth, Tintern Abbey, and Chepstow Castle.—A train will leave the Foregate Street Station about 9 a.m., calling at Malvern Link, Great Malvern, Hereford, and Ross Stations. At Ross boats can be hired for the River from Ross to Monmouth, passing through some of the most beautiful scenery of the Wye. The train will stop at Symonds Yat, Monmouth, Tintern, and Chepstow. Parties proceeding by boat from Ross to Monmouth can go on to Tintern and Chepstow by a later train to meet the party at Chepstow, when luncheon will be provided about 4 p.m.

3. Excursion to Stratford-on-Avon, Shakespeare's House, Museum, Church, &c.; Leamington, Kenilworth, and Warwick Castles.—A train will leave Worcester, Shrub Hill Station, at 9, arriving at Stratford at 10, where light refreshments will be provided by the medical men there. Thence, at about 12.30, to Leamington, where a luncheon, limited to 100 members, will be given by the members of the Association residing in Warwick, Leamington, and Kenilworth. From Leamington by carriages to Kenilworth Castle, thence to Warwick, leaving the latter place at 7 o'clock.

4. Excursion on the River Severn.—The steamer, *Lady Alynne*, will leave Worcester Bridge, at 10 o'clock, for a trip of about two hours to Tewkesbury. After allowing time for viewing the ancient Abbey, it will return to the "Shrubbery" in the grounds of W. Dowdeswell, Esq., where, by permission, luncheon will be provided. This excursion will not take place unless there be twenty-five members going.

Further particulars may be obtained of Dr. PIKE, Great Malvern, for the Malvern excursion; of Mr. H. MOORE, King Street, Hereford, for the Wye; and Dr. CROWE, Worcester, for the Stratford and Tewkesbury excursions.

We rejoice to learn that last week the Committee on the Contagious Diseases Acts finally decided by nine votes to six, to adopt Mr. O'Shaughnessy's report recommending the renewal of the Acts.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

SEGREGATION IN CONTAGIOUS DISEASES.—The Académie de Médecine having been requested by the Minister of Public Instruction to give its opinion "on the time that a pupil affected with contagious disease should be separated from his comrades," formed a committee to study the question. Last week the report of the committee was read before the Academy by M. Hillairet. The reporter enumerates the contagious diseases most commonly observed in schools, such as cow-pox, small-pox, scarlatina, measles, mumps, and diphtheria. Cow-pox being sometimes very irregular in its mode of progress, would in certain cases last ten or twelve days. It takes eight to ten days for the crusts to fall off. The isolation should last twenty-five days. Small-pox has a prodromic period of three or four days, that of the eruption lasts from four to five; that of the suppuration of the pustules from three to four; desiccation requires three days; the fall of the crusts six days, which is followed by a period of furfuraceous desquamation, of which the duration is not well defined. Forty days should be fixed as an average for the isolation. In scarlatina the period of invasion is from six to forty-eight hours, sometimes, but very rarely, three days. The eruption takes five or six days, and the desquamation commences the fourteenth or fifteenth day. Here also forty days should be allowed for isolation, and the same period will be necessary for measles. Twenty-five days will be sufficient for mumps, while diphtheria will require forty days. M. Hillairet insisted that the isolation should be absolute, and before the patient should be allowed to join the class he should take a couple of warm baths. His clothes should be placed in a properly heated oven 90 degs. C., and submitted to sulphur fumigations. The bed and bedding should be entirely disinfected, washed, and aired. These conclusions were adopted by the Académie.

TREATMENT OF DISEASES OF THE RESPIRATORY ORGANS WITH THE CAUTERY.—M. Emile Vidal made a communication to the meeting on the treatment of diseases of the respiratory organs by the cauterization applied on multiplied points on the skin corresponding to the portion of the organ affected. These *points de feu* should be as numerous and superficial as possible, and might be renewed every two or three days. As effect of this treatment on the skin is observed redness, heat, and horripilation. These phenomena are not always limited to the part touched by the cauterization. Its effect on the respiratory organs was observed to consist in a positive diminution of the congestion, and, above all, an almost instantaneous arrest of hæmoptysis. Upon 44 patients treated by this method there were three deaths, two refused to continue the treatment, 36 were sensibly ameliorated, of which 23 were observed to have vomited. In eight cases the hæmorrhage was immediately arrested by cauterization.

USE OF PILOCARPINE.—In spite of the sweeping declaration of M. Germain Sée against the substance known as pilocarpine, cases have occurred in which the cure has been attributed, rightly or wrongly, to this remedy. The case is the following:—A man, aged 30, of vigorous constitution, entered La Charité, under the care of M. Peter, with a pleurisy of a fortnight's duration, and on examination it was found the right pleura was full. The following day thoracentesis was practised, giving issue to over a quart of non-purulent liquid. About the same quantity was left in, which three successive blisters failed to remove. Recourse to pilocarpine was decided upon, and two centigrammes, or two-fifths of a grain, was given in hypodermic injection, which gave origin to almost

immediately profuse perspiration, which lasted an hour and a quarter, and a salivation so abundant, that two spittoons were completely filled. All this time the patient was deprived of drink. A few hours afterwards examination showed that all the liquid had disappeared. There was no more dulness, and the respiration was normal the whole way down.

IODOFORM has been frequently employed in tuberculous disease, and not without effect. Several medical men have from time to time given publicity to their observations on the action of this agent, and have expressed themselves well satisfied with the result. Dr. Moor, of Paris, is a partisan of this medicine, and justly so if we may judge by the following case treated by him:—A woman who declared herself to have been 18 months ill, came to consult him. She was very weak, and auscultation and percussion left no doubt on the nature of the disease, which was well advanced. He ordered her tonics, and three of the following pills daily:—Dover's powder, 2 grs.; iodoform, 1 gr.; ext. gentian, 2 grs., for one pill. This treatment was continued eight months, at the end of which period the patient's health was fully established, and the vomica had totally disappeared. In a disease against which we have so few resources at our disposition, the administration of iodoform is worth a trial; in any case the idea of it cannot but be rational.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 9, 1882.

THE BRITISH MEDICAL ASSOCIATION AND ITS AIMS.

HOWEVER much the profession of medicine has happily advanced within the recollection of the present and the last preceding generations, it must without question be allowed that the influence exerted over it by voluntary

association of its members together has been mainly instrumental in effecting such progress. It may be truthfully avowed that without such influence we should still be holding a place in the world which but ill comports with the importance and the dignity of medicine; while, moreover, very much of the good work traceable to other than individual efforts would have remained unaccomplished. In this way, the meeting of which the town of Worcester is this week the scene deserves a more than usual recognition, as being the jubilee of what is the greatest and most protective of all British unions of physicians and surgeons. The work of the British Medical Association, nevertheless, cannot, we take it, be regarded as in any view complete or sufficient, for it hardly yet succeeds in that which it ought to be prominent in securing, viz., the cohesion of the medical profession. Spite of the bonds which unite its members in a common fellowship, it is too true that fellowship with them is but an empty name, and that in all that chiefly relates to preservation and augmentation of universal advantages, there is a painful and too evident lack. It is an ungenerous task to urge this at a moment when general jubilation marks the fiftieth birthday of a great society, and when it might be said that nothing less than joy and gratulation should mark our proceedings. But for the very reason that half a century of work appeals before us in behalf of claims the Association advances, it is fitting that omissions should be compared side by side with possibilities, and that in the moment of greatest satisfaction, hope of future achievements should be instilled by recognition of what achievements in the past have not been made.

And foremost among these is the fact of common experience and common regret, that the body of the profession is even yet, for all practical purposes, an ununited mass, an unreliable and incohesive assembly, and useless for such purposes as are served by the agreement of unanimity. Except it may be under circumstances of the kind that surrounded the recent prosecution of Dr. Ferrier, and when it was rather the pecuniary resources of the Association than its own inherent strength that stood him in good stead, we cannot say that the medical men of this country can make themselves heard as a great and a single voice. In a hundred ways just now the wayward utterances of public opinion might be inclined to directions which it is of the utmost moment they should be directed in, could it but be influenced thereto by the profession as a whole. In respect to vivisection, vaccination, extinction of contagious diseases, sanitary improvements, &c., &c., is this especially true; and it cannot be but that the British Medical Association is the source whence action having this tendency should emanate. But it is not so, in spite of all that seems the contrary, for its conclusions do not bear the stamp of being more than representative; they are never endowed with the force of edicts, because they are not edicts.

To the world the Association is, after all, only a large debating society, meeting once a year, and discussing within itself such details as are properly included in a programme of technical debates. Again and again has it been shown by the acts of a few of its members, however, and especially by the appointment of committees, that its

role is a wider and a greater one than this ; and they take the narrowest view of its functions who would contend that it has no duties in relation to the non-professional population. In only a little can it be said to have changed from what it was in its earliest days ; it has vastly extended the limits within which its work is accomplished, and, so far as excellence is concerned, the value of each year's contributions in the shape of papers is ample proof of continued progress. But the changing times have introduced changes without and beyond those merely of degree ; and to be in keeping with the changing necessities of to-day the Association ought to be adapted to meet requirements which, while existing now, were undreamt of at the period of its creation. These changes deal eminently with the world's advance, and are of a kind which should bring the medical profession as a body into closer relation as advisers and counsellors and directors with all mankind.

Conservatism may insist on the needlessness of such cautions, and that the proof of an admirable arrangement is to be found in what has already been accomplished. But surely such argument is fallacious in the extreme. Because we have succeeded in the past is it a reason why we should not yet further achieve in the future ? And that the British Medical Association may become the engine to achieve such progress there can be no doubt. It has been charged against it that its annual meetings have rather the character of a pleasant holiday outing than of a grave and serious gathering ; and the theory finds best countenance in the nature of its business transactions, which are without interest or bearing for the public mind. It is not sufficient that those who attend and take part in the work done at those meetings should be convinced of the value it possesses ; they only, then, and those who can follow with due intelligence reports of what takes place, can appreciate what is done ; there should be that about the transactions of the Association which should tie the sympathies of the people to its success, and prove to them the vital interest they possess in the proceedings of the brotherhood of medicine. As it stands now, other and, so to speak, illegitimate societies, absorb the attention and consideration which ought never to have been alienated from the most natural object on which they could have been bestowed, the medical profession as a whole. It is at least inappropriate that sanitarians should assume for their special care the health of the nation, which is first, and before all, the charge transferred to medical men. Even the Social Science Congress, when rightly considered, can hardly be regarded as beyond the limits of the field within which British medicine exercises protection ; and name it how we will, the profession is, collectively, the guardian of all that pertains to the physical welfare of the nation.

Too narrow limits have been, without consent, set to the aims and objects of the Association ; and it is time that emphasis were given to the view which would regard it as having a right to extend its action, for only so can we look for restitution to the profession of many of the functions now taken from it by usurping foreign authority. As concerns its obligations towards medicine pure and simple, the Association has abundantly fulfilled them ; and perhaps no branch of its work has been more prolific of good result than that presided over by the Scientific

Grants Committee. Indeed, it might very well be considered whether the amount expended in encouraging research by assisting investigators to meet the expenses incurred by their observations, should not be considerably augmented. Since the last meeting of the Association £325 have been voted by the Scientific Grants Committee, the largest sum going to Dr. C. S. Roy in furtherance of his studies in cardiac pathology. Another important research, one as to the elimination of nitrogen during labour, by Dr. Burdon Sanderson, has absorbed £25 ; and Dr. Thin receives a like sum in connection with his investigations on the presence of bacteria in the skin. Several of the researches remain incomplete, and will presumably receive additional aid ; it is certain that no more productive method of spending funds could be devised.

All will unite in wishing all hail ! to the Association, and in heartily congratulating it on the attainment of its fiftieth year ; all must wish also that henceforth may date an era not alone of greater usefulness within, but also of wider influence without.

THE ENGLISH MIDWIVES REGISTRATION BILL.

WE have received a copy of the "Registration of Midwives in England and Wales Draft Bill." In the first instance, the Bill proposes that a "Midwifery Board" shall be appointed by the General Medical Council, and that the vacancies occurring in the board shall be filled up by the Council. We have grave doubts as to the wisdom of placing this power in the hands of the Council exclusively, and certainly if it be finally decided to do so, members of the Council should, we think, be disqualified for seats on the Board.

The Board is to appoint a "general registrar," and also local registrars for each of the examination districts into which the country is to be divided, and a register is to be kept by the general registrar, which is to contain two lists of persons registered under the Act as midwives. The first, of persons who have passed the examination which is proposed to be held, and obtained a certificate from the Board ; the second, of all such persons as, for not less than twelve months prior to the passing of the Act, may have practised as a midwife, the only requisite in their case being that they obtain from "a qualified medical practitioner a certificate to the effect that he knows the applicant personally, and that she is competent to attend and take the care and charge of women in ordinary cases of labour."

The rest of the Bill is made up of details which it is unnecessary at the present time to enter on. It is quite impossible that this Bill, in its present shape, could pass into law. The chief objection to it is the clause enabling women already practising to be registered. The mass of these women are ignorant—many of them absolutely illiterate—and such should not, under any possible circumstances, be registered. Some, doubtless, should be ; but certainly none on such terms as this Bill indicates. By it any woman who has been about—it may be but one or two—lying-in women in their lives

could be put on the Register. Not only could be, but would be, for there would be no difficulty in obtaining from some practitioner so very vague a certificate as required by the Bill. The farthest we would go would be to exempt from any penalty women who could prove that they had been practising as midwives for five years prior to the passing of any Registration Act.

We are also disposed to fear that the powers of creating examining boards are too extensive. If they become numerous they will, in all probability, become worthless, for the downward competition to attract candidates would be very great in these days of cheap railway travelling. Six or eight examining boards for all England would be ample, and these only in towns where there would be an opportunity of selecting men properly qualified to be examiners.

But the whole scheme which aims at "registering midwives" will fail unless means be adopted, in the first instance, for insuring that these women be educated. If no proper education be given, the registration will be of little value. Men will soon be forthcoming who will be ready to pass any woman of moderate education in a few days; but though the candidates may thus be enabled to answer some questions, she will not be fitted to act as a midwife with safety to her patient. In Ireland matters are on a much better footing. In Dublin the Rotunda Hospital has, for a number of years, and the Coombe Hospital recently, been empowered to grant certificates to midwives educated within their walls, and hundreds of well-trained women are at present scattered over the country; and it is a disgrace to England that no really efficient training can be anywhere obtained by women who desire to act as midwives. This cannot be done by Act of Parliament; but till some effort be made in this direction in the great English towns, the mere registration of midwives will avail but little.

PRACTICALITY IN EXAMINATIONS.

DISSECTION.

THE propriety and possibility of substituting, in the examinations for licenses to practice, the actual work of the candidate's hand and finger for the *viva voce* explanations by him which are now the rule in some of the most important of the qualifying bodies, was raised as prominent subject for debate at the recent meeting of the General Medical Council, by the reports of the Visitors of Examinations, which were laid before that meeting. The Visitors had made it their first recommendation, "that every primary examination should include dissections by every candidate," and they added subsequently, "that in every final examination for a surgical diploma, candidates should be required to perform operations on the dead subject."

As to the propriety of requiring the candidate to answer upon a dissection executed by himself, the Visitors—in their report upon the examination of the London College of Surgeons, say: "Admirable for exactness and precision as is the mode of testing by question and answer on the carefully prepared dissections at this College, the Visitors feel that the knowledge thus tested and prepared for ex-

amination is but one step removed from knowledge obtained through the medium of books and plates. Besides, no candidate can dissect fairly at an examination without having dissected abundantly during his studentship, and there can be no doubt as to the relative value of anatomy remembered from personal dissection, as compared with anatomy remembered from plates or from dissections done by other persons. Again, the collateral advantages involved in becoming a practised dissector are so obvious that it is unnecessary to emphasise them. The difficulties have not proved insuperable in the case of the Irish College of Surgeons or the Glasgow Faculty."

Again, when criticising the examination for the L.R.C.S.I., the Visitors say:—"The Irish College of Surgeons was the first of the corporations to adopt this practical method of examination, and the Visitors think it would be well if the example were followed by other corporations, even though, in order to do so, they are obliged to augment their staff of examiners, or curtail some other portion of their examination. The mode of actual dissection gives the examiner facilities for determining the candidate's anatomical knowledge far greater than can be obtained from any amount of *viva voce* or answers to written questions. It should be remembered that the kind of information elicited by so practical a mode of examination is such as can hardly be obtained by any amount of mere reading or grinding, but must be derived solely from the industry and manipulative dexterity acquired by the candidate himself in the dissecting room. The impulse which this method gives to practical work in the dissecting-room is evident, as it must soon become known to all preparing for examination that only in the practical work of the dissecting-room can the information and personal skill in manipulation be obtained that it is the object of this examination to elicit. Seeing that one great object of an examination—may, even the greatest—is to direct study, the Visitors cannot but feel that the method which enforces the most valuable kind of study ought to be an essential factor in the testing of every candidate."

These remarks are so much to the point, and so well put, that it would not add to their force if we were to paraphrase them. The fairness of the arguments adduced, and the logical completeness of the entire criticism, leaves nothing to be desired, and we very heartily endorse the opinion as to the advantages of a practical dissection examination so well expressed.

It is, indeed, not easy to understand how anyone could dispute the propositions that the making of a good dissection is a better proof of knowledge than the explanation of a dissection made by others; nor does it seem possible to doubt that the student will be certain to learn to dissect if he knows that he will be required to do so when he comes to the examination table. And yet the Medical Council actually rejected a motion by Mr. Macnamara to declare that "every primary examination should include dissection by the candidate," and adopted the simple "recommendation" that such a method of examination is "desirable."

The opposition to practicalising the anatomical examination came from the Scotch Colleges, which, excepting the Glasgow Faculty, have no dissection test, and from the London College of Surgeons, whose examination is carried on by means of bottled preparations. Mr. Marshall (London College) observed that the majority of his Council approved the principle of the resolution, but the practicability of such a proceeding as that involved in the amendment was a question for serious consideration. Only mischief could result from carrying out the more drastic measure at the present time. If really carried out, the

plan would starve in the dissecting-room, and thus education would suffer. Prof. Turner opposed the proposal of Mr. Macnamara as being thoroughly impracticable. On the questioning of severity, also, he urged that sound examination could be conducted without practical tests. From personal experience, he felt assured that an examiner could form accurate ideas of the extent of candidates' practical knowledge of anatomy by examining them on the dissected parts. In Scotland the examiner's own personal knowledge of candidates formed an important means of assisting the estimate of each candidate's performance.

Prof. Humphry trusted the Council would not pass the impracticable resolution proposed by Mr. Macnamara. He cordially approved the plan of examining candidates in dissection wherever it could be followed; it helped the weaker candidates. It was not, however, he thought, an essential feature of a good anatomical test.

Dr. Watson (Edinburgh College of Surgeons) agreed with Mr. Turner that a practical examination in anatomy was not essential, and supported the resolution of Mr. Teale, but would modify it by adding that "where circumstances permit" the examination should be carried out.

It will be observed that the Scotch representatives simply contested the propriety of inquiring as to whether the candidate could or could not dissect, and they were apparently of opinion that a fair commercial article in the way of a medical practitioner, quite good enough for average purposes, could be turned out and put upon the market without any practical knowledge of anatomy. This proposition has the merit of simplicity, and also the advantage of satisfying the views of students who emigrate from England and Ireland to Scotland for licenses, and is, moreover, nicely compatible with the money interests of the Scotch College, but we do not expect that any of these reasons for approving such a proposition will convince those who wish to see no one licensed to practise save a competent, well instructed surgeon, who knows not only when and how to cut, but where his knife is going when he does so.

On the other hand, Mr. Marshall, on behalf of the London College of Surgeons, is content to take lower grounds, to admit that an examination without dissection by the candidate is defective and insufficient, and to plead that bad as the London examination is in this respect, it must continue to be bad, inasmuch as sufficient material for practical examination cannot possibly be obtained. We entirely dissent from the contention of the Scotch representatives, and from the calculations of the members for the London College of Surgeons. We fully believe that in this matter as in others "where there's a will there's a way," and that the licensing bodies could readily adopt Mr. Macnamara's proposition were it not that they do not desire to disturb comfortable arrangements, or to alienate claimants for their diplomas by undue severity of test.

The Special Committee which was appointed by the Council, on the motion of Dr. Lyons, M.P., to inquire into this alleged scarcity of subjects will, no doubt, set this latter question at rest; but even if it should appear that practical dissection is an impossibility in London, the fact will still remain that it is expedient, and that

any examination which omits it must be placed in a lower grade by reason of such omission.

Notes on Current Topics.

Darwin.

In the current number of the *Westminster Review* there is contained a careful and critical essay on the late Charles Darwin and his works. It will be read with much interest even by those who have perused the mass of obituary literature devoted to the immortal naturalist. It is marked by a style at once appreciative and impartial, and opens with an interesting sketch of the personal history of the illustrious author of the "Origin of Species." We may be forgiven for reproducing the following admirable judgment on Darwin:—"The life of Darwin is an epic. The object of his highest aspirations—of his earnest and diligent pursuit—was Truth. He followed ever where she led, or seemed to lead, and even when the path diverged from the beaten track and became entangled with briars and thorns, he still pushed on, undeterred by perils, seeing the beacon light afar. Luxury and ease invited him, but he rejected their allurements, and still pressed on. Enemies opposed his progress, and assailed him with every weapon in their power; but, like a skilful general, he allowed them to spend their strength in vain upon a fortress which he knew to be impregnable, and he triumphed. Yet, even in the hour of triumph he never lost that modesty which is the finest attribute of a seeker after truth, and even his bitterest enemy could never accuse him of arrogance or discourtesy."

Fulham Small-pox Hospital Report for 1881.

THE "Report of the Medical Superintendent of the Fulham Hospital for the year 1881" is a document of unusual interest, both on account of the excessive strain put upon the resources of the institution by reason of the late epidemic of small-pox, and because it contains an outline of the experience which have mainly induced Mr. Sweeting, the medical officer of the hospital, to formulate the conclusions adopted in his well-known memorandum. During the year there were 1,952 admissions, of whom 255 died, and 1,745 were discharged, leaving four cases under treatment at the end of last December. Of the admissions 1,790 were acute cases, 162 being convalescent from other hospitals, but 38 were not small-pox. It is reported that three cases came in public hackney cabs, and that during April 355 cases applied for by telegram could not be received, on account of no beds being available. It is highly satisfactory to read that the total percentage mortality in this large number of cases was no higher than 14.18, or calculated according to the Registrar-General's formula, 14.09, a figure which speaks convincingly for the excellence of the treatment and hygienic surroundings. Of the 1,752 "acute" cases, 1,355 were vaccinated, 187 "doubtful," and 210 unvaccinated. The mortality per cent. in the three classes thus distinguished was 7.30, 31.01, and 42.38 respectively. Respecting the immunity enjoyed by re-vaccinated persons, the statistics given with reference to the staff of the

hospital are remarkable. The total number of persons so employed since the hospital was opened is 295, of whom 42 had previously had small-pox, and only 5 out of the whole number took the disease; 69 fresh members of the staff were engaged during the year, the total number at one time being 80. *Not a single case of the disease occurred among them*; and that this striking exemption was not due to any want of susceptibility to fever was proved by the fact that ten of them took scarlet fever, which was accidentally introduced into the hospital. All these cases recovered after removal to Stockwell Fever Hospital. An undoubted case of small-pox incubated *in utero* is narrated; and in a table in the appendix is given a careful analysis of the complications and sequelæ observed in the patients. Mr. Sweeting makes reference to the vexatious hampering of the work of the hospital, owing to the attempts made to close it on the part of residents in the neighbourhood. The report is a valuable contribution to the literature of small-pox, and gives every indication of anxious and skilful management, which is especially testified to by the strikingly low death-rate for the year.

Nurses for Egypt.

IN view of the necessities that have arisen in consequence of the breaking out of hostilities in Egypt, a contingent of nurses, numbering 24, is to be sent out in the *Carthage*; they will be distributed among the stations at Gaza, Cyprus, and Ismailia, and a few will serve in the hospital ship. These nurses have been selected with the utmost care, and have given proof to the satisfaction of the Army Medical Department of their skill and experience in the treatment of the sick. Each one has been carefully trained, either at Netley or at Miss Nightingale's school, and during their period of foreign service they will all be subject to regular discipline as army nurses. It would be impossible to over-estimate the value of their presence, and it is a wise decision to which their appointment is due.

Infantile Earache.

IN the American Medical Association, Dr. Jacobi has recently remarked that closing the mouths of infants and children, and simply blowing into the nose, is often a very valuable method of relieving severe earache, and that in a number of cases he had obtained most excellent results from this procedure, the cause of the trouble probably being a catarrhal affection of the Eustachian tube.

The Social Science Congress.

AT the congress of this Association, to be held in Nottingham during the week from September 20th to 27th, the following questions will be discussed in the Health Department:—1. How does the employment of mothers in mills and manufactures influence infant mortality; and ought any, and if so what, restrictions to be placed on such employment? 2. What reforms are desirable in the administration of hospitals? 3. What are the advantages of a system of notification of infectious diseases, and what are the best means of carrying the same into execution?

The Hospital Sunday Fund.

THE Lord Mayor presided on Wednesday last over a meeting of the Council of the Hospital Sunday Fund, at the Mansion House, where the Distribution Committee presented their list of suggested awards, this including five institutions more than were scheduled last year, or 145 in all. The amount received up to July 18th was £32,424 12s. 2d. Four per cent. of this sum was apportioned to the purchase of surgical instruments, and when to this was added the amount due for expenses, a sum of £32,415 13s. 9d. remained for distribution. To 93 hospitals an aggregate of £28,446 15s. was allotted, and to 52 dispensaries £2,588 18s. 9d. Subscriptions received subsequently to the date of the report will be carried to the credit of next year's collection.

Redundant Titles.

UNDER this heading we recently found it necessary, our attention having been called to the practice by hospital surgeons who felt aggrieved thereby, to deprecate the use by an author of various titles which, though simply synonyms for the one appointment of hospital surgeon, were so used as to do duty for several separate offices. Thus, an author would sign himself "Surgeon to ——— Hospital;" "Teacher of Operative Surgery;" "Lecturer on Clinical Surgery;" when, in fact, he held but one appointment of which the functions of "Teacher" and "Lecturer" were a part.

We have been reminded in response to our observations that an hospital surgeon using these terms is, in fact, all that he represents himself to be, and that the practice we complain of is usual amongst authors, and we wish, therefore, to explain that what seems to us objectionable in the matter is the use of any words which imply a plurality of appointments. If an author designates himself "Surgeon and Lecturer on Operative and Clinical Surgery in the ——— Hospital," the meaning is perfectly clear, but it is equally clear that the same words phrased in the way we have first alluded to them are likely to convey the impression that the writer holds three separate offices. We, therefore, sympathise with the complaint uttered by other hospital surgeons, and we deprecate such reduplication of epithets, no matter whether one or many authors are guilty of it.

How Small-pox Spreads.

CONSIDERABLE excitement was recently created in the town of Paterson, New Jersey, says the *British Medical and Surgical Journal*, by the extraordinary conduct of a small-pox patient of the public pest-house. During the absence of the nurses at breakfast, about seven in the morning, he sprang from the window and made his escape, having nothing on but his undershirt. He wandered about the country, meeting with various adventures, and it was several hours before Dr. Hurd, one of the city physicians, succeeded in finding him and getting him in an ambulance. On the way back to the hospital the man jumped from the vehicle and started to run, but was soon recaptured. Scarcely had he been placed in bed, however, before he again jumped from the window, and made off for the mountains. This time he was caught more quickly, and when brought back was tied fast in bed with strips of

sheet torn up for the purpose ; but about two o'clock word was received at the police station that he had a third time escaped, and was running naked through the principal street of the town, followed by about five hundred persons, principally children. Several officers started in pursuit, and he was finally captured in a cellar, from whence he was taken again in the ambulance to the hospital, where he was so securely fastened in bed that further escape was impossible. The health authorities then published a notice to all persons who had come in contact with the man to visit the city physician's office and be vaccinated free of charge.

Hospital Saturday.

MR. SAMPSON GAMGEE, who may claim to have originated the Hospital Saturday movement in Birmingham, lately delivered an address at the Medical Institute in that town on the progress and success which has attended it during the ten years it has now existed. The gross proceeds of the ten collections in Birmingham amounted to £38,681, and inclusive of the district towns, comprising Dudley, West Bromwich, and Wolverhampton, a grand total of £85,610. In London, which had followed the lead of Birmingham, Hospital Saturday has produced in eight years £53,379, thus raising the total of Midlands and London to £115,989. This on the whole will be looked upon as a surprising result, since it has been the means of bringing in a class of persons to take an active interest in the work of hospitals who formerly partook of their advantages and contributed nothing whatever towards their maintenance and support. In Birmingham the Hospital Saturday movement is largely associated with the Provident System of medical relief, and which is both popular and successful. The registration fees of the provident institutions yield an annual income of nearly £1,600 to the medical charities. The working classes, not content with the progress made, are now asking themselves if they cannot set apart a further sum to accomplish some special object, as the building of a new wing to the Queen's, or the Eye Hospital? establish a fund to provide working men whom accident has deprived of their limbs with the best artificial substitutes? baths for the use of the out-patients? or carriages and stretchers for the conveyance of the sick and wounded? To sum up, Mr. Gamgee says: "No one can doubt that a new vein has been struck, if not a new mine discovered, and that, though it may, and probably must remain true, 'that the poor we shall always have with us,' the time is not far distant when a committee (like this at work in Birmingham), one of the most productive of wealth in the whole world, may be relieved of the opprobrium, in plain English, of the disgrace, of having, as now, one in four of its entire population recipients of medical charity."

We are asked to state that at the monthly meeting of the committee of the Zenana and Medical Mission a vote of thanks was passed to Dr. Edmunds, senior member of the staff, and to the London Temperance Hospital Board, for the kind assistance evinced in the way of instruction to the pupils and the opportunities of acquiring practical knowledge.

Homoeopathy and the British Medical Association.

At the last meeting of the Committee of Council of the Association a communication was read from Dr. Rees Philipps, Honorary Secretary to the South-Western Branch, of which the following is a copy:—

1. That this meeting heartily approves of the resolutions relative to homoeopaths, passed at the Plymouth meeting of this Branch, that it regrets that the Committee of Council have not yet seen their way to expel an avowed homoeopath when requested to do so by the unanimous vote of one of the oldest Branches of the Association.

2. That this meeting requests members of the South-Western Branch to help on any movement for obtaining such remodelling of the constitution of the Committee of Council of the Association as shall ensure that the Committee of Council will carry out unhesitatingly resolutions that have been adopted by the Association at its annual meetings.

The only response to these resolutions by the Committee of Council was simply to mark them "read."

Artisans' Dwellings.

We are glad to find that Mr. Shaw Lefevre's Bill for improving the several Acts passed to provide suitable dwellings for the working men of London is likely to become law before the session comes to a close. The Bills of 1875 and 1879 were in many respects unworkable, and too costly, and on the whole did more harm than good by thwarting the operations of the modest measure known as Torrens' Act. The aim of the new Bill is to amalgamate the best and most workable parts of the several schemes proposed and Acts passed to secure homes for those turned out by railways and by the Board of Works in carrying out their street improvements. Sir R. Cross was too ambitious; he proposed that the Metropolitan Board of Works should clear out vast spaces which were mapped out as the haunts of disease. The Board, indeed, made the attempt; but before it had proceeded far, found the cost so enormous that it refused to proceed. A million and a half of money was almost thrown away without obtaining any very appreciable results, providing accommodation for a tenth part of those already displaced and likely to be displaced. It soon became a question of how the Board should grapple with the difficulties of the situation, and if possible keep pace with the rapid growth of the evils with which they had been called upon to deal. To those who had given attention to the question it was evident that Mr. Torrens' Bill was obviously the more statesmanlike, more workable, and far more economical one for dealing with the subject of artisans' dwellings. It provides that the local authorities shall be held responsible for permitting the existence of houses which are unfit for human habitation, and that the rebuilding of houses should rather be left in the hands of individuals than in those of a public board, and those who undertake to build should be compelled to do so properly. No doubt the object will be better and more satisfactorily accomplished in this way than by State interference, or by any Board of Works enterprise, a body a little given to be lavish with the money of the rate-payers.

The State should see that no one is permitted to make profit out of the maintenance and letting of places the sanitary condition of which is such that they must prove

nests of fever or the sources of infectious diseases. It is generally admitted that if the over-crowded, filthy, close, unventilated habitations of the poorer districts of London were cleared out, the rate of mortality, or at all events, the fever-bill of the metropolis, would be reduced very considerably, and many thousands of human beings be rescued from a premature grave.

The Italian Medical Congress.

THE tenth Italian Medical Congress will be held in Modena early next September. It is expected Dr. Bacelli, Minister of Public Instruction, will be present. At the same time as the Congress, there will be held an Exhibition of Hygienic Appliances, and of objects generally connected with sanitary science. In view of the national character of the approaching Congress, the railway and steamboat companies have consented to issue tickets to those who propose to attend at very much reduced rates. All communications should be addressed to the committee, Modena.

The Retirement of Mr. Stone.

It falls to the lot of but few to hold a position of responsibility and to retire therefrom after half a century in the full possession of every mental and physical faculty, as has Mr. T. M. Stone, of the Royal College of Surgeons of England. This gentleman having completed his jubilee as one of the prominent officials of the College, and having elected to retire, it was resolved at a meeting of the Council last week, in testimony of long and faithful service, to allow him a retiring pension of £300 per annum. Those whose business has called them to the College from time to time will be glad to hear of this handsome recognition of services rendered, as they remember with what urbanity of manner and readiness of information and assistance Mr. Stone's long connection with that institution has been characterised, and will wish a continuance of good health to that much-respected veteran in his retirement. It gives us pleasure to learn that there are others outside the College who are anxious to show their appreciation of his services in a substantial manner. To further this object a meeting of Mr. Stone's friends was held at the residence of Mr. Critchett a few days since, when it was proposed by Mr. Luther Holden, F.R.C.S., and seconded by Mr. O. Macnamara, F.R.C.S., "That in consideration of the genial manner in which Mr. T. M. Stone has discharged his duties during the past 50 years' service at the Royal College of Surgeons of England, his numerous friends in all parts of the Globe feel that the occasion of his resignation is an opportunity which they should seize to present him with a testimonial expressive of their warm friendship and deep respect." Sir Erasmus Wilson, F.R.S., was elected treasurer, and Mr. Luther Holden hon. sec. to the fund; and an influential committee was formed to carry out the project.

DR. NEWTON DICKENSON, Demonstrator of Anatomy, and Curator in the Carmichael School of Medicine, has been elected Assistant-Surgeon of the Richmond Hospital, Dublin, in place of Dr. Lentaigue, who was recently appointed Surgeon to Jervis Street Hospital.

A MEETING of Fellows of the Royal College of Surgeons of England will be held in the Assembly Room, Guildhall, Worcester, on Thursday, August 10th, to consider matters affecting the interests of the Fellows generally. The chair will be taken at 1 p.m. by Mr. C. G. Wheelhouse.

DR. JOSEPH ROGERS, President of the Metropolitan Poor-law Medical Officers' Association, asks us to announce that a meeting of this Association will be held in one of the rooms at the Guildhall, Worcester, to-day (Wednesday) at 2 o'clock, to which those interested in Poor-law affairs are specially invited.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Cardiff, Portsmouth, Plymouth 13; Bradford, Wolverhampton 15; Bristol, Derby 16; Edinburgh, Birmingham 17; Manchester, Norwich, Brighton, London, 18; Oldham, Bolton, Halifax, Salford, Dublin 20; Sheffield, Birkenhead, 21; Hull, Leeds, Nottingham, 22; Blackburn, Liverpool 23; Preston, Glasgow, Newcastle-on-Tyne 24; Leicester, Huddersfield 25; Sunderland 28.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 29, Bombay 20, Madras 35; Paris 21; Geneva 14; Brussels 20; Amsterdam 21; Rotterdam 20, The Hague 19; Copenhagen 25; Stockholm 18; Christiania 21; St. Petersburg 44; Berlin 35; Hamburg 24; Dresden 28, Munich 24, Breslau 46, Vienna 27, Prague 30, Budapest, 35, Trieste 30, Rome 25, Naples 35, Turin 24, Venice 30, New York 31, Brooklyn 25, Philadelphia 16, and Baltimore 38. Ill-fated Alexandria was the only principal foreign city from which no returns were received.

IN the report of the proceedings of the Committee of the Council of the British Medical Association we read that communications from the Staffordshire, Bath and Bristol, and South-Western Branches, with resolutions, of which the following is a copy, were presented:—"That in the opinion of this Branch, the *Journal* of the Association should be more fully the medium of record of the transactions of the Branches of the Association than it is, and that the papers read and the records of clinical observation should have precedence of other contributions to the *Journal*; moreover, that they should be more fully reported and be published at an earlier period after communication than has hitherto been done."

THE highest annual death-rates per 1,000 in the large towns last week from diseases of the zymotic class were: From whooping-cough, 1.3 in Liverpool and Sunderland; from measles, 5.6 in Huddersfield; from scarlet fever, 2.0 in Hull; and from "fever," 1.3 in Derby and 1.1 in Newcastle-upon-Tyne. The death-rate from diphtheria showed a further increase upon that recorded in recent weeks; no death was attributed to this cause in Derby or Halifax, whereas its death-rate ranged from 1.1 in the other towns to 4.1 in Sheffield, 4.6 in London, and

5·1 in Leicester. Small-pox caused but 2 deaths in London and its suburban districts, and only 2 in the whole of the provincial towns. There were during the same period but 17 deaths from diphtheria in the United Kingdom.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE CAPPING OF EDINBURGH GRADUATES.—An imposing array of graduates of the Edinburgh University assembled in the Presbyterian Hall on August 1st. to receive the degrees of Doctor of Medicine, Bachelor of Medicine, and Master in Surgery at the hands of the Lord Chancellor (Lord Glenosree). There were thirty-two to receive the M.D. degree, and one hundred and eighty-two the M.B. and C.M. degrees, this being the largest number ever conferred by the University Court at one presentation. Amongst the Gold Medalists we are glad to notice the name of Dr. Halliday Croom, from whose pen an interesting paper "On Atresia Vaginae" appears in another column of the present issue of *The Medical Press*. The dissertation which gained for our contributor this coveted distinction was entitled "Clinical and Experimental Studies from the Royal Maternity Hospital." The other recipients of gold medals were Dr. Bendall, "On Acute Farcy in Man;" Dr. T. P. A. Stuart, "Nickel and Cobalt: their Physiological Action on the Animal Organisation;" and Dr. Albert Wilson, "Clinical Researches with the Sphygmograph." For the first time since its institution, the "Ettles Prize" was divided equally between George Armstrong Atkinson, M.B., and Sydney Johnson Taylor, M.B., they being considered by the Medical Faculty the most distinguished graduates of the year, and equal in point of merit. The Beesey Prize, for distinguished examinations in anatomy, clinical surgery, and surgery, was gained by George Armstrong Atkinson, M.B. and C.M.; the Syme Surgical Fellowship was awarded to Howard Bendall, M.D.; and the Buchanan Scholarship in gynaecology was awarded to David Smart, M.B. and C.M. In another column will be found a complete list of the recipients of degrees before mentioned.

ABERDEEN ROYAL INFIRMARY.—A gratifying mark of the esteem in which the House Surgeon to this Institution, Mr. William Sinclair, is held by the students of his surgical class, was evinced a few days since by the presentation to that gentleman of a handsome case of amputating instruments "in recognition of the care and efficiency with which he conducted the instruction."

VITAL STATISTICS.—From the Registrar-General's returns for the eight principal towns of Scotland for the week ending Saturday, we learn that the death-rate was 21·3 per thousand of estimated population. This rate is 3·1 above that for the corresponding week of last year, but 0·4 below that for the previous week of the present year. The lowest mortality was recorded in Leith, viz., 9·0 per thousand; and the highest in Greenock, viz., 31·7 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 4·9 per thousand, or 0·2 below the rate for the previous week. Diarrhoea and other bowel complaints were unusually frequent in Glasgow. The other epidemics seem to have been in abeyance. Acute diseases of the chest caused 82 deaths, or 2 more than the number registered during the previous week.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 29th ult., the mortality of Edinburgh was 74, and the death-rate 17 per thousand. Diseases of the chest accounted for 30 deaths, and zymotic causes for 4—of which 1 was due to fever, and 1 to scarlatina.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 29th ult., were at the rate of 25 per thousand per annum, against 22 in the preceding week, and 19, 21, and 18 in the corresponding periods of 1881, 1880, and 1879.

THE NORTH OF SCOTLAND MEDICAL ASSOCIATION.—The annual meeting of this Association was held, a few days since, in the Medical Society's Hall, Aberdeen, Dr. Lyon, Peterculter, the retiring President, in the chair. After the minutes of last meeting had been confirmed Dr. Lyon vacated the chair in favour of the President-elect, Dr. William Pirrie, Professor of Surgery. Dr. Pirrie thanked the members for the great honour they had conferred on him, and assured them he viewed it not only as an honour, but a great pleasure, inasmuch as it afforded him an opportunity of renewing his acquaintance with several gentlemen some of whom he had been related to in the pleasing relation of teacher and pupil. As it had been the custom at former annual gatherings for the President to call the attention of the associated members to some subject of medical or surgical interest, it had occurred to him that perhaps it might not be unprofitable to call the attention of the members now present to the interesting and remarkable investigations that had been made of recent years into the infectiousness of tubercle and tubercular consumption. On this subject Dr. Pirrie delivered an able address, and in bringing his remarks to a close he said the conclusions deducible from the researches made were that persons should avoid receiving into their bodies the breath of consumptives. On the motion of Dr. Beveridge, a cordial vote of thanks was awarded to Professor Pirrie for his address, which he agreed, as suggested by Dr. Beveridge, to have printed and circulated among the members of the Association. Dr. Manson, of Banff, was then nominated President for next year, and the members subsequently dined together.

GLASGOW.—**DR. RUSSELL ON DIARRHOEA AND THE FEEDING OF INFANTS.**—Dr. Russell, Medical Officer of Health for Glasgow, in his last fortnightly report, states that of the 46 deaths from diarrhoeal diseases in Glasgow, there were 40 below five years of age and 6 above fifty, so that not one died of diarrhoea between five and fifty. If we take the average age of the 40 children below five years, we find it was only eight and a-half months. It follows that, practically, this fatal diarrhoea was confined to infancy, and that, therefore, the popular association of summer diarrhoea with summer fruits and vegetables is erroneous. The dangerous diarrhoea of summer is a disease of infancy, and may be explained partly by that improper and careless feeding of children which goes on in Glasgow all the year round among the working classes, and terminates in fatal diarrhoea more speedily in the warm than in the cold months, but still more by the influence of heat upon the milk given to "bottle babies" and weaned children. The facts as to these 40 children are not yet in my possession, but I know from former inquiries that the majority will prove to be "bottle babies," and a large proportion illegitimate.

ANTI-VIVISECTION MEETING AT ABERDEEN.—A meeting was held in Aberdeen on the 31st ult., under the auspices of the Scottish Society for the Suppression of Vivisection. The Rev. Dr. Stewart, Aberdeen, presided. The meeting

was addressed at considerable length by the Rev. Dr. Adamson, Edinburgh, who challenged the efficacy of vivisection as the means of eliciting scientific facts which could not be obtained by other means. He said vivisection had, in some form or other, been practised for two thousand years, and he maintained that it rested with vivisectionists to show that the results they had obtained were, without challenge, the outcome of experiments made on living animals. Dr. Adamson referred at some length to the investigations conducted by Prof. David Ferrier, of London, and stated that men as able, if not more able, than Prof. Ferrier had challenged the deductions drawn by the Professor from his cruel experiments. Dr. Adamson also referred to the experiments of Prof. Rutherford, Edinburgh, now conducted for a considerable number of years, and held that, as in the case of Prof. Ferrier, the results drawn from the experiments were illogical and inconclusive.

Literature.

MEDICAL AND SURGICAL ASPECTS OF IN-KNEE (GENU VALGUM). (a)

IN-KNEE, or knock-knee, a very common affection among the poor and debilitated young residing in crowded and ill-ventilated lanes and alleys of large cities, is seldom seen in rural districts. As regards the pathology and cause of the deformity much difference of opinion exists. Some authorities believe it to be caused by weakness and relaxation of the ligaments of the knee-joint in debilitated young subjects, others again maintaining knock-knee to be produced by a peculiarity of conformation and growth of the internal condyle of the femur; in short, it is attributed by some to a ligamentous derangement of the knee-joint, while others aver it to be caused by an osseous derangement of the articular ends of the bones forming the same joint. We have perused the work before us on the medical and surgical aspects of in-knee (genu valgum) with very great pleasure, as it is from the pen of a distinguished and well-known author on the subject of the deformities of the human frame. Dr. Little, the founder of the Royal Orthopaedic Hospital in London, was the first surgeon of any importance in England who devoted his talent to this branch of surgery. We therefore cannot speak too confidently concerning the information found in the work before us, believing that it is not the ephemeral literary venture of some young and enterprising surgeon lauding some crude and novel operative procedure, but that it is the result of vast experience acquired by a lifelong attention to these subjects.

The volume, which is neatly bound and well printed, contains over 160 pages, is divided into five chapters, and is well illustrated by over fifty figures and diagrams. In Chapter I., treating on in-knee, or knock-knee (genu valgum), and its varieties, at page 2, the author states:—"Many writers have treated of the distortion under two forms—(1) the *Statistical*, in which the influence of gravity has been paramount in its production; and (2) the *Rachitic*, in which softening of bones has been the primary disturbing cause. It is, however, obvious that when rachitic softening has taken place, and the sufferer endeavours to assume the erect posture, and to effect locomotion in that posture, statistical influence will come into operation as well in the rachitic form as in that denominated *statistical par excellence*."

We also find, as mentioned here, "that H. Mayer Volkmann, C. Hueter, and Mikulicz describe two forms of the complaint: that from softening of bones—the *rachitic*, and that which arises from undue augmentation of the work which the knee-joint has to perform when bearing the weight

of the trunk, and especially when carrying heavy loads. The idiopathic, or *statistical*, form: they mostly regard the rachitic form as originating in childhood, and the statistical that which originates in adolescence."

Section II. treats of the pathology and morbid anatomy of the knee and its varieties. Many cases of knock-knee seem to be met with in those who have rapidly "outgrown their strength," having heavy, superincumbent trunks, of necessity borne by weak, attenuated lower limbs, which in turn, sooner or later, exhibit signs of their inability to bear the strain that is placed upon them.

At pages 16 and 17 we find the following interesting statement:—"Hitherto it has been sufficiently noted that there are two periods in the age of man at which growth is extraordinarily rapid. The first period is from birth until the age of nine months; the second period is at the approach of or during puberty or adolescence, say from the tenth or twelfth to the fourteenth or sixteenth year, more or less." . . . "These two periods of most rapid growth are, we venture to say, pre-determined physiologically—the first to hasten the infant's fitness for independent locomotion and self-help to food when the mother's power of lactation may in the normal course be expected to cease, and the infant's absolute dependence on the mother for both locomotion and food shall terminate. The second period is, we consider, allied to sexual development, and the apparent necessity of then more rapidly completing the frame of the individual of either sex to fit it for the propagation of the race, for a life of labour, and its defence against dangers."

At page 34 the author is most anxious to impress upon his readers the importance of distinguishing the difference between the atonic, idiopathic, or infantile non-rachitic in-knee, as well as the same condition of knee produced by rachitis. Section III. is devoted to the consideration, according to the author, of the symptoms and diagnoses of the different varieties of in-knee, such as the atonic, rachitic, spastic, paralytic, strumous, rheumatic. Section IV. comprises the various treatments recommended, and the author believes if the distortion is detected in an early stage much can be done to remedy the evil by a patient and persevering application of simple mechanical splints, coupled with a proper constitutional line of treatment.

Section V. is taken up with the subject of osteotomy, and the various operations devised are described. We agree with the author in thinking that many an aggravated case of knock-knee can be treated successfully without operation, by means of carefully constructed mechanical appliances. Osteotomy is the rage at present for genu valgum, but we anticipate that it will go out of fashion the same way as Sayre's plaster-of-paris jackets did, which were supposed to cure every imaginable form of spinal curvature. In conclusion, we strongly recommend the work to those anxious to acquire a correct idea of the subject.

SARCOMA AND CARCINOMA. (a)

THE basis of the volume before us, the author tells us, is made up of a course of lectures he delivered at the London College of Surgeons, during the years 1880-1881, with numerous notes and additions of new cases to the tables embodied and by sections on diagnosis and treatment. The writer wishes it to be understood that these sections are not intended to be exhaustive treatises on either subject, but are occupied rather with general principles than with minute details, and also to show how largely both diagnosis and treatment are influenced by a more precise knowledge of the pathology of disease, and in the hope of diminishing in a slight degree the reproach which is often made against pathologists of being "unpractical."

In the first chapter the author defines the difference between Sarcoma and Carcinoma, and specifies the different varieties met with, with relation to their microscopic appearance and pathological history.

He states, at page 1: "By *Sarcoma* I understand a tumour of connective tissue origin, composed of elements which are for the most part cellular and embryonic. These elements are embedded in a matrix of inter-cellular substance of varying

(a) "Medical and Surgical Aspects of In-knee (Genu Valgum): its relations to Rickets, its Prevention and its Treatment with and without Surgical Operation." By W. J. Little, M.D., F.R.C.P., late Senior Physician to, and Lecturer on Medicine at, the London Hospital; Visiting Physician to the Infant Orphan Asylum at Wandstead; the Earlwood Asylum for Idiots; Founder of the Royal Orthopaedic Hospital, &c. Assisted by E. Muirhead Little, M.R.C.S. Illustrated by upwards of fifty figures and diagrams. London: Longmans, Green, and Co. 1882.

(a) "Sarcoma and Carcinoma: their Pathology, Diagnosis, and Treatment." By Henry Trentham Butlin, F.R.C.S., Assistant Surgeon and Demonstrator of Surgery and of Diseases of the Throat, St. Bartholomew's Hospital; lately Erasmus Wilson Professor of Pathology, Royal College of Surgeons. Illustrated with four lithographic plates. London: J. and A. Churchill. 1882.

quality and quantity. The vessels run between the cells, and the cells increase in number by division."

He further states by Carcinoma he wishes to be understood a tumour of epithelial origin, possessing generally an alveolar structure. The cells are seldom separated by a visible inter-cellular substance. The vessels run in the walls of the alveoli, not between the cells, and the cells increase in number by endogenous formation.

The work is divided into eight chapters, and the subject-matter is fairly written, and the different deviations of sarcomatous and carcinomatous disease, according to the new microscopical and pathological nomenclature, are distinctly and clearly told.

The source from which the information is derived is drawn out in the tables appended, and evidently the author has taken much trouble in the preparation of these tables, in order that the record of each case reported should be carefully and truthfully given. We therefore must congratulate the writer on the way he has performed his task, and on putting together such a vast amount of facts in such a handy form. Sarcoma and carcinoma, their pathology, diagnosis, and treatment, affecting the testis, sub-periosteal tumours of bone, central tumours of bones, the tongue, the œsophagus, and the tonsil are given in this volume, and the author hopes in a future work to give the same particulars concerning the other organs and structures in the body affected with the same diseases.

DISEASES OF THE EAR. (a)

THE fact of a third edition being required in so short a time testifies to the worth of the book in more certain and forcible language than any review, however long. The economic law of supply and demand receives its best illustration in the case of books. If a book is wanted it is sure to be a success. Mr. Field's book has been a success, but we prophesy for this edition a greater sphere of usefulness than its predecessors. It is no mere compilation of facts; it is a practical, clinical treatise founded on vast clinical experience. The illustrations are excellent and helpful, the text is clear and concise, and the work as a whole is as complete and trustworthy as we could desire. We recommend it strongly to practitioners and students alike.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EYE. (b)

DR. WILLIAMS' (of Boston, U.S.) smaller treatise on eye diseases is already favourably known to most ophthalmic surgeons. The present work will, therefore, rather be recognised as an extension of his manual than as an essentially new production, since it embodies the riper experience reaped in a wide field of eye practice.

Dr. Williams, as is usual in book-making, takes the several tissues *seriatim*, systematically arranging his subjects for easy reference. The first chapter is occupied with the proper methods of examining the eye and employing the ophthalmoscope, while the more recent modes of determining the anomalies of refraction and accommodation, and their correction by the aid of glasses, are explained and illustrated. Subsequent chapters are occupied with the surgical and medical treatment of eye diseases generally. Commencing with the outer coat and traumatic injuries of the front of the eye, the author proceeds to the inner and more deeply seated affections, and here Dr. Williams is quite at ease, and even more strongly confirmed in his formerly expressed views as to the desirability of resorting to medical treatment in most eye affections. He insists, with Zehender, that "only one fault can be committed in the treatment of iritis, the neglect of the timely use of atropia;" and should the inflammatory action be accompanied by intra-ocular or circum-orbital pain, he would also employ topical applications, and internally, anodynes and bromide of potassium.

With regard to collyria, employed by Dr. Williams in "simple conjunctivitis," we fear they scarcely merit the designation of "mild applications." For our part, we should expect anything but "a cooling refreshing sensation"

(a) "Diseases of the Ear." By George P. Field, Aural Surgeon to St. Mary's Hospital. London: Renshaw. 1882.

(b) "The Diagnosis and Treatment of Diseases of the Eye." By Peary W. Williams. London: Sampson, Low, & Co.

from either his borax or salt lotions. We, however, quite agree in his denunciation of poultices in purulent affections of children. We have always found that the better mode of removing discharges from the eyes of young children is by making a free use of warm water, together with the occasional application of the mildest of astringents. Eye-shields, or guards, are a remnant of the barbarism and ignorance which characterised the nostrums of bygone ages. As to the use of counter-irritants and caustic solutions, these are positively mischievous in most cases. Of glaucoma Dr. Williams says "the cause of the initial condition is still a moot point;" but of the theories propounded he inclines towards that of Donders, who is of opinion that primary the disease is the result of irritation of the ciliary nerves which preside over the vascular supply and the secretion of the vitreous, and whereby the volume of the vitreous is increased. We are not so sure that what he states with regard to the sexes, "that a larger proportion of women than men suffer from glaucoma," must be accepted, or whether it is an established fact that the disease occurs usually "at or after the critical period of life." It may be so in America, but so far as our observation goes, we do not think it is so in this country. With reference to the treatment of glaucomatous affections, Dr. Williams is most decidedly of opinion "that they are never relieved except by operation." This is not in accord with our experience, and we certainly should not have expected the result he obtained in the case of a middle-aged lady "who had been a sufferer for four months, and in whom perception of light was lost, both eyes extremely hard, and prognosis most unfavourable." Nevertheless, on the next day after iridectomy, "she could see every wrinkle in my forehead." We are by no means inclined to look so favourably upon iridectomy, nor regard it as infallible if resorted to in the early stages of the attack; indeed, to do so would be to entirely put aside experience,—ignore medical treatment on all occasions for an operation which, to some extent, may be said to be the fashion of the day. Dr. Williams has no faith either in sclerotomy or division of the ciliary muscle, although he does not deny that the "former is perhaps sometimes useful for the relief of persistent pain when vision is hopelessly lost." The use of myotics, pilocarpine, and eserine as a means of lessening intra-ocular tension have not yet been fully demonstrated. We recommend Dr. Williams to give eserine a more extended trial than he appears to have done. Should pain be persistent, he would resort to enervation, rather than enucleation, as a preferable means of arresting sympathetic inflammation.

Our author's treatment of affections of the nervous tissues—optic nerve, &c.—is based upon sound practical experience and much discrimination, and his division of the several affections of the retina are judicious. We, however, do not quite understand why he should consider it necessary to devote a chapter to the consideration of amaurotic diseases; neither can we accept his statement that the name of amaurosis is retained and generally given to those hopeless states where the optic nerve has become atrophied from cerebral or spinal lesion. We are rather inclined to think that the term amaurosis is retained that Walther's sarcastic observation may still hold good amongst us.

We have said enough to indicate the scope and object of Dr. Williams' book, and we have only further to add that the normal and abnormal changes of the internal eye, as seen by the ophthalmoscope, are accurately represented in two coloured lithographic plates. Specimens of Snelling's test types are also appended. On the whole, Dr. Williams' treatise may be accepted as a practical and trustworthy guide to the treatment of eye diseases.

Correspondence.

THE SPHYGMOGRAPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your review of Dr. Dudgeon's book on "The Sphygmograph," in your impression of the 12th ult., it is stated, "In our experience the Dudgeon sphygmograph is the easiest worked and most accurate of all these instruments. The pressure gauge shows a range of from one to five ounces troy, and this is a pressure in our opinion quite unnecessary, and beyond what can be usually employed

with advantage." I have tried to point out to Dr. Dudgeon himself that in his instrument, and I believe in others, there is a serious source of fallacy in connection with the wrist-band. I find that on applying the instrument to my own radial, or that of another, I can almost indefinitely modify the character of the tracing by *varying tightness of this band*. What then is the use of the pressure gauge, no matter what its range, if there is *no definite unit of pressure* to begin with? I shall be glad to be enlightened on this matter.

I am, yours, &c.,

D. CAMPBELL BLACK, M.D.

Glasgow, August 2nd, 1882.

ANIMAL VACCINATION OR ARM-TO-ARM VACCINATION?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see it mentioned in your columns that the President of the Local Government Board, Mr. Dodson, on being asked by a member of the House of Commons whether the Vaccination Department recommended the use of animal vaccination in preference to that of humanized, replied that it had no advice to give in this matter.

Perhaps the following evidence may assist some of those who have not seen it to come to some definite conclusion. I find in the Report of the House Committee and Medical Officers of the Small-pox and Vaccination Hospital, Highgate Hill, London, for the half-year ending 30th June, 1881, given me by Mr. Goude, after a discussion on vaccination which I had at the Medical Society of London in November last, the following statistics:—During the six months there were 491 cases of small-pox treated at this hospital, and of these 469 had been vaccinated and 21 were unvaccinated. There was one case of small-pox in an aged man said to have been inoculated in early childhood which proved fatal. The Report goes on to mention that in the unvaccinated cases there were 11 deaths, or about 50 per cent. of all such cases died; and of the 469 vaccinated cases 58 died, i.e., about 1 in 8·5, not a very favourable result.

If I turn now to the evidence for animal vaccination (Prof. Lindsley, of Yale College, on Vaccination, Conn., 1882) I find, p. 14, the following:—"Dr. Meares, health officer of San Francisco, writes in his annual report as follows: 'The bovine virus (Beaugency stock) has been exclusively used by the Health Department since its introduction here five years ago. The vaccinations since that time reach the large number of over 80,000. This is exclusive of the vaccinations performed by the physicians of the city generals. I have yet to see a case of variola or varioloid after a successful vaccination with bovine virus.'"

Dr. Warlomont, in 1878, gave similar evidence, and repeats it in 1881 (*Brit. Med. Journ.*). So does Dr. Henry Martin in his pamphlet. In his remarks before the meeting at Ryde, that gentleman assured his hearers that he had not seen small-pox in any case vaccinated by himself with calf-lymph.

If, then, Sir, this evidence is to be relied on, the only conclusion we can come to is clear: if arm-to-arm vaccination is too weak, or "mitigated," it should be altogether abandoned and replaced by vaccination from the calf.

I am, &c.,

CHARLES R. DRYSDALE, M.D.

London, July 21, 1882.

PASS LISTS.

Royal College of Surgeons of England.—The following candidates having passed the necessary examinations for the diploma were admitted Members of the College at a meeting of the Court of Examiners on July 27th:—

Dawson, George H.	Holcroft, Henry
Dixon, Henry G.	Lynam, Robert G., L.S.A.
Downman, Charles F.	Northcot, Arthur, L.S.A.
Dutton, Wm. H., M.F. Edin.	Perez, George E., L.S.A.
Faunce, Charles E., L.S.A.	Williams, J. A., M.B. Aberd.
Wise, Charles H., L.S.A.	

The following were admitted Members on July 28th:—

Beattie, Robert, M.D. Q.U.I.	Leadbeater, Thos. E., L.S.A.
Berry, John B., L.S.A.	Morse, Thomas R., L.S.A.
Bostock, John, L.S.A.	Pollock, George S.
Harris, Walter T., L.S.A.	Rogers, Thomas E., L.S.A.
Hoyland Stanley S., L.S.A.	Salmos, Arthur G., L.S.A.

The following were admitted Members on July 29th:—

Bevor, Hugh R., L.S.A.	Hudson, Ernest, L.S.A.
Bott, Joseph, L.S.A.	Lovegrove, Thomas E., L.S.A.
Cox, F. R., L.R.C.P. Lond.	Roe, A. D., B.A., M.B. Cantab.
Durant, R. J., L.R.C.P. Lond.	Tate, Alan E., L.S.A.
Howard, R. J. B., M.D. McGill	Voss, Francis H. V., L.S.A.
Williams, Evan, L.R.C.P. Lond.	

The following were admitted Members on August 1st:—

Finch, Thomas, B.A. Cantab.	Jones, Owen C., L.S.A.
Thomas, John H., L.S.A.	

Out of the 280 candidates examined, no fewer than 118 were rejected, and 38 passed in Surgery, and qualified in Medicine will be admitted members of the College.

University of London.—The following is the pass list for the 1882 Preliminary Scientific (M.B.) Examination—not concluded:—

First Division.

A'ams, Charles Edward	Joly, Antoine Maurice
Albop, Chas. Fredk. Manning	Leung, Alfred William
Balgarnie, Wilfred	Legg, Walter Littlewood
Basu, Jagadiah Chunder, B.A.	Macdonald, Isabella Macdonald
Bidwell, Leonard Arthur	Macevoy, Henry John
Blackler, Henry John	Mey, William Page
Blackston, Charles Reginald	Padgen, Trayton Charles
Brennan, Joseph Richard	Permewan, William
Brock, Ernest Henry	Redfern, John Joseph
Brook, William Henry Breffit	Roper, Harold Kennaway
Brown, Arthur Edward	Sansom, Harry Arthur
Cameron, Robert Watson	Seville, Charles Frederick
Canney, Henry Edward Leigh	Shirliff, Edward Dickinson
Carnegie, Douglas John	Simpson, Charles Shackleton
Clarke, James Jackson	Smith, Alexander Rochfort
Clarke, William Frederick	Smith, Hugh
Cook, Samuel Bird	Solly, Ernest
Cox, Alfred Edward	Stery, John Herbert
Crook, Herbert Evelyn	Stephens, Richard John
Davies, Ernest Bent r	Thompson, James Edwin
Dewhurst, John Henry	Tomlinson, William Henry
Edge, Frederick	Toogood, Frederick Sherman
Elliot, William Henry Wilton	Tunstall, John Ogle
Evans, Isabel Clare	Wheaton, Samuel Walton
Gilchrist, Thomas Caspar	Wheeler, James Atkin
Harper, William Norton	Wilkinson, Percy John
Helsham, Hugh Paul	Wray, Richard Spalding
Jecks, Cyril William	

Second Division.

Anstle, William Charles	Kelson, William Henry
Aveline, Henry Talbot Sidrey	Kingsford, Edward Clau
Barker, George Henry	Lang, Arthur Joseph
Biddlecombe, Edward Henry	Legg, Cyrus
Bidwell, Lawrence	Lindor, Albert
Brown, Arthur Thomas	Lys, Henry Grabham
Burghard, Frédéric François	Marshall, Charles Frederic
Burns, James	Moore, Robert Lee
Burrell, Arthur William	O'Reilly, George Hartley
Carter, Weldon Cragg	Paltridge, Mary Elizabeth
Conolly, Charles Hamilton	Pickering, Rowand Neville
Coryn, Herbert Alfred William	Umfreville
Craig, Henry Edward	Prall, Samuel Edmund
Crouch, Charles Percival	Pugh, John Williamson
Davidson, Harold	Randall, Ernest Biddood
Davis, Arthur Holdsworth	Ridson, William Newt
Dean, Henry Percy	Roberts, David Foulkes
Dobson, Leonard Chas. Talbot	Scott, Arnold
Duncan, Charles Herbert	Shadwell, Bertrand
Featherstone, Wm. Bartrop	Smith, Edmund Fauriel
Fisher, Theodore	Smith, Henry Ernest Hill
Freeman, Ernest Carrick	Smith, John Anderson
Furnival, Bryan	Smith, Robert Gillies
Godfrey, Albert Edward	Sprent, Frank Arthur
Halliwel, Thomas	Stedman, Frederick Edmund
Hammersley, Percy H. Vickers	Stokes, William Percy
Haring, Nathan Charles	Stokes, Frederick William
Harris, Frances	Swayne, Walter Charles
Hensley, Arthur Egerton	Walls, William Kay
Holloway, Samuel Frederick	Wethered, Frank Joseph
Joseph, Arthur Hill	Whitcombe, William Sandford
Kanthack, Alfredo Antunes	Williams, Frederic Newton
Kell, Edmund Delacourt	Wynter, Andrew Ellis

University of Edinburgh.—The following is a list of candidates on whom the degree of Doctor of Medicine and the degrees of Bachelor of Medicine and Master in Surgery were conferred:—

The Degree of Doctor of Medicine.

Barr, A. George, M.B. and C.M.	MacLennan, D. U., M.B. and C.M.
Bendall, Howard, M.B.	Macphail, S. R., M.B. and C.M.
Brebnner, C. Reith, M.B. and C.M.	Mead, E. W., M.B. and C.M.
Cameron, R. W. D., M.B. and C.M.	Oakes, A. W., M.B. and C.M.
Chisholm, J. M. D., M.B. and C.M.	Oliphant, W. B., M.B. and C.M.
Croom, John H., M.B. and C.M.	Renton, James Crawford
Druitt, Lionel, M.B. and C.M.	Ross, Joseph C., M.B. and C.M.
Furley, William Grant, M.B.	Shaw, William, M.B. and C.M.
Guillemard, B. J., M.B. and C.M.	Smith, George D., M.B. and C.M.
Handford, Henry, M.B. and C.M.	Stuart T. P. A., M.B. and C.M.
Hope, E. William, M.B. and C.M.	Taylor, H. C., M.B. and C.M.
Hutchinson, E. de W., M.B. and C.M.	Thom, Alexander, M.B. and C.M.
Leeson, John Rudd, M.B. and C.M.	Thomson, James, M.B. and C.M.
Le Fèvre, George, M.B. and C.M.	Tunstall, A. C., M.B. and C.M.
Mackenzie, J., M.B. and C.M.	Watson, C. S., M.B. and C.M.
McLean, O. E., M.B. and C.M.	Wilson, Albert, M.B. and C.M.

The Degree of Bachelor of Medicine and of Master in Surgery.

Aitchison, Robert Swan
Aitchison, Thomas
Archer, Leonard T. Fitz-Samuel
Ashdown, Herbert Harding
Aswell, Frederick
Atkinson, George Armstrong
Baily, Thomas Ridley
Baillie, Peter
Baird, M. Manook (M.A. Calcutta)
Bain, Basanta Kumar
Ball, George James Hamilton
Ball, Horace Lynden
Benjafield, William Barnett
Belton, Joseph Shepherd
Bond, John Henry Richard
Borrowman, Philip Grierson
Boswell, Henry St. George
Bourne, C. H. (B.A. Durham)
Bowie, John
Bowman, A. S. (B.A. Sydney)
Brewis, Nathaniel Thomas
Bryant, Sidney William
Buckner, William Augustus
Burn-Murdoch, George
Bury, Percy Belamy
Calvert, William Hall
Campbell, Samuel George
Charlesworth, Francis
Christie, Archibald Kennedy
Clyster, James Simpson
Closs, Joseph Osborne
Gosland, Philip Brunelleschi
Davidson, James Henry
Deerpine, Augustus Sheridan
Dickson, George Cecil
Dobie, John Robert
Dockett, John Wilson
Dumas, Henry Aylmer
Dunlop, Robert Smith
Dutton, W. H. (M.A. Melbourne)
Fletcher, Henry James
Furber, Alexander
Fraser, Alexander Ross
Fraser, Elias
Fraser, Thomas Alexander
Galliey, George Wilson
Gay, William
Gifford, Lawson
Gilbert, Herbert James
Giles, William Anstey
Gillison, Thomas
Godfrey, Joseph Edward
Graham, James (M.A. Edin.)
Grant, Francis William
Grant, Henry Lewis
Grant, John
Grant, William Francis
Grawles, Thomas Duncan
Griffin, John
Gunn, Clement Bryce
Guthridge, George Frederick
Hallows, Harry Pimington
Hardcastle, Hugo M. Canley
Hare, Arthur William
Hastain, Francis William Nicol
Hawkins, Francis Henry
Henderson, Robert Samuel
Henderson, Selby Herriot
Herbert, William Whittington
Hilber, Alfred Peter (B.A. Cape of Good Hope)
Hird, Thomas Alfred
Holland, Charles Edward
Hamphreys, Richard
Hutchinson, James
Imae, George Washington
Jackson, John Henry
Jameson, Granville
Jamie, Robert Wyatt (M.A. Aber.)
Johnson, Cecil Willoughby
Johnston, James
Johnston, John
Johnston, John William
Jones, Charles William
Jura, Daniel Mar nus
Keop, Arthur Corie
Kear, George (M.A. Oxon)
Keg, Arthur
Kingscote, Ernest
Kirby, Ernest Dormer

Lang, William Henry
Le Franc, Percival Basil
Leely, Robert
Liddell, John
Linklater, Samuel Towers
Logan, George Duncan
McArthur, Duncan Romaine
Macdonald, W. B. M.A. Edin.
McFadyen, John
Mackay, William
Mackenzie, Alexander Flyter
Mackenzie, John Edlie
Mackinlay, Robert
McLachlan, Thomas George
Macniven, Edward Orr
Macpherson, W. G. M.A. Edin.
Macvie, Adam
Maddox, Ernest Edmund
Manook, George
Marais, Francois Paulus
Mead, Riva
Meggison, Thomas Cockburn
Mickle, Arthur W. T. F.
Mill, Arthur, John M. King
Mills, Bernard Langley
Moore, Arthur Malcolm
Morgenrood, Edward Henry
Mounsey, Charles James
Murray, Richard Ulysses W.
Myrtle, James Aithen
Naah, John Brady
Neale, Alfred James
Nere, Ernest Frederick
Olliphant, Ebenezer Henry L.
Palmer, Edmund Stuart
Paterson, George Keppie
Paton, Diarmid Noel, B.Sc.
Paton, Frederick Erakine
Phillip, Robert W. M.A. Edin.
Phillip, Thomas
Phillips, John R., B.A. Durham
Purvis, George Carrington
Rees, John
Rendell, Herbert
Richardson, Alfred Gordon
Rowland, Thomas Charles
Rozenweig, Ridley Herschel
Scott, Charles Casely
Shearer, Thomas Laidlaw
Simpson, R. J. S. M.A. Edin.
Sinclair, F. W. M.A. Edin.
Sinclair, Frederick A.
Skinner, William
Sloan, Allen Thomson
Smart, David
Someren, George A. van
Spence, John B., M.A. Edin.
Stancombe, Ernest Henry
Stapleton, Joseph
Stevenson, Donald M'Pherson
Stockman, Ralph
Stookes, Alexander
Sutor, Jean Renaud
Taylor, Sidney Johnson
Thompson, William Fookes
Thynne, William
Tiffen, Charles John
Todd, Percy Everard
Treharne, David
Turner, John Andrew
Valentin, Alexander
Vandrey, Edmund
Verdon, Michael John
Voigt, Johan Carol
Walker, Walter O., M.A. Edin.
Wallace, James John George
Watkins, Harold Fuller
Weston, William Henry
Whitaker, John
Whitham, Robert Musgrave
Whyte, John M., M.A. Edin.
Wilcox, Ernest
Williams, Robert Arthur
Wilson, Hector M'Lean
Wilson, Henry Garnett
Wilson, William
Woods, William Cleaver
Yonnan, William
Young, George J., M.A. Edin.

The Degree of Master in Surgery.—Howard Bendall, M.D.

Royal College of Surgeons, Edinburgh.—The following candidates having passed the required examinations, were admitted Licentiates of the College:—

Carruthers, John
Daniell, David Hugo
Donald, David
Duncan, John George

Fennell, Edward Cooper
Haworth, Frederic George
Healop, Frederick Albert
Steele, Elmes.

The following candidates having passed their final examination for the Licence in Dental Surgery, were admitted L.D.S.:—

Laane, George John

Monroe, David.

Royal Colleges of Physicians and Surgeons, Edinburgh.

—The following candidates having passed the necessary examinations during the July sittings of the Examiners, were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh during July and August:—

Anderson, John
Belton, Cassius W.
Berry, John J.
Blackwell, Frederick W.
Brenner, Alexander McRae
Broome, David McMahon
Brown, William James
Buckley, Cornelius
Caldwell, James A.
Carruthers, Robert Buck
Chadwick, George Frederick
Delaney, James William
Devlin, Thomas Patterson
D'Gruyther, Eustace J.
Dickson, Winton
Ebell, John Henry
Ellis, Edward
Finlay, John T.
Flood, William
Gee, Thomas E.
Graham, John Saunders
Graham, Joseph
Hadden, William James
Holmes, Joseph
Horder, Edward George
Kemble, Arthur Charles

King, John C.
Legat, Henry Thomas
Main, Robert
McBride, John
Menzies, James
Moloney, Patrick O'Donnell
Neale, George
Nockolds, William Stephen
Ottmann, Adolphe W.
Panist, John Emanuel
Petricher, Louis Joseph
Phillips, John Mortlock
Robinson, Mark Anthony
Rodgers, James Henry
Rowan, Stephen F.
Salter, Francis Joseph
Scott, Harry
Simpson, Edwin
Sinclair, George
Swallow, Francis McDonald
Taylor, George H.
Todd, Andrew Thomas
Wallace, Robert Richard
Waburton, James
Watson, James
Wilson, Gerald Barry

Wilson, James Patrick A.

Army Medical Service.—The following is a list of surgeons on probation in the Medical Department of the British Army who were successful at both the London and Netley examinations, arranged in the order of merit:—

(a)	Marks.	(b)	Marks.
S. Westcott	2,295	H. S. McGill	2,005
B. H. Whitehead ..	2,280	A. A. Fecheil	2,060
B. M. Skinner	2,200	C. R. Tyrrell	2,020
C. B. Bartlett	2,195	J. Hickman	1,980
J. D. T. Beckett ..	2,175	W. B. Thomson	1,975
T. A. P. Marsh	2,160	H. E. Deane	1,945
B. Kirkpatrick	2,140	S. O. Stuart	1,940
A. C. A. Alexander ..	2,095		

(a) Gained the Montefiore Medal.

(b) Gained the Martin Memorial Gold Medal.

Indian Medical Service.—The following is a list of surgeons on probation in Her Majesty's Indian Medical Service who were successful at both the London and Netley examinations, arranged in the order of merit:—

(a)	Marks.	(b)	Marks.
H. H. R. Charles ..	5,455	J. P. Barry	4,852
G. Duncan	5,025	A. V. Anderson	4,497
W. A. Sykes	4,875	E. W. Bailly	4,415
B. W. S. Lyons	4,860	J. Scott	4,150

(a) Gained the Herbert Prize, the Parkes Memorial Bronze Medal, and the Montefiore Second Prize.

(b) Gained the Prize in Pathology.

IRISH POOR-LAW SUPERANNUATION.

THE Select Committee for consideration of this Bill was nominated on Saturday last, notwithstanding the opposition of Mr. Biggar, who not only resisted progress, but made an effort to exclude Mr. Meldon from the Committee because he supposed that gentleman to be favourable to medical claims. When Mr. Biggar divided the House, he found himself the only voter in his own lobby, of which any one but the honourable (1) gentleman would be heartily ashamed. The Committee will sit at once, and probably take evidence on Wednesday (to-day) and Thursday.

Mr. Collins, whose name was at first proposed, was not nominated, but in his stead Mr. Daly, who we believe to be an enemy of the Union officers, was appointed.

The Committee consists of the following members:—The Attorney-General for Ireland, Messrs. Healy, Justin McCarthy, Meldon, Gibson, Fitzpatrick, Aylmer, Biggar, Sir P. O'Brien, Herbert Gladstone, Colonel Tottenham, Mulholland, Callan, Greer, Findlater, and Daly.

The London Hospital.—The following is a list of the prizes presented by H.R.H. the Duke of Cambridge, K.G., president of the hospital, on July 18th:—Students' Prizes: Entrance Science Scholarship, £60, Mr. F. J. Smith; Buxton Scholar-

ships, £30, Mr. W. R. Hodge, £20, Mr. J. W. Pugh; Lethby Prize, £30, Mr. A. J. Richardson; Scholarship in Anatomy, Physiology, and Chemistry, £25, Mr. F. Hichens; Scholarship in Human Anatomy, £20, Mr. H. Cropley; Scholarship in Clinical Medicine, £20, Mr. R. F. Fox; Scholarship in Clinical Surgery, £20, Mr. R. F. Eox; Scholarship in Clinical Obstetrics, £20, Mr. A. J. Richardson, Hon. Certificate and £12, Mr. R. F. Fox; Minor Surgery Prizes, Messrs. J. M. Evans, J. E. Crisp, J. Thomas, F. Hichens; Dissection Prizes, 1st, Mr. H. Jaboor, Jun., Mr. H. Jaboor, Sen.; Osteology Prizes, 1st, Mr. J. Vincent, 2nd, Mr. C. T. Samman. Prizes to Nurses: The following were awarded for the first time, as an encouragement for proficiency in nursing among the probationers: 1st Prize, £5 5s., May Russell; 2nd Prize, £4 4s., Helena Greaves; 3rd Prize, £3 3s., Ada Moore.

Notices to Correspondents.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MR. SIDNEY DAVIES.—Communication received too late for present issue.

NEMO.—We are not aware that any list of medical appointments is obtainable for the Colonies or the Emigration Service. Information relative to employment in either branch can only be had on written application to the Colonial Office, London, and the Government Commissioners of Emigration. In the former case we fear our correspondent will stand but a poor chance, as there are at least a hundred applicants for every good Colonial appointment.

DR. W. J. BLACK (Hanover).—Thanks. We will look through the M.S., which at first sight appears interesting.

DR. R. P. (Exeter).—In reply to a question in the House of Commons on Monday last, it was stated that "if time permitted the Report would be presented." We fear the same reply has been given in a large number of cases, and that "Lunacy," like other matters, will be amongst the slaughtered innocents.

RUSTICUS.—Your request is a most curious one: we cannot very well comply with it unless we forego that which it is necessary we should observe strictly. The circumstances, however, are so peculiar that, on receiving all the particulars, we will consider whether it may not be possible to accede to the proposition.

MR. M'JAMES.—Tonga has been successfully employed in a great number of cases for the relief of neuralgia attacking the cranial nerves. Dr. Wallace, of Newark, New Jersey, has very recently testified to its excellence as a remedy in these cases, and especially insists on its value as producing no toxic effects, it may be used in all cases with safety. It will not, of course, always succeed, any more than any other drug employed to relieve pain; but it is decidedly worthy of trial where other things have failed. Any respectable chemist will obtain it.

THE LUNATIC.—The case is one for treatment in a private lunatic asylum. The rates charged vary with the accommodation required. You may rest absolutely assured that the best interests of the patient will be alone consulted in such an institution.

DR. W.—Let the matter stand over for a while. It will not be long ere a meeting of the Society will be held again, when you can lay the facts of the case before it, and be guided by the suggestions made you.

DR. GUY H. H.—We do not see our way at present to publishing such a series, but if you will refer to it again a few months later on the matter shall be fully discussed. It is one on which the full staff should be consulted, and this could not be done just now. The case is a notable one.

MIDWIVES AND UNQUALIFIED ASSISTANTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I read with much interest the article in your issue of July 26th on "Midwives," and having been in active practice for upwards of forty years in the provinces, it has fallen to my lot during that time to witness some most fearful cases of death from post-partum hemorrhage, or permanent injury done from the ignorance and officiousness of that class. To appear clever, they often drag away at everything within their reach as soon as possible, with the utmost indifference to the after-consequences from inertia uteri, adherent placentas, distention, mental emotion from an excited state of the circulation, and many other causes of mischief, which their anxiety to do without medical men have entailed upon their hapless victims. To deal with ignorant midwives and the swarm of unqualified assistants, you have indeed set yourself an uphill task. These latter are to be found in every large town practising on their own account after they have been dismissed from the service of some general practitioner. But I have often observed that, when left to their own unaided resources, they were equally as dangerous as the midwives; yet these two are quite ready to take the field against the regularly qualified and registered practitioner, as there seems to be no legal power at present to prevent them doing so with impunity: and it is only when they are likely to get into trouble that they suggest to the patient or friends that they had better call in the aid of another medical man to assist them. It was only last week that I was hastily summoned to a case of convulsions, after delivery, that had been attended by one of these unqualified assistants, with whom, I need scarcely say, I declined

seeing the patient, and told the people that, as he was not a medical man at all, I should refuse having anything to do in the case unless he was discharged. The promise of attendance for half the regular fee is, no doubt, the great inducement among the poor to their employment; and as their education has cost little, they can the better afford to do so. The fault began from the ignorance of the public, and from the negligence of the profession in having first engaged unqualified assistants, so that at this time, unless some relief or more stringent regulations can be enforced by the Government, we shall go from bad to worse.

Yours very truly,

Falsgrave, Scarborough.

THOS. T. PETERSON, M.D.

Vacancies.

Belmullet Union, Knocknallower Dispensary.—Medical Officer. Salary, £100, and £10 as Medical Officer of Health. Election, August 14.
Cancer Hospital, Brompton.—House Surgeon and Registrar. Salary, 75 guineas, with board, &c. Applications to the Chairman, at the offices, 165 Piccadilly, London, W. (See Advt.)
Chichester Infirmary.—House Surgeon and Secretary. Salary £80, with board. Applications to the Secretary before September 9th.
Earlswood Asylum.—Medical Superintendent. Salary, £400, with extras. Applications, endorsed "Medical Superintendent," to be sent to the Secretary, 33 King William Street, London, E.C., before August 21st.
North Stafford Infirmary.—House Physician. Salary commencing at £100, with board. Applications to the Secretary, at Hartshill, Stoke-on-Trent, before August 23.
Salford Infirmary.—House Surgeon. Salary, £100 per annum, with board. Applications to the Secretary before August 25th.

Appointments.

BARNES, R., M.D., F.R.C.P., an Honorary Consulting Physician to the Chelsea Hospital for Women.
BERRY, G. A., M.B., C.M., F.R.S.E., Assistant Ophthalmic Surgeon to the Royal Infirmary, Edinburgh.
BOUCHER, A. H., M.D. Edin., House Surgeon to the East Suffolk Hospital, Ipswich.
CAMPBELL, P. E., M.B., C.M., Senior Assistant Medical Officer to the Metropolitan District Asylum, Caterham.
CRALLAN, G. E. J., B.A. Cantab., M.B.C.S., Assistant Medical Officer to the County Lunatic Asylum, Cambridge.
ERWIN, S. J., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Openshaw District of the Chorlton Union.
HATTON, G. S., M.D., M.S. Dur., M.B.C.S., House Surgeon to the North Staffordshire Infirmary.
MOULLEN, C. W. M., M.D. Oxon., F.R.C.S. Eng., Junior Assistant Surgeon to the London Hospital.
SMALLMAN, B. F., M.B.C.S., Medical Officer for the Sutterton District of the Boston Union.
SPACKMAN, H. E., L.R.C.P. Lond., M.B.C.S., House Physician to the Wolverhampton and Staffordshire Hospital.
SPENCE, W. J., L.R.C.P., L.R.C.S., House Physician to the Bradford Infirmary, vice Mr. Foster, resigned.

Births.

CRAWFORD.—August 3rd, at St. John's Park, Blackheath, the wife of Dr. Crawford, Director-General Army Medical Department, of a son.
HALL-MORE.—August 3rd, at Walmer, Kent, the wife of Robert Hall-More, M.D., Staff Surgeon, Royal Navy, of a son.
PURVES.—August 2nd, at 10 Stratford Place, Oxford Street, London, the wife of W. Laidlaw Purves, M.D., of a daughter.

Marriages.

BEESTON.—READ.—August 4th, at Dublin, Joseph Lieveley Beeston, L.K.Q.C.P., and L.R.C.S.I., to Anna Maria, youngest daughter of William Read, Esq., solicitor.
CORTIS.—BRUCE.—August 3rd, at St. Mark's, Kennington, H. Liddell Cortis, M.B.C.S., to Mary, daughter of J. Bruce, Esq., of Stockwell.

Deaths.

ADAMS.—July 29th, at Queenstown, Andrew Leith Adams, LL.D., F.R.S., Deputy Surgeon-General Army Medical Department, Professor of Natural History, Queen's College, Cork.
JOHNSTON.—July 29th, at Glasgow, John Reid Johnston, M.D., aged 24.
LUBBOCK.—August 1st, [at St. Leonards-on-Sea, Lora, the wife of Montagu Lubbock, M.D., of 19 Grosvenor Street, London, aged 35.
MC EWEN.—August 1st, at 21 Nicholas Street, Chester, Wm. McEwen, M.D., M.B.C.P. Lond., F.R.C.S. Ed., J.P. for Chester.
HOPKINS.—August 1st, at Highbury New Park, N., Alfred Boyd Hopkins, M.B.C.S., aged 48.
HURST.—July 29th, at St. Mary's Square, Kennington, William Hurst, M.B.C.S., aged 56.
MALE.—July 29th, at Yeovil, Henry D. Male, M.D. Brus., L.R.C.P. Lond., of Victoria Park Square, London.
PEPLOW.—July 27th, at Lower Tooting, Surrey, Joseph Peplow, M.D., L.R.C.P., late of Great Russell Street, W.C., aged 76.
POULTON.—July 31st, at 52 Elgin Crescent, Notting Hill, W., Deputy Surgeon-General C. W. Poulton, M.D., aged 59.
SAYER.—July 30th, at Kenninghall, Norfolk, Thomas John Sayer, Surgeon, aged 56.
SMITH.—July 31st, at the Paddington Provident Dispensary, William Smith, M.B.C.S., for 42 years House Surgeon to the Institution, aged 71.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 16, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

LECTURE V.—(Concluded).

WE have now to consider the laws just adverted to in relation to those which regulate the recurrence of inflammatory attacks. That certain forms of erysipelas are prone to become persistently recurrent is, as I have already observed, well known. We habitually recognise the fact that a patient is liable to erysipelas, and expect that in him attacks will be produced by slight causes that will prove of much less severity than first ones usually do. If the recurrence has been very frequent the attacks are usually very short and mild; sometimes the intervals are so short that the disease becomes almost persistent. Exactly the same facts are observed as regards proclivity to catarrh in all its varieties. They are sometimes also seen in liability to repeated attacks of diphtheria, a fact which has been recognised by many writers. I had recently occasion to perform tracheotomy in an orphan school on a child who was in *extremis* from croup. In conclusive proof of the nature of the disease we removed at the time a large fibrinous cast of the trachea. The child passed through, I was informed, four attacks of croup previously. It recovered after the operation, and has, I believe, since been threatened with a sixth attack, which, however, never became severe. There is a peculiar form of oedema of the eyelids and cheeks which is caused by repeated attacks of erysipelatous inflammation, and which results at last in permanent deformity. Of this I have seen many examples. In these cases the first attack is usually one of the ordinary form of erysipelas of the face, with the liability to indefinite extension constantly witnessed in the malady,

but the later ones are limited both in duration and extent, and the patient at length comes to know what to expect, and to be confident that the swelling will not go further than the face, nor last longer than a week or ten days. In some persons, and especially, I think, in the young, the upper lip and the alæ nasi are affected rather than the eyelids. The type of inflammatory action sometimes, as may be inferred from what I have said, ceases to be the most characteristic of erysipelas, and in others from the beginning it has in minor features departed from the type. Thus there is a form which we might call vesicating erythema which often affects the cheeks symmetrically, is of limited duration, and occurs over and over again. In some instances the vesication is extremely slight, and possibly absent, and erythema with cedema is all that we see. The cases differ from erysipelas in that there is little or no tendency to spread at the edge, and in some instances, in the comparative absence of cedema. They occur, I think, chiefly to the young, but adults and elderly persons are liable to recurrent inflammatory attacks of parallel clinical history in which the type of disease is rather of an acute but transitory eczema. All those diseases appear to be for the most part catarrhal in origin, that is, the exciting cause is usually exposure to wind or cold. They are of great interest to us as proof that maladies which are probably due to very similar causes both predisposing and exciting, may yet be attended by differing outward manifestations, and that when once the type has been taken in the individual the recurrences will be all of the same character. They also form interesting pathological links one with another, and between erysipelas and its allies. The morbid conditions which I have been referring to certainly establish in the individual who is their subject, through their long persistence or frequent recurrence, a state of health well deserving the name of diathesis, and there can be little doubt that the peculiarity so produced might and would be likely to become hereditary. We thus have occasion to note how a permanent and transmissible peculiarity of health may take its origin. Erysipelas has in elephantiasis a congener of great interest. The distinction between the solid cedema which results from recurrent attacks of erysipelas and the more characteristic form of elephantiasis is only a matter of degree, and it is well known as regards all elephantiasis that repeated attacks of rigors with erysipelatous swelling are constant features of the disease. One is tempted, indeed, to go the whole length, and declare that elephantiasis is, after all, only an example of persisting exceeding chronic erysipelatous inflammation with its resulting hypertrophic

changes. Elephantiasis may vary infinitely in degree, but not at all so far as I know it in kind. It always begins in cedema, and from this it slowly progresses to hypertrophy. The hypertrophy may implicate the corium and cellular tissue only ("smooth elephantiasis"), or it may involve also the papillæ, and produce the tubercular form. Usually these two forms occur together in different parts of the same limb. The solid cedema, which is its first stage, may begin from a variety of causes. It may be induced by an attack of *bona fide* erysipelas, by an injury, by any slight local inflammation, a chancre, an excoriation between the toes, &c., &c. Almost invariably its persistence is favoured by the mechanical disabilities of the part as regards the return of the venous blood and the contents of the lymphatics. We meet with elephantiasis chiefly in the legs, the labia, clitoris, penis, and scrotum, parts which, if once they become swollen, are dependent. The non-symmetry which prevails in a large majority of cases denotes the influence which purely local inflammation has in locating the disease. In some cases it affects equally both legs, and in these it may be taken for granted that the constitutional predisposing cause is strong. Such cases prove the fact of hereditary diathesis. They are scarcely ever met with in England, but only in those climates where the disease is endemic, and in races or tribes who are peculiarly liable to it. When the elephantoid process has once well set in I believe it is never wholly cured, and no better instance could be produced of the pathological advantages of possession. The worse the disease is the worse it is likely to become. It is emphatically a self-aggravating malady. The mere fact of its existence tends necessarily to its spread. Slowly but surely it undermines the health of its subject, impoverishing his blood, and mainly by the recurring attacks of erysipelas which attend it, enfeebling his tone. Constitutional treatment does but little, and local measures are the only chance of benefit.

We need not feel much difficulty in interpreting the phenomena which we witness both in recurring erysipelas and persisting elephantiasis. They are doubtless examples of the pathological power of habit and indulgence. Just as a man who has once yielded to intemperance is in danger of becoming a drunkard, so it is with the tissues. The oftener they have yielded to any special process of inflammation, the more prone are they to yield again. No doubt but that as in the case of the drunkard and the epileptic, so also here pre-existing susceptibility takes its share in favouring both the first outbreak and the continuance. This share, however, probably varies much in different cases, and may in some have been but very small. The main power at work has doubtless been the increase of proclivity which every recurring attack begets, until at length the habit or the disease, call it which we will, becomes fixed. Nor must we consider, as I have already remarked, that this power of habit will be restricted in its influence to the individual. If children be born to a man after the habit has been acquired, they will almost necessarily inherit it. The certainty of inheritance will be in ratio with the fixity of the habit and the length of time that it has persisted before the birth of offspring. A great difference must be noted as the inheritance of proclivities which are developed before and after the conception of offspring. If a disease comes into active existence only subsequently to the production of the whole of the offspring of its subject, clearly the latter will inherit only the degree of proclivity; and it may chance to have been but very small which their parent may have originally possessed; but if born after the diseased process has been long in activity, they will take over the original disease much augmented under the force of pathological habit. Illustrations of this in the case of the children of drunkards are of common occurrence. It is all the difference there is between one who simply bequeaths his patrimony as he received it and one who has largely increased it by his own gains. Elephantiasis, although preceding the same disease, whether met with in temperate climates or in the tropics, is far more common and severe in dark races and hot countries. Malaria has, perhaps, something to do in predisposing to it, and heat and moisture unquestionably aggravate it. It is, possible, however, that we have much aggravated our impressions both as to race and climate as strong influences, since the laws of inheritance will account for excessive prevalence to a large extent when once it has obtained its hold. It may be that we should regard it as to a considerable extent resulting from a diathesis which is heritable in certain families, tribes, and races. There are certain phenomena which may, perhaps, deserve the name

of revealing symptoms. Not but that all symptoms are in a sense revealing, but there is a special and emphatic manner, since they disclose the fact of the existence of a tendency which, although present from birth, possibly has never been suspected. Symptoms of this kind occur, as might be expected, in connection with powerful exciting causes. Peculiar manifestations following the employment of special drugs, or in the introduction of special animal poisons, may rank under this head. If a patient who receives the virus of small-pox develops a hæmorrhagic eruption, or if acne follows small doses of iodide of potassium, we may feel sure that in these occurrences we have a revelation as to the peculiar idiosyncrasies of the individual. It is certain that those to whom these events happen differ, and have probably differed through the whole of life, from others in whom similar causes are not followed by similar effects. The touchstone by which these individuals' peculiarities may chance to be revealed are innumerable. The behaviour of the vaccination sore and that of the primary sore often furnish to the observer an unexpected clue to the peculiarities of the individual. Sometimes the revelation concerns only the specific cause which has been in action, but in others it extends much more widely. For instance, I believe that a clean well-indurated chancre without tendency to ulcerate or inflame rarely occurs, excepting to a person in sound health, and is far more common to those of dark complexion than in the fair. An opposite tendency on the part of the sore by no means always reveals or implies weak tissues or poor health, but it often does so in a definite manner. In making inferences of this kind, however, we must guard against the error of attaching importance to the state of the sore during the first week, which is usually due rather to peculiarities in the pus in which the contagion was effected than to those of the recipient. The syphilitic virus itself is, on the other hand, always probably the same, and differences in its results are due to temperament, diathesis, or health state of its recipient, and come into the class of revealing symptoms. Some of these phenomena deserve, I think, another distinctive name, and may be conveniently known as retrospective symptoms. They reveal not that which is to come, nor even that which is present, but rather that which is past. In some cases it may be their causes are still extant and influential, but in many I believe that the symptoms in question occur only at a considerable period after the termination of the activity of the influence which gave it birth, and that they imply little or nothing as to the present health of the patient or his future liabilities. They may, however, reveal a diathetic tendency, which by hereditary transmission may bud out anew in offspring. The explanation of this probably is that they are associated with diatheses which manifest their existence chiefly in middle or early periods of life. The term, *retrospective symptoms*, ought not, perhaps, to be applied to conditions which are simply the remains of bygone disease, however useful in a little way such conditions may be. It is rather to be kept for conditions which originate late, and which, like slow-growing seeds, spring up long after the seed time. The best example which I can give of what I mean occurs in the instance of xanthelasma palpebrarum. When xanthelasma is developed in various parts of the body in an adult, I believe it is always associated with liver disease, and often with definite and severe jaundice. In these instances it reveals a still extant hepatic diathesis, plus probably some slight tendency to new growth and fatty degeneration. In the far commoner cases, however, in which xanthelasma patches are met with in the eyelids—only no such association is observed—a large majority of those who show them have never had jaundice, and are in no sort of danger of it. Many, however, have in former years suffered much from bilious headaches, and if not actually from these, they have experienced repeated temporary health-disturbances, attended by dark areolæ around the eyes. It is this fact which the patches in question reveal, and they may occur for the first time long after all liability to the disturbances in question have ceased. They are, therefore, retrospective, and I am inclined to think that in many cases they are solely so, and that little or nothing is to be inferred from them as to the patient's future. In other cases—and perhaps not a very small minority—the original liability still persists, and will continue to show its effects. But even in these xanthelasma patches are usually the product of what is long past, and have required a very long time for their reproduction. 1

have already spoken of certain other and very rare cases in which xanthelasma occurs in young children—possibly in several members of the same family—always in a multiplex form, and without any association with disturbed health. In these curious cases I would suggest that the retrospective is yet further back, and that they reveal the fact that some predecessor has suffered from liver disorder, or possibly been the subject of xanthelasma itself. It is true of a number of morbid states which have received special names, and are often spoken of as if they were complete in themselves and distinct from all others, that their chief interest for the nosologist lies in the fact that they are symptomatic of diathesis. Their occurrence reveals the states of peculiar health into which the persons showing them have respectively fallen. Thus, as we remarked when dealing with the subject, enlargement of the thyroid gland, when endemic, reveals a diathesis which may end in great degradation of the physical state generally, and we ought by no means to be content to name it bronchocele, as if in that term we had denoted the whole malady. I propose now to take up in succession a number of names, and separate according to custom distinct diseases, and to ask concerning each what is its symptomatic value, what does its occurrence reveal, how far may its existence help us to the discovery or recognition of the health peculiarities of the individual. We will take first acne. Under this name certain conditions which differ considerably from each other are grouped, but my impression is that the grouping is to a considerable extent natural, and that they really are closely related. All forms of acne have this in common, and they are due to morbid processes occurring in or around sebaceous glands, and further, that their commonest site is the face, with the exception, perhaps, of white acne of milium, which is due to congenital occlusion of some of the gland orifices and accumulation of white albumen (?) under a thin transparent pellicle of epidermis. All are, at one stage or another, attended by congestion or inflammation. Their differences depend probably upon differences in the character of the skin in different persons, differences in age, and modification in the ordinary cases. In order that acne should occur, it is essential in the first place that the sebaceous system should be largely developed, and the skin moderately thick. These conditions given, we shall then be able to watch the play of various influences, local and general, upon their subject's health in producing its various forms. If his state of tone and vigour remain perfect, probably his glands will continue to elaborate and pour forth their secretion without any disturbance. No accumulation will occur, and no secondary congestion around them will be observed. But the slightest, the most temporary disturbance of tone may derange the function of these glands, and may permit the retention of a thick secretion, or favour the occurrence of inflammation around an irritating plug. How rarely do we witness the occurrence of acne in any form before puberty, and how frequently do we obtain proof after the period that the influences of the sexual system is all-potent in so disturbing the tone that acne spots are produced. In girls menstruation is often attended regularly every month by fresh eruptions of acne, and in boys nocturnal emissions frequently have the same effect. If, however, the integument were originally thin and not greasy, then it is possible for the tone to be very seriously damaged by the causes adverted to, and yet no acne may be produced. In such cases pallor of skin may be the only result. In others in which there is less than usual proneness to inflammation, and perhaps very slight disturbance of tone, a peculiar form of lichen-acne, or very chronic persisting enlargement of the gland without congestion, may occur. This is seen chiefly in the temples and forehead, and in the male sex it is often coincident with similar long persisting enlargement of the glands on the penis and scrotum. The location of acne on the face is probably often explained by pre-existing peculiarities in the state of the skin of the face. Some get acne almost solely on the chin, or on the chin and cheeks, and these are almost always those in whom the nose is specially thin. On the other hand, those in whom the nose and skin are generally thick become liable when acne is developed to have the cellular tissue around the glands implicated as well as the glands themselves. Thus, tuberoso indurations of a very chronic nature may be produced, which, if in adult life the causes of aggravation remain, may advance from what is known as acne tuberosa to the grotesque deformities. Acne is very constantly hereditary, the same form

often prevailing in several members of a family, and acne tuberosa, I believe, often descends in several generations from father to son. I have not seen acne tuberosa more than once in women, and in that instance a sister of the patient had common acne, and here males had shown the tuberoso form. The pustular or common form belongs to youth, the rosaceous or erythematous to adult life. If, then, we attempt to reply to the question "What does acne in its various forms imply?" we should, I think, have to answer that, in the first place, it denotes original and heritable peculiarity in the structure of the skin; next, that its common form in young persons usually implies greater or less disturbance of tone in connection with the sexual system, and that its rosaceous form results from dyspepsia, attended by flushing of the face after meals. The tuberoso variety implies original peculiarity of structure, and is often aggravated by dyspepsia and intemperance. Common acne is almost constantly attended by proofs of enfeebled circulation, such as cold feet, and often by constipation. Closely associated with acne are the liability to styas, to some forms of sycosis, and to boils, but with these exceptions I know of no forms of skin disease which are due to the same class of causes, or denote the same conditions of health.

A few words may next be said as to the symptomatic meaning of eczema. This symptom is in a large majority of instances so far local that it is curable by local measures, and scarcely, if at all by constitutional ones, whether drugs or restrictions as to food. Yet it is probable that there is always a minor degree of constitutional proclivity and this is sometimes proved to be hereditary. In a few cases, dietetic restrictions do appear to have important influences as for instance, the forbidding of milk and sugar. I have already alluded to the remarkable way in which eczema appears to aggravate itself, and when once it has begun is its own source of extension. Probably a great many cases which become severe and general, might have been stopped in the beginning by appropriate local treatment. In most forms of eczema arsenic is useless, and this fact serves to detach it definitely from the psoriasis group. There are however certain forms of nummular eczema in which well-margined patches are scattered symmetrically over the limbs and trunk, in which the disease approaches very closely to a form of psoriasis, and is more or less under the control of the specific for the disease. Putting aside a very large number of mild or local cases, which are clearly due to local causes, we encounter severe eczema in the following forms: First, as a disease of the dentition period of infancy, or what is often equivalent, the lactation or milk-fed period. Second, as a most persisting and troublesome eruption affecting only special regions in children and adults, as for instance, the hands, the lips, and the anus. Thirdly, as a general and severe eruption in advanced adult or senile periods of life. It is a noteworthy fact that when infants who have suffered very severely get well, they usually get quite well, and remain well through life. General attacks affecting the whole body occur for the most part near the extremes of life. Applications containing tar, if weak enough, will almost always both prevent and cure eczema. Sea air is often definitely advantageous, and the disuse of milk and sugar are often important. With such facts before us can we find answers to the questions:—Is eczema usually a sign of gout, or any allied condition of defective digestion? Is it catarrhal? Is it due to structural idiosyncrasy of the integument? I should incline to reply that it is certainly not catarrhal in any correct use of the word. It is not produced by the common causes of catarrh, nor does it display the clinical course of all catarrhs in the tendency to spontaneous recovery and frequent repetition. Next in many cases it does imply a minor degree of mal-assimilation alleged to gout, and is benefited by abstinence from beer and wine. Recent experience has led me to believe that the offending article is often milk, and to think it of importance to restrict it as much as possible. In very many, a large majority of cases, there is no true gout either in the patients or relatives.

A GIRL named Blain died last week at Kildysart from the effects of hydrophobia. She was bitten about three months since by a dog, which was ultimately destroyed, after biting a number of cattle dogs.

Original Communications.

THE USE AND ABUSE OF BLOOD LETTING. (a)

By W. F. WADE, F.R.C.P.,

Physician to the General Hospital, Birmingham.

AFTER a brief reference to the enduring value of the medical literature of 50 years ago, the lecturer proceeded to say that no one of the present generation, reading for the first time the clinical memorabilia of 1832, can fail to be struck by one all-pervading method of treatment—viz., blood-letting. Indeed, at first sight, it almost obscures our perception of any other therapeutical means or agents. The difficulty is to name diseases in which it was not used, not those in which it was. Its prevalence may be brought very vividly before us by a quotation from a contemporary author. He says: "Blood-letting is not only the most powerful and important, but the most generally used, of all our remedies. Scarcely a case of acute, or indeed of chronic disease, occurs in which it does not become necessary to consider the propriety of having recourse to the lancet, or to estimate the effects of blood-letting already instituted." But to get a full impression of this frequency, you must read, one after another, the records of cases in which—medical, surgical, traumatical, and obstetrical—bleeding from the arm was practised. Indeed, this does not exhaust the category. The chief resource of preventive medicine was to let blood from the arm every spring and fall.

Such was the practice of that day, and such, in large measure, the therapeutical science; for, be it observed, these things were done, not only by obscure apothecaries, but under the direction and auspices of those who constituted the highest court of scientific appeal.

Within a few years a revolution of opinion had taken place the like of which the history of medicine wots not of. For be it remembered, this was not the case of a transient phantasy—of a gourd which, having sprung up in a night, might well wither in a day—but the well-established practice of centuries, which had withstood, not only the ravages of time, but repeated volleys from the batteries of wit and satire.

To begin with the most remote predisposition: the medical profession cannot escape the influence of those phases of thought and waves of opinion which from time to time dominate other sections of the body politic. The intellect of that period was coming to distrust, and ultimately to banish, "violence, harshness—the darker shades of repression—from the education of the young, from the treatment of the insane, from the punishment of criminals, and to substitute for those time-honoured but most ineffectual processes a rational moderation." Well known political reforms were the work of that period, and the outcome of the spirit just mentioned. Reconsideration of ancient dogmas was the order of the day; and that reconsideration in many instances led to their effacement.

Another influence was coming into play. The *vis medicatrix nature* has been recognised in medicine from time immemorial; but its efficiency as an antagonist to disease has been at different times very differently estimated. The formula may be the same, but the conceptions it embodies may differ to an extent which is equivalent to a difference in kind. It would seem that formerly Nature was esteemed but a very feeble and humble assistant, whose influence was nothing unless rigidly controlled and directed by a more intelligent or reinforced by a more potent agent. This idea was all in favour of robust and strenuous therapeutics, and they were accordingly dominant. It was assumed then that Nature could do nothing without assistance. We do not assume, but know as a matter of fact, that in many instances Nature unassisted can do everything. "Expectant medicine" is the term used to designate the line of conduct, or perhaps rather the mental attitude which this knowledge imposes upon us. This is sometimes derisively described as the art of laboriously doing nothing—of trusting to Providence, and it is supposed to be a lazy, shiftless mode of shirking responsibility. All sound principles are liable to corruption; and this particular principle may—indeed, in the hands of those who do not appreciate its essence, does—lead to a neglect of therapeutical means. But, rightly understood, it is anything but a lazy and shiftless method; it necessitates a constant, anxious, and laborious study and observance of the tricks and turnings and vagaries

of disorder and disease. So far from this system, when intelligently followed, leading to a disbelief in the potentiality of drugs, it seems to me to do exactly the opposite. Having learnt with more accuracy and greater fulness the natural progress of disease, we are the better able to estimate the extent to which the direction of that progress is capable of deflection by the administration of remedies; and it passes my comprehension how any person who has intelligently and dispassionately watched the progress of disease, when subjected and when not subjected to drugs, can refuse to believe that we hold in our hands gigantic forces to oppose to those of an aberrant Nature. Extremes meet; and it may be that in this and many other cases incredulity is a token of a credulous nature. Various causes, no doubt, co-operated in generating and maturing expectant medicine. One which we know did at a later period markedly contribute to its development was even at this period beginning to attract attention. Laymen for the most part do not pretend, and do not seek, to understand the merits of opposing medical theories or schools of thought. It is on this broad ground, and as an historical fact, and not a critical opinion, that I say that Hahnemann was commencing to subject, not so much the public mind to his doctrines, as the bodies of the public in this country to his treatment. He had by this time evolved out of his inner consciousness the belief that infinitesimal particles might have what seem to us preternatural powers instilled into them by the divine agency of the pestle and mortar. If it was not the "little-dose" element which made this system attractive to the laity, certain it is that this chiefly fixed the attention of the profession. To say that the trituration doctrine is so absurd that no sane person can possibly believe it, is to ignore a great part of the history of speculative thought in all ages and countries; but it is just to say that the adoption of such a dogma requires an unusual share of that mystical element of which the mind of no one is entirely devoid. This view explains why, to the great bulk of the profession, the doctrine of infinitesimal doses dynamised by trituration was, and remains incredible. Rightly or wrongly, cures apparently wrought by such medicaments were and are judged to be instances of spontaneous recovery. This interpretation necessarily facilitated the reception of that higher ideal of the power of Nature which was then arising; indeed, from that it is possible that the suggestion proceeded. Such a conception would undoubtedly make more easy the relinquishment of severe and violent modes of treatment, and amongst these blood-letting was conspicuous.

The second source of error is a too rigid adherence to the dictates of science. This cannot be treated so peremptorily. That medical science as a whole is imperfect; that the individual sciences of which it is composed are imperfect; that of these the science of therapeutics is the most imperfect; that above all, we, the agents who have to apply these sciences in our daily life, are imperfect—all this is not only true, but is universally admitted to be so. The doctrine that we must incessantly compare that which does happen with that which we think ought to happen is therefore no new one. Yet those who venture to submit rules and methods which, it is hoped, may minimise these defects, are somehow disposed to disparage, if not to dethrone, science, and to be wishful to replace it by some fanciful hocus-pocus of their own. Nothing can be more unjust, nothing can be more injurious, not to those who use, but to those who reject precautions and safe-guards, and to the science which they honestly desire to exalt. Disguise or dislike it as we may, it is not the less certain that, in the treatment of disease, we have no firmer basis than the doctrine of probabilities. And he who manfully recognises this is the least likely to fall into error, and the earliest to find out when he has done so, and, therefore, the promptest to retace his steps. In medicine, we have, in an ordinary way, to deal with some things which are highly probable, some fairly probable, some slightly probable, and some improbable, some only just possible, but with nothing absolutely certain and nothing absolutely impossible. This is not a reasonable cause for discouragement, still less despair, though it is a reasonable cause for reflection, care, and thoughtfulness.

There are special occasions in which we are all prone to misuse drugs, sometimes straining, sometimes neglecting the teachings of science. We have all seen the acute case going wrong, sliding, we know not exactly at what first moment, or how, out of our grasp. We see looming in the not remote distance the cliffs which overhang the valley of the shadow of death.

(a) Abstract of the Address in Medicine delivered at Worcester, August 9th, before the British Medical Association.

Is it not true that, thus tried, our composure may become disturbed, our judgment clouded, that our conduct, instead of being controlled by calm consideration, may be misguided by panic? Does it never happen that, not knowing what to do, we resolve to do something? Does this something never take the shape of a potent drug in what is miscalled a heroic dose, administered without a sufficient possibility of being able to predict its effects? No one dissents from the propositions, that meddling surgery is bad surgery, that meddling midwifery is bad wifery. Do we at all times adequately realise that there may be a meddling medicine which is bad medicine? Standing in the dark on the brink of a precipice, may it not show more wisdom, and require more courage, so to stand, than to take a free step, not knowing whether it may land us in security or precipitate us into the abyss?

We have now seen that there is more than one way of misusing remedies. In all these ways, our predecessors from time to time, as we may see from the records, misused blood-letting. In this misuse we find the real origin of its abandonment. In 1820 a provincial practitioner, a physician at Nottingham, Marshall Hall, opened the first parallel of the sage which, in my opinion, eventuated in the razing of this stronghold.

In 1829 he brought to bear on the abuses of blood-letting in a more elaborate criticism, new facts, and a more matured opinion. Instances are given where the sagacity of experienced practitioners had intervened to shield patients from the fatal effects of a too servile submission to the accepted teachings of science. Other instances follow in which honest reliance upon these teachings resulted in the patients being bled to death. The cases are on record, and will convince the most unwilling reader, that this is not a sensational or rhetorical statement, but the simple, unvarnished, if unpalatable truth. If all this be so, who can challenge our duty to exercise the right of private judgment? But this exercise, if it is to be salutary rather than misleading, must not be reserved for cases of exceptional complexity and difficulty; it must be habitual, daily, hourly. Trivial cases and familiar drugs should be to us what academy studies and jottings of nature are to the painter, reviews and field days to the soldier, scales to the vocalist—the means by which we perfect ourselves in the details which have to be happily combined to make the supreme effort successful.

We come now to an episode in the investigation which, beyond its historical interest, has an important bearing on a question which is just now subjected, not to philosophical criticism, but to a vehement, heedless, rhetorical guerilla. After ten years devoted to investigating the effects of loss of blood, having amassed cases and accumulated observations, not ignorant of the strictures of previous writers on the abuse of blood-letting, in possession of a real clue and well advanced on the right track, deeply penetrated with the importance of the inquiry, and profoundly anxious lest while purposing to benefit humanity by promulgating truth, he might inadvertently injure it by propagating error, in 1830 Marshall Hall undertook some experiments on living animals. But hear from himself his reasons. He says:—

“After paying considerable attention to the effects of loss of blood, as manifested by the human subject under the influence of blood-letting or hæmorrhage, I still felt that there were so many questions left in obscurity, that the investigation of them in the way of experiment was one the object of which was at once legitimate and most important.

(1) “It was highly important to ascertain the effects of loss of blood in circumstances entirely free from the complication of disease or other unusual condition of the system.

(2) “It was highly important to estimate the difference in the effects of loss of blood in the different ages.

(3) “It was also highly important to fill up a blank left in my former investigations by ascertaining more accurately and distinctly than before the various organic changes induced by loss of blood.

(4) “And as blood-letting constitutes the most powerful of our remedies, and hæmorrhage one of the most formidable of diseases, it became of the utmost moment to fix the rules and limits of the employment of the former, and to ascertain the most efficacious mode of restoration in the latter.”

These words may have been, and, according to some, I presume, were the specious covering which a cruel and blood-thirsty man, reckless of animal suffering and regardless of all moral duty, used to cloak his inherent savagery. May they

not have been the truthful words of a just and righteous philosopher offering reasons for resorting to proceedings primarily repulsive to his feelings—proceedings which were nevertheless, in his pondered judgment, obligatory for the complete elucidation of an obscure subject of direct and paramount importance to the cure of his fellow-man? Sitting here, the inheritors of this knowledge, which has indirectly changed the whole face of our practice, it may seem to us that the case was overloaded with proof. But it is impossible to decide, after the event, what amount of evidence ought to have been sufficient to fashion and consolidate into a coherent and shapely form the flocculent masses of colloidal truth floating hither and thither in the mind of a discoverer. War against the cherished convictions of the age is not to be undertaken with a light heart, nor with an incomplete armament. At any rate, the other evidence did not seem to Marshall Hall sufficient to overcome the *vis inertiae* of contemporary opinion. For in 1836 he deemed it necessary to publish, in a more extended and complete form, and reinforced by his vivisection experiences, the views which he had already on several occasions propounded.

To return now to our proper subject. In the year 1836, Marshall Hall's last word on bloodletting was published. But a very few years elapsed before it had ceased to be practised. It is most curious that the intention and object of his publication was to regulate, not to abolish, bleeding. It is true that he clearly demonstrated that it might be, and had been, so employed as to produce not only injurious, but distinctly fatal, effects; but he also taught its utility, authorised, and, indeed, recommended its employment, though with limitations not previously laid down. How, then, it may be fairly asked, could such teaching result in its abandonment? The printed records show distinctly that this remedy had come to be used in all sorts of cases, at all sorts of times, as a matter of course; as one that could do no harm at the beginning of an illness to cut it short, in the middle as routine treatment, and when things became desperate as a forlorn hope—as the last, the only chance. The plain blunt statement that persons had been bled to death *secundum artem*, the simple detail of the facts of individual cases, proving to the most unwilling reader that this statement was true, must have pricked the conscience of many an honest practitioner. Men came to look at bleeding from an exactly opposite point of view to that which they had previously occupied, and began to see that it was not absolutely necessary at the onset of disease, was of doubtful safety as a routine treatment during its height, and at a grand crisis might even be fatal. Can we wonder that in a few short years the practice had ceased to exist?

It would be improper, and indeed might be misleading, to leave this subject without adverting to another explanation of this astonishing change in practice. It has been attributed to a change of type in disease. A chief supporter of this view is one of the ablest and worthiest representatives of medicine in our time—worthy, indeed, of any age—Sir Thomas Watson. What has not been shown, he says, writing in 1857, “is that the human constitution is incapable, from influences to us unknown, of undergoing alterations, in respect to the manner in which it is affected by inflammation, and by the reputed remedies of inflammation. For my own part, I am firmly persuaded, by my own observation, and by the records of medicine, that there are waves of time through which the sthenic and asthenic characters of disease prevail in succession; and that we are at present living amid one of its adynamic phases.”

It is not necessary to discuss the soundness of the view so succinctly stated. For the purpose of my argument, I could have wished to be able to give it an unequivocal assent. It enforces, with the most eloquent brevity, the supreme and paramount necessity of a constant, even suspicious watchfulness, of our own operations and of the workings of nature. Let us now turn to some further considerations which especially enforce this obligation.

Whilst unreservedly admitting that medicine is imperfect, we all believe that it is not stationary, but progressive. Each year furnishes more exact knowledge as to the structure of the body; the uses of various organs; their *modus operandi* in health; the manner in which their operations are disturbed by disease; the effect of such disturbance upon other organs; the causes of these disturbances; and the extent to which they may be controlled or interrupted by diet, drugs, or other agents.

We are from time to time presented with new instruments, or new means of exact research, with new drugs, and with new

facts or theories respecting old ones. But this is by no means all. We are furthermore being, not infrequently, urged to apply this new knowledge, or these new views, to the treatment of disease; to employ a new drug, to discard an old one, or to use it in conditions to which it has heretofore been considered inapplicable, or to use it in doses of much less or of much greater magnitude than we have been wont to administer. Examples will at once occur to your minds of beneficial changes which have of late years been in this way introduced. It is possible that we may have to go much further in some of these directions. As regards the dosage of drugs, I am strongly inclined to think that, both as regards *maxima* and *minima*, we are too closely bound by the fetters of posological tables, or of our habitual prescriptions.

But let us look at the other side of the shield. It is not many years since a provincial surgeon of ability and of local repute began to employ and recommend a new plan of treating delirium tremens. He gave tincture of digitalis in doses which, compared with ordinary ones, were simply enormous. In support of his views, he cited cases in which these huge doses appeared to have produced the most beneficial results. One thing appeared certain, that, contrary to anyone's anticipation, these doses had not proved fatal. The facts were puzzling to most. There is always a class of minds who have no difficulty in dealing with such a case; if the inferences appear unavoidable, but inconvenient, they disbelieve the facts. Nothing can be more simple. Some supposed that the drug employed was of inferior quality, and therefore comparatively inert. To others who looked a little deeper, it seemed probable that there were conditions of the body which might bear and even profit by doses which, under other circumstances, would be poisonous; that these conditions were present in some, but not necessarily in all cases of delirium tremens; that before long, cases of this disease might present themselves in which these particular conditions were not present, and that, if so, we should hear of fatal results from this plan of treatment. This is exactly what happened; and on this the practice, so far as published data show, passed away. It is too probable that the reaction went to the extent of unduly limiting the use of the drug in those cases of delirium tremens where, in moderate quantities, it is most advantageous. It is not in the case of blood-letting only that we see that a remedy, while it has a good name, is used in season and out of season, but, if its name become tarnished, not at all.

The error of Todd mainly arose from that fertile source of medical—we might truly say of human—error, hasty generalisation. He had no doubt seen, as who amongst us has not seen, the revivifying effects of a dose of brandy opportunely administered. He had, no doubt, as we all have, seen the patient rescued by a few repetitions of this dose from the door of death to which he had been brought by an internal inflammation. The change is nothing less than the transformation of a scene where hope seemed ridiculous into one where anxiety seems absurd. The thought naturally arises, why not prevent the advent of such an alarming condition by beginning a little sooner to administer so sure an antidote? To the soundness of this suggestion no just exception can be taken, for undoubtedly the experienced eye can discern the storm coming, without waiting till its bursting has announced its existence and destructiveness. So far then, so good. But having got so far safely, it is easy to go still further, and to get on to dangerous ground. Why not begin at the beginning? Why not give the alcohol as soon as you know, and this is not difficult, that you have to do with an inflammation? The acceptance of this reasoning involves perilous consequences. Few minds are so delicately balanced as to be able to distinguish between such a position and the adoption of alcohol as an anti-inflammatory specific. You will not ask me for a metaphysical analysis or definition of the term "specific." But you will permit a few remarks upon the practical dangers arising from the conception which it embodies.

The medical mind never has ceased, and probably never will, to hanker after specifics. From time to time some drug is elevated by its undeniably remedial effects into this position, and our hopes are flattered that we possess one. The idea is most grateful. In the first place, what a saving of labour, thought, and trouble; nor is there anything in that feeling of which we need be ashamed; for with many specifics to lean on, our lives would be sufficiently arduous. Then again, we all feel, though perhaps we may try to hide it from ourselves, the uncertainty of medicine. How delightful to know that, to the credit of our own reputation, and to the ad-

vantage of our patient, we have, for at least one disease, a remedy that cannot fail.

It is true, probably, that no one of us believes in the existence of an absolute specific which can never fail; but, on the other hand, we must remember that the conception of a specific and the conception of failure are reciprocally exclusive. A vivid mental picture of the one necessarily implies a very shadowy perception of the other. One reason why this yearning for specifics is so likely to mislead us is that it almost inevitably involves a conception of disease as a unity, instead of a complexity, of processes.

We cannot wonder that the idea of driving the patient through difficulties, as an engine may be driven through a snow-drift, has assumed in some minds an undue magnitude. But the influence of this notion was not limited to the case of acute disease. The progress of medical science has for some time been most marked in the elucidation of the nature and results of organic disease. The hopelessly irremediable character of the changes here found has certainly tended to enforce the idea of "nourishing, supporting, and building up." From this point, the same idea has spread to an earlier stage in such cases, the stage of incipient disease, or to even an earlier stage, that of threatening or impending organic changes—a pre-organic stage. May it not happen, has it not happened, does it not happen, that sometimes this truly important consideration is suffered to overshadow other considerations also truly important? Is there not danger that what we will, merely for convenience and brevity, call the physiological basis of treatment, may be insufficiently resorted to; that the diseased organ itself may not be adequately helped, and coaxed, and assisted to do yet a little more work; that its oppressed and labouring neighbours may in like manner be left without due succour? If it be important that we should get a complete mental grasp of the whole of the case, it is mainly so that we may be the better able to disintegrate it into its constituent elements; that, having so resolved it, we may the better see what we can and what we cannot cope with. How it might have altered the past, had the custom been universal for each one to ask himself, before deciding on a plan of treatment, these questions: What do I propose to aim at? Why do I do so? How best may I effect my object? Might not such a method also alter the future?

We must, to a large extent, depend each one upon himself, his own observation and his own private judgment; employing the best means and devices of science to ensure accuracy of observation, and exercising our judgment with caution and modesty. To the few only is it given to extend the landmarks of science, or to reclaim the waste lands of ignorance. But to each one is given the power to cultivate and utilise those which have been reclaimed. To each one it is given to make the practice of medicine more rational, more common sense, and therefore more truly scientific; to render more rare in the future such dark blots as we have regretfully recognised in the past.

ANÆSTHESIA, ANTISEPSIS, AND OSTEO-GENESIS. (a)

By WILLIAM STOKES, F.R.C.S.I.

Professor of Surgery, Royal College of Surgeons, Ireland; President of the Pathological Society of Ireland.

HAVING referred to the approaching changes in the system of medical education and licensing in the United Kingdom, the lecturer proceeded:—

It has hitherto been customary for my predecessors at the annual meetings of the Association, either to give a *résumé* of the most recent advances in surgery, and discuss some particular theory or mode of practice on which surgical opinion is more or less unsettled, or dwell on those topics that have proved of special interest to himself. On the present occasion, one which should be marked *melioris lapillo*, to give a detailed retrospect of surgical advancement during the past half century would be a task not alone difficult, but, in truth, impossible in the time at my disposal. I purpose, therefore, to dwell on some few topics of great general interest, involving questions still unsettled, and which have more particularly engaged my attention.

(a) Abstract of the Address in Surgery delivered before the British Medical Association at Worcester, August 10th, 1882.

What have been our advances? The list is a goodly one, and the mere enumeration of them would alone occupy the hour at my disposal; but I may mention a few of those that stand out most boldly in relief: The abandonment of an indiscriminate blood-letting in almost every form of acute surgical disease, of a reckless use of mercury in the treatment of syphilis, and of setons and moxæ in hopelessly irremediable articular and other diseases; the introduction of the pressure treatment of aneurism by Bellingham, Todd, and Hutton; of drainage in the treatment of wounds and abscesses by Chassaignac; of metallic sutures and the perfecting of the operations of vesico-vaginal fistula by Marion Sims; of lithotrity by Civiale, Thompson, and Bigelow; and of stricture by Syme, Wheelhouse, Maisonneuve, Perrève, and Holt; the *renaissance* of joint-resection by Crampton, Syme, and Ferguson; the introduction and establishment on a firm basis of ovariectomy by McDowell, Clay, Spencer Wells, and Keith; of bloodless surgery by Eschschsch; of skin-grafting and sponge-grafting by Reverdin and Hamilton; and of osteotomy in genu-valgum by Ogston; improvements in methods of amputation by Bell, Teale, Carden, Syme, and many others; also the operations of gastrostomy, excision of the pylorus, of the spleen, the kidney, supra-pubic excision of the uterus, laparotomy, and cholecystotomy. In connection with abdominal surgery, I would also allude to the recently-published able essays by Sir William MacCormac and Dr. Marion Sims, the latter paper dealing mainly with antiseptics and drainage in gun-shot wounds—these being, in Sir James Paget's opinion, "the most important perhaps of all the provisions to be made in healing wounds." Again, we have torsion in the treatment of hæmorrhage—a method to which such an impulse has been given by Mr. Bryant; and the treatment of aneurism by arterial ligation, without injury to the deeper structures of the vessels, by the methods of Porter and Barwell. In two cases I adopted Porter's method, using a wire, deligating the femoral artery in one, and in the other the abdominal aorta, Barwell's ligature—made from theorta of an ox—a method recently tested in the Richmond Hospital by my colleague, Dr. Thomson, who deligated the arteria innominate for subclavian aneurism. Again, we have, in the treatment of fractures, immovable splints, and improved methods of extension by weights, or more perfectly by screw action; of manipulation in the treatment of luxation; and, in spinal disease, the use of the plaster-jacket of Sayre.

I need not dwell on the complete revolution in ophthalmic and aural surgery that has occurred, and of the light that the ophthalmoscope of Helmholtz has shed, not alone on ophthalmology, but on pathology in its widest sense; or on the other instruments of precision constantly made use of. Memorable as these advances would make any era in the history of surgery, they all pale before three I have yet to mention—advances which the surgical historian will doubtless point to and emphasise as the three giant strides that the past half century has witnessed. I allude, first, to the discovery of the means of banishing pain during the performance of surgical operations; secondly, to the restoration of diseased or injured bones and joints necessitating resection; and, thirdly, the enunciation of the principle and establishment of the practice by Pasteur and Lister of antisepticism in the treatment of wounds.

To anesthetics, antiseptics, and osteogenesis, together with a few cognate topics, I would therefore now invite attention.

Whatever anesthetic the surgeon selects—whether it be chloroform, ether, or both combined, bichloride of methylene, or nitrous oxide gas—we must admit that, even with the most careful precautions as regards the condition of the patient generally, the anesthetic selected, the amount of it used, and the mode of its administration, the gauntlet of peril has still to be run. In truth, it is hardly to be expected that an agent which can so rapidly and completely paralyse our senses should not be attended with peril. Of the two anesthetics, however, that surgeons as a rule mainly rely on—ether and chloroform—much has of late been done to diminish risk by limitation of the amount of the anesthetic used; by the gradual introduction of it into the system; by the avoidance of either in infancy and extreme age, in the puerperal state, in hysteria, and also when there is reason to suspect the existence of any acute or chronic form of renal or pulmonary disease. In the use of chloroform the ever-present risk of cardiac paralysis appears to be increased when any functional or organic

disease of the heart is present, and is, therefore, in such cases, distinctly contraindicated.

Although the number of accidents connected with the use of anæsthetics is fortunately very limited, still I feel sure that by more accurate knowledge of the facts I have mentioned, by entrusting the duty of administering anæsthetics solely to persons of experience and judgment, and by a stricter adoption of the rule so happily formulated by Mr. Jonathan Hutchinson in reference to the desirability of using chloroform in cases below six and above sixty years of age, the number of these regrettable accidents would be still further largely diminished. In the majority of cases, however, I would unhesitatingly prefer ether. In using it there is greater economy of time; it is, with the necessary precautions taken, safer; there is, as a rule, less sickness, and the return to sensibility is slower. To obtain these advantages—which, with others, have been so well and systematically formulated by Mr. Teale—regard must be largely had to the method employed of administering it; and I am of opinion that one in which the air is rebreathed by the patient, as in the inhalers of Morgan, Ormsby, and Clover, should be preferred, as so great an economy is effected thereby, not alone of ether, but what is of far greater importance, of heat in the air-passages, the inspiration of a large quantity of cold ether vapour tending to induce respiratory syncope.

Considering that the treatment of wounds is, in Professor Humphry's words, not merely "the first stone, but also the corner-stone of surgery," antiseptic practice should rank, in my opinion, as the greatest of the surgical advances that the past half century has witnessed. It deserves a special attention not merely on account of the results of its adoption, but also because surgical opinion is still so divided about it—an unsettlement to which an impulse has been given by Mr. Savory's remarkable address at Cork, and by the observations on the value of carbolic spray made by Mr. Lister himself at the International Medical Congress last year. As regards Mr. Savory's denunciation of Listerism, I would say that, after reading it, and also the able reply to it by my colleague, Dr. Thomson, one cannot but come to the conclusion that, when the address is stripped of all its brilliant eloquence and rhetorical decoration, two facts are, to our surprise, brought clearly to light. One is the admission of the germ theory of putrefaction; and the other, that the method of dressing employed by Mr. Savory is essentially antiseptic, consisting as it does of many of the features that characterise Listerian dressings—for example, carbolicised catgut ligatures, carbolicised oils, drainage, and washing the wound with a weak permanganate of potash lotion, or "some other potent antiseptic." Now, as the author of the reply to which I have referred properly asks, "Is this method fittingly characterised by its simplicity and the entire absence of all novelty?"

In reference to Mr. Lister's statement on the value of carbolic spray, about which there has been so much unfortunate misconstruction and misunderstanding, I would certainly say he did not surrender his position in any way. He did not, as was said to me, in terms more picturesque than accurate, by an eminent surgical friend on that occasion, "inter antiseptic surgery and then sing a dirge over." On the contrary, he stated that he looked forward to obtaining a more perfect and convenient mode of asepticism than that afforded by carbolic spray.

Considering the subject from a purely practical point of view, it appears of little consequence whether we accept the views recently discussed by Dr. Burdon Sanderson, or those of Ogston and Hueter, the former maintaining that the inflammatory exudates of a wound do not depend primarily on the contact with them of atmospheric organisms, but that their secondarily infective character does; in other words, that atmospheric organisms *per se* are not necessarily a source of danger, nor do they predispose to the formation of inflammatory exudates, but they do exercise a baneful influence on the latter by rendering them infective. To quote his words, "they are not so much mischief-makers as mischief spreaders." Two distinct functions are attributed by Burdon Sanderson to these organisms; one "of developing what may be called the phlogogenic infection, and that of conveying it to all parts of the body." Ogston and Hueter, on the other hand, maintain and furnish strong arguments for their views, that septic organisms are primarily the sources of all the inflammatory and other troubles

to which wounds are liable, and that under aseptic conditions these dangers can be avoided.

The essentially weak point in the persistent and obstinate opposition to Listerism is the almost universal admission of the truth of the germ-theory of putrefaction. If the fantastic theory of heterogenesis had not long since been swept into the deserved limbo of other exploded doctrines, there would be some scientific standpoint for those opposed to Lister's theory and practice. But not having this, and admitting the truth of the germ theory of putrefaction, they surrender their position. An attempt has been made by Mr. Lawson Tait to draw a distinction between the effects of germs on dead and living tissues, the only serious consequences being, it is alleged, those which result from their introduction into the system through the medium of dead tissue. Such is the contention. In a word, it comes simply to this—that if the dead tissue factor were non-existent, the organisms would remain harmless; if, on the other hand, it be present, they become hurtful. But those who hold this view ignore the elementary fact that there never was a wound, and especially one in which vessels are tied or twisted, in which dead and living tissues were not at once brought into contact. Assuming, however, that this was not the case, has it not been shown on clear evidence by Dr. Burdon Sanderson that septic agencies generated in the organism may induce idiopathic inflammation without the medium of dead tissue? Also that, in acute peritonitis, septic organisms can, through the medium of the lymphatic vessels, be conveyed into the blood streams, and, to use his words, "carry with them a phlogogenic virus, by virtue of which, wherever they lodge, they become the starting-points of infective abscesses." Again, that similar phenomena are observed in connection with ulcerative endocarditis, confirming the observations of Weigert that, in variola, they find their way "in myriads" into the circulation, and eventually find a resting place in the capillaries of the internal organs, where they become nuclei of infective abscesses.

Those who advocate and practise what they are pleased to term a "modified" antiseptic system, attempt, in fact, in a roundabout, clumsy, inefficient way, to do precisely what those who practise Listerism achieve by means which are the outcome of accurate scientific research.

It has been stated that ovariectomy should be considered the touchstone of the efficacy of the antiseptic treatment of wounds. I do not think so (although my successes in ovariectomy date from the time I adopted the system), and for the reasons given by Professor Lister. First, the disposition of a large serous membrane to absorb rapidly the plasma from the cut surface, the absence of tension, the high vital power of the peritoneum in uniting after being wounded; and, lastly, that bloody serum is an unfavourable medium for the growth of micro-organisms, a fact directly at variance with the dictum of Keith, that it is the "enemy of the ovariectomist." One of the best tests, if not the best, for the value of antiseptic practice is resection of the knee-joint, as there are so many circumstances that militate against immediate union being obtained after it. In the first place, the cases requiring so formidable an operation are, as a rule, in a condition of great physical exhaustion consequent on long confinement, and probably protracted suffering of mind and body. The wound is of necessity a large one; the operation occupies a considerable time; two large freshly cut bone surfaces are made, between which union is to take place; and, lastly, there is the great difficulty of keeping it, no matter what appliance be adopted, the limb absolutely at rest during the process of union. Before the adoption of Listerism the surgeon anticipated that four, six, or eight months, or longer, would elapse before union took place, and it was always a subject discussed at consultations on these cases, previously to operation, whether the patient would have strength to endure so protracted a suppuration. As an illustration of how changed matters are now, in a series of fourteen of my cases of excision of the knee-joint, the wounds in nine of them united without a trace of pus production; and in the last of them only two dressings were required subsequent to the one applied at the time of the operation, and in seven weeks after the patient was up and going about. Another antiseptic triumph was the case of a boy with extensive necrosis of the fibula, sinuses, and suppuration existing at the time of the operation. I excised subperiosteally the diaphysis of the fibula, and the case pursued a perfectly aseptic course,

the evidence of new bone-formation being also incontrovertible. From the fact of there being no pus production subsequent to the operation, notwithstanding the pre-existence of suppurating sinuses, a special interest attaches itself to this case. I can only account for this exceptional circumstance as a result of the careful washing of the sinuses by carbolic acid and zinc chloride solutions.

As regards the hygienic effects of the practice, I may mention some facts of interest noticed by me and my colleagues in the hospital to which I am attached. The building is a very old one, and was not constructed originally for a hospital. None of the more modern arrangements, now considered so essential, as regards heating, light, ventilation, &c., exist. It is situated in a poor, very densely populated part of the city, with tenement houses, dairy yards, cattle sheds, and stables in its neighbourhood; and some of the houses in its immediate vicinity have been designated by the medical officers of health as "fever nests." When I was a student there erysipelas and pyæmia were not unfrequently observed after operations even of no great magnitude; hospital gangrene, too, I have seen several instances of—in fact, these three diseases constituted a grim trio, of which the surgeons had not unnaturally a dread. Let it not be thought that the occurrence of these was in any way to be attributed to want of care and attention to cleanliness. No cases could in this respect be more conscientiously or carefully managed. What now exists? Hospital gangrene is an extinct disease, nor have we observed, during a period extending over six years, a single case of erysipelas, septicæmia, or pyæmia following an operation in which the practice of Lister was accurately carried out; *accurately*, for everything depends on that. The practice has been well compared to a coat of mail, which secures the wearer so long as it is perfect, but any missing link in which may admit the *lethalis arundo*.

Similar testimony to what I and my colleagues can state has been given by many foreign surgeons of eminence, among whom I may mention Von Nussbaum, Bardeleben, Thiersch, Von Langenbeck, Volkmann, Esmarch, Saxtorpf, Championnière, and many others.

Although I do not regard surgical statistics with the reverential awe that some do, who look upon them, in fact, as a sort of tribunal beyond which there can be no appeal, I observe that in a record of upwards of six hundred operations performed by myself and my colleagues at the Richmond Surgical Hospital, during the past three years—an institution which I have already spoken of as being hygienically in so unsatisfactory a condition—the mortality was 3·6 per cent.; and there was not a single case in which Listerism was accurately employed that was followed by any infective disease.

The discovery of anæsthetics, and the means of inducing osteogenesis, have largely widened the field of practical surgery. When we consider the revolution that has taken place, since the introduction of antiseptics, in the treatment of compound fracture, of abscesses—especially those symptomatic of bone-disease—of bursal tumours, of congenital as well as acquired osseous deformity, of ununited fractures, including those of the patella and olecranon, of foreign bodies in joints, of hæmorrhage and aneurism by antiseptic ligature, and of various diseases and injuries of the abdominal organs indicating the operations already mentioned, this may, I think, be said with even greater truth. To these may also be added certain thoracic affections, such as empyema, pericardial effusion, and pulmonary abscess, by which the wide gulf that so long existed between medicine and surgery has been to a great extent bridged over—uniting them together firmly, strongly, and for ever.

The methods adopted for bringing about a regeneration of bones and joints necessitating resection on account of injury or disease, constitute an advance in surgery of such interest and practical importance as to distinctly merit special consideration. To adopt a measure by which the main support of a limb, when diseased, and not only rendering that limb useless, but also perhaps imperilling life by pain and exhaustive suppuration, can be removed, with not a mere probability, but, in many instances, almost a certain confidence that it will be restored to the patient, is a triumph then which it is hard to conceive one of greater importance among the developments of modern surgery. The subject has been of keen interest to me for many years, since the time when, in 1865, I witnessed in Lyons many of M. Ollier's experiments, and subsequently repeated them. Strongly impressed by what I then

learned, I have since in practice, as suitable cases presented themselves, adopted periosteal preservation in various operations on bones and joints, a procedure with which the names of the eminent surgical trio, Syme, Langenbeck, and Ollier, must for ever be associated. The operative measures on which my experience is based are resections of the elbow, shoulder, and ankle-joints; resection of the diaphysis of the fibula in its entirety; resection of the greater portion of the ulna; of metatarsal and metacarpal bones; and, lastly, of transplantation of periosteum, as a part of the so-called Indian rhinoplastic operation. Still, though the good results obtained by this practice are, in properly selected cases, not open to question, there can be no doubt as to the existing unsettled condition of surgical opinion in reference to the value of the procedure. This, I believe, arises from a twofold cause, one being traumatic, from insufficient care being taken during the detachment of the membrane, and the second, the non-differentiation on the part of surgeons of the cases likely to be benefited, and those in which the adoption of the practice is, as a rule, attended with disappointing results. As to its value, when the membrane is comparatively healthy, and the patient young, there can be no question. The activity of bone production and other signally gratifying results of the practice must be acknowledged when performed under these circumstances. These results, however, are not so striking when the patient is an adult. In some cases, no bone production whatever is observed, and in others the osteogenic process is slow, the product weak and liable to become absorbed. It should also be borne in mind that, in early life, the membrane has a dual function; one, that of increasing the thickness of bone, and the other the repair of waste. In adult life, it is mainly confined to the latter. This rule, however, is not without exception. One instance I can recall of a man, aged 42, on whom I performed a resection of the upper end of the humerus on account of carious disease. The result was eminently satisfactory; not only was there a reformation of the bone removed, as evidenced by comparative measurement, but also a pseudo-arthritis so perfect as to enable him now, as I have recently learned, to use his spade, to plough, and perform with efficiency all the ordinary duties of an agricultural labourer.

Another point worthy of consideration is the value of the practice in adults and children when the membrane is found to be thickened and pulpy. Among the former, as mentioned by M'Ewen, the osteogenic layer is, as a rule, found to be destroyed, the outer layer thickened, vascular, and lined with granulation-tissue, which soon undergoes fatty degeneration. From such a condition no bone production could possibly be anticipated. On the other hand, a thickened, vascular, cell-infiltrated, softened condition is not incompatible with its osteogenic layer being intact, and its activity in bone production unimpaired; in truth, not unimpaired, but exalted, as we observe in acute necrosis, and also in the development of syphilitic nodes. The condition of fatty degeneration of the osteogenic layer is found among both adults and children, but more frequently among the former. When found among the latter, the cases are, as a rule, badly nourished, anæmic, weakly, and scrofulous. The thickened, vascular, but intact condition of the membrane is what is observed among young persons, and its preservation, therefore, is obviously indicated. In adults it is rarely observed.

The efforts to produce bone in experiments on the lower animals by periosteal transplantation have not been attended with any very marked success, nor have similar attempts in man been specially encouraging. In only one instance did Ollier obtain distinct evidence of bone formation from grafted periosteum. In the Indian rhinoplastic operation, I have undoubtedly succeeded, after transplanting the membrane from the frontal bone, in satisfying myself of the existence of bone reproduction. When left attached to bone, as in Von Langenbeck's modification of this operation, the result has not been so good, owing to the liability to necrosis of the transplanted or detached portions of bone.

As regards bone transplantation I cannot speak from any personal experience; but, in connection with this all-important subject, I must allude to the great stride made in this direction by Dr. M'Ewen of Glasgow. The case of inter-human osseous transplantation in which over two-thirds of the shaft of a humerus was restored, and an account of which was communicated to the Royal Society last year, is one which must stand out in bold relief in the history of this new departure in operative surgery—one

which is with many others an outcome indirectly perhaps, but not the less a result, of antiseptic surgery. For the experience derived from observing the progress towards good union and without pus production of bad compound comminuted fractures when pieces of bone completely separated, and even detached from periosteum, have, after being antisepticised, been replaced, lived, and eventually united to the neighbouring osseous structures, tends, as M'Ewen has pointed out, to show the probability of transplanted bone living. The practice of inter-human osseous transplantation is one which of necessity is applicable to only a very limited number of cases, and the means of carrying it out must rarely be available, as fresh, human, healthy osseous transplants cannot often be obtained. The case, however, which I am glad to say I had an opportunity of examining, is so pregnant of interest, and so suggestive, that it must serve as an incentive to further effort to guide and encourage those working in this direction.

Clinical Records.

GLASGOW OPHTHALMIC INSTITUTION.

Detachment of Retina—Cured by Operation.

By A. T. THOMSON, M.D.

THIS case is interesting because, although it is now about four years since Dr. Wolfe suggested the operation to the profession, and Dr. Shand recently recorded another successful case from this clinique, where the operation is adopted as a successful procedure; yet ophthalmologists still regard detachment of the retina as an incurable affection, and resort to the injection of pilocarpine and such-like expedients, which is merely waste of ingenuity.

Case.—A. B., æt. 14, was admitted into the Glasgow Ophthalmic Institution in May, 1882, for detachment of the retina of the right eye. The boy appeared healthy; no history of previous ailments, although he looks rather pale; he enjoyed perfectly good sight until within six months ago, when it was noticed that the right eye suffered from convergent strabismus; and about April last, the school-master began to complain that the boy held his book very close to one eye and his head twisted in that direction. On examination that eye was found rather deficient in sight;—and in the beginning of May the failure of vision terminated in almost total blindness. Ophthalmoscopic examination on admission revealed detachment of the retina, limited to the lower and outer part; while the optic disc and the upper and inner segment of the fundus were quite visible. This apparently healthy part of the fundus, although not detached, presented a fine sub-retinal infiltration: this condition will account for the almost complete abolition of sight. He could see the shadow of a finger moved downwards and inwards, but to the upper and outer side of the field he could not distinguish even shadows, or point out the movements of a burning taper. As the abolition of sight was out of all proportion to the retinal detachment, Dr. Wolfe considered the case as affording little encouragement for surgical interference. The boy was brought back again in July, his parents desiring that something should be tried. Reconsidering the matter, and reasoning that perhaps the retinal infiltration and abolition of sight of that portion may merely be the result of effusion in the other part, he decided to operate in his usual manner.

Operation.—Patient being put under the influence of chloroform, a speculum introduced between the eyelids, the eyeball was fixed by forceps, and rotated upwards and inwards; a vertical slit was made with scissors into the conjunctiva and sub-conjunctival tissue, laying bare the sclerotic below the equator at its anterior aspect. The lips of the wound were then held apart by two small strabismus hooks; the eyeball was steadily maintained in that position to prevent the exposed portion of the sclerotic from shifting. The narrow sclerotomy was introduced parallel with the sclerotic into the effusion, and on withdrawing it, pressed upon the lower lip of the scleral wound, when yellow serum gushed out. The lips of the external wound were brought together by a fine silk ligature. The eye was closed by means of strips of adhesive plaster,

covered with dry lint, and secured by an immovable bandage.

On the 4th day the dressing was removed, the eye opened, and the ligature removed on the 5th day. Sight was improved to the extent that he could count fingers in every direction.

On the 7th day he could see everything in the house; and when the left eye is closed he can move about the house without assistance, but he cannot read print.—Tl.

14th day after operation.—He reads No. 20 of Jaeger with perfect ease; and very little mark of an operation visible. Ophthalmoscope shows clear definition of the disc, and an improved condition of the retina, with scarcely any retinal detachment visible. The perimeter shows the existence of scotoma at the site of the incision.

24th day, Tn= Improvement of vision maintained.

History of the Operation.—The first successful case in which Dr. Wolfe adopted this operation for detachment of the retina was recorded in the *Lancet*, October 12th, 1878, as an original operation; but in his work on "Diseases and Injuries of the Eye," he gives the credit to Prof. Hirschberg of having published the first successful case in the *Centralblatt* unknown to him. In a letter, however, which he has received from Prof. Sattler, of Erlangen, that eminent ophthalmologist states that "among the German surgeons, to Prof. A. Graefe is due the credit of having first performed the operation, in the summer of 1876, and published it in the beginning of 1877." He further states: "There can be no doubt that you hit upon the same idea totally independent of Prof. A. Graefe, as it often occurs with eminent surgeons of different countries." It may be remarked, however, that the operation as performed by Dr. Wolfe differs materially from Graefe's operation; for whilst Graefe simply rotates the eyeball and makes the puncture through conjunctiva, fibrous capsule, and other soft parts, and allows the serum to well under the conjunctiva to be absorbed, Dr. Wolfe denudes the sclerotic and withdraws the serum entirely. The one is an operation done in the dark under cover, and may entirely prove a miscarriage; the other is done in open light, and can be managed with more precision. Dr. Wolfe considers the difference of great importance to the ultimate success. The case is more worthy of record inasmuch as I am not aware that the operation has been practised in this country by any other surgeon; but it may be, perhaps, because surgeons have preferred to adopt Graefe's method, without being able to report favourably, in consequence of which, it has never become more general. I may also remark that, apart altogether from the successful results obtained, considering the innocuity of the operation, the question is—whether it should not be resorted to in order to relieve the deep structures from the incumbrance of serous infiltration which may have a deleterious influence upon the healthy eye? If there be any truth in the modern opinion that in cases of injuries sympathetic inflammation is caused by the migration of germs along the course of the optic nerve, may not organisms be developed from the effused serum and thus affect the healthy eye?

Since the above report was sent to press we have had another successful case of the same kind, which will be reported in a forthcoming number.

Department of Lunacy.

DISEASE OF SEXUAL ORGANS IN THE INSANE.

DR. S. DANIELS, a Russian physician, contributes an article to the *Deutsch. Med. Zeitung* on this moot question. He has been making researches into the relative frequency of sexual disorders in the insane.

Two hundred insane females were subjected to a gynaecological examination, when the following results were obtained:—

1. In 162 (nearly 80 per cent.) some form of disease of the sexual organs was met with.

2. Of 140 women who menstruated, their ages ranging from 15 to 42 years, only 20 were found who were entirely free from disorder of some kind or other.

3. Of 60 women who had ceased menstruating, from 42 to 75 years of age, gynaecological disease was found in 18.

4. Amongst the women who were menstruating, acute and chronic forms of endometritis of the whole organ prevailed in 40, of the cervix in 22; chronic inflammation of the body in 116 cases; of the cervix, 8 cases; complicated by erosions of the os in 12 cases; irregular menstruation, 28 cases. Then follow displacements, acute and chronic disorders of the ovaries and neighbouring organs. Vaginal catarrh was more rare (7 cases); of the vulva, 4. There were 4 cases of rupture of perineum, and 1 case each of the following—viz., ovarian cyst, fibroma uteri, and papilloma urethrae.

5. Amongst the non-menstruating women (excluding cases of senile atrophy), chronic inflammations of the uterus were specially noticeable (4 cases); old perineal ruptures, 4 cases; and, finally, so-called senile endometritis.

From the "mental" point of view, the cases might be classified as follows:—(a) Menstruating: Idiocy, 1; epilepsy, with insanity, 15; hysteria, 11; progressive paralysis, 14; primary madness, 31; melancholia, 25; secondary imbecility, 10; puerperal melancholia, 5; mania, 18; alcoholism, 2; puerperal mania, 8. (b) Non-menstruating: Progressive paralysis, 10; melancholia, 10; primary insanity, 9; alcoholism, 3; secondary imbecility, 28.

Of those that were menstruating, 31 were virgins, 41 sterile, 68 had born children—38 one child each, and 30 more than one. Of those not menstruating, 2 were virgins, 14 sterile, 44 multipara. Of these, 9 had had from 8 to 12 labours each.

These results show that the complication of mental disease with sexual disorders is a frequent occurrence that demands the greatest attention on the part of clinicians.

[Many people will think—and, perhaps, not improperly—that the Russian physician permitted a too eager spirit of inquiry to get the master of him, and carry him into fields it were better not to have entered. It is to be hoped that the time is yet far distant when the enthusiastic gynaecologist in our own country will subject females who cannot, from the nature of their complaint, give their consent, to examinations from which they cannot possibly derive any benefit themselves, and with which no pretension of treatment is associated.—TRANSLATOR.]

PROFESSOR GAIRDNER ON THE RELATIONS OF SPECIALISM WITH GENERAL MEDICINE.

THE thirty-seventh annual general meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on the 2nd inst. Dr. Hack Tuke, the retiring president, vacated the chair, which was taken by Professor Gairdner, the president for the year. Professor Gairdner having thanked the members for the honour done him, proceeded to say that the duty which stood before him—the question he had asked himself—was this: What could he say to them in the necessarily limited time at his disposal which would in any degree touch a responsive chord in their minds, to show that they, as being what the world called specialists, and he, as a professor of medicine in general, had in reality but one aim in view, and that they were guided by one and the same scientific method and doctrine in dealing with the unsound mind on the one hand, and the unsound body on the other. To justify their belief that they were all one profession, they must in the end be able to show that they worked upon the same lines, with similar instruments both of research and of cure; that they

aimed, not at separating and dissecting the complex functions which constituted human nature into a bodily and a mental part; but that each of them in his own separate sphere was dealing with humanity as a whole, in which body and mind were inextricably interwoven. That they believed to be the true philosophy of the healing art in all its separate department, and whoever even for a moment forgot this had already gone some steps on the fatal road that led to unworthy views of his profession—in short, to mere empiricism. He had, in other words, already adopted a position which, when biased by low moral proclivities and the love of money, soon gave place to quackery. The members of the profession were not open to these base suggestions. It was a characteristic of their work that it had become a specialism, not through individual impulses, or for individual gain, but through circumstances in the nature of the work itself, making it in some degree a public function, and thus guarding it in

large measure from becoming a prey to the vampires whose only business with the medical art was to drain its lifeblood for their own particular use and advantage. They were, however, by no means secure against the tendency inherent in all specialisms to dissociate their cultivators from the general stream of tendency, so to speak, and from the actual facts and principles of the healing art in general. It would be by no means surprising were the treatment of the insane to become a specialism wholly divorced from the progress of medical science and medical art, and it was not too much to say that, whatever else was intended by it, the honour they had done him in placing him in the chair was a distinct recognition of the fact that such divorce was possible, and that they would regard it as a misfortune. While they were devoted to the treatment of the insane they had not ceased to be physicians. Dr. Gairdner went on to speak briefly on some of the relations existing between their specialism and the healing art in general. He remarked that he was not at all wedded to any theory of the association of "mind and brain," or of "body and mind," but he held it to be an unquestionable truth that the analogies, and even the laws, of bodily functions shed an immense amount of light on the study of mental diseases, and *vice versa*. In seeking for evidence of this position, he would go at once to what must be regarded as one of the most brilliant advances of the healing art that had taken place within the compass of two generations, or even of a century, the improved, or, as it was often called by way of contrast, the modern system of treatment of the insane. Taking origin in the last decade of the eighteenth century, this might be said to culminate in the present decade of the nineteenth in such a large pauper asylum as Woodilee, which might be specially commended to their notice as under the care and superintendence of their Scotch secretary, Dr. Rutherford. What was the essential basis of this great and beneficent change—or, rather, let them say, what was the common principle, speaking of it from the physiological and medical point of view, illustrated in all the changes that made the difference between the Bedlam of 1815 and the Bedlam of 1882. It was that in the whole pathology of disease the normal function must be held to underlie the abnormal, and that in the cure and treatment of disease accordingly the sound elements still remaining must be carefully respected, strengthened, and built up again if possible, in all cases, however, anxiously tended and nursed; the sound man within the unsound, the sane man within the insane, being supported and buttressed as it were so as to reduce to a minimum the injury caused by the disease. This principle he held to be, in the largest sense of the word, a humane one, and that it was carefully grounded on the

consideration of human nature as a whole, and not taken piecemeal. Being so, it was humane in the narrower sense that it did not allow of any amount of disease and action or function, whether of mind or of body, depriving the sick man of any of the privileges of our common humanity which could in the nature of the case be accorded to him.

THE LUNACY LAWS AMENDMENT BILL.

THE MONTROSE ASYLUM AND INFIRMARY.

At the meeting of the Board, held on the 1st inst., the clerk read the report of a deputation appointed to wait on the Lord Advocate and other members of the Government in reference to the Lunacy Laws Amendment Bill. His lordship said that the County Prison Boards having been abolished by the Act of 1877, it was not considered desirable to revive the boards in order merely to exercise this function of applying to the General Board for the division of a lunacy district. To have conferred the restored power on the Commissioners of Supply and the Magistrates of burghs would have made the Act a dead letter. After the explanations of the deputation, the Lord Advocate stated that he saw no other course at present but to withdraw the Bill for the present session.

THE BRITISH MEDICAL ASSOCIATION AT WORCESTER.

FIFTIETH ANNUAL MEETING.

THE semi-centenary meeting of the Association which was brought to a termination on Saturday last may be classed with those assemblies which were successful rather than brilliant. It could not, of course, be expected that a meeting of the Association held in a cathedral town in a somewhat remote part of the kingdom would compete in interest with the gatherings which have taken place in the great capitals of the country, and whenever cities like Worcester come to be the entertainers of the Association, one cannot but feel that the willing efforts and pecuniary resources of the local members of the profession and civic authorities must necessarily be somewhat overtaxed by the attempt to extend a lavish hospitality to the 500 or 600 members of the Association who attend, with their sometimes unreasonably large *entourage* of wives, and frequently immature children.

The recent meeting had, however, three very special elements of attraction and success. *Imprimis*, it was the fiftieth anniversary of the founding of the institution, and the occasion would, therefore, very probably compel the presence of the office-holders of the Association, and of those enthusiastic in its administration. *Secondly*.—The meeting took place under the special auspices of Mr. Hastings, M.P. for the City of Worcester, whose invitation to the profession to come and do honour to the memory of his revered father—the Founder of the Association—could not well be declined. *Lastly*.—The weather condescended to join in the general jubilee, and ably assisted in receiving the visitors and in decking the charming old city of Worcester in its very best holiday garb.

These circumstances all conducing, as we have said, to make successful, if not brilliant, the Association gathering for 1882, and we heartily congratulate the reception committee upon the favourable issue of their generous and hospitable labours.

The number of persons who took out tickets, members and non-members, was very close on 600.

The first day of meeting (Tuesday, 8th) was occupied, as is usual in the "gathering of the clans," in the issue of tickets, allocation of lodgings, and interchange of greetings, and no other business was done until 8 p.m., if we may except a special service and sermon in the Cathedral, and a special dinner given by the Mayor to the officers of the Association.

In the evening, however, the official business commenced, and the proceedings proved both interesting and important. The usual vote of thanks to Dr. Barrow, of Ryde, the outgoing President, having been passed, Dr. Strange, the host of the present meeting, was duly installed, and delivered his inaugural address, in which he drew an amusing and interesting parallel between the doctor of fifty years ago and to-day, pointing out with much force how valuable the medical journalism which had its birth and growth within that period had proved, by raising the provincial surgeon almost to the level of his metropolitan *confrère* as regards social status and scientific education.

FINANCE.

The Report of Council, which was next presented, showed an income of over £16,500, with increasing revenue, but also with an increase of £600 in expenditure, besides a lawyer's bill for over £1,000 for the Cork Pilocarpine libel case. The Association now numbers 9,563 members.

We are amused to observe that the Council takes much honour to itself for having, in the years 1880 and 1881, followed the example of cutting the edges of the journal, which the *Medical Press and Circular* showed it some years ago, and which the editor then sneered at, as being possible only for small journals, and not to be thought of by those of leviathan circulation.

HOMŒOPATHY.

The storm which was raised by the deplorable advocacy of homœopathy by the official speakers of the Association last year, at Ryde, made itself felt on Tuesday evening as a gale sufficiently strong to ruffle the surface, and indicate "how the wind blows" on this subject amongst the members of the Association. The profession, as our readers know, had spoken out on the subject with so loud a voice that the Council was obliged, a little hesitatingly, to repudiate the fraternisation with homœopaths recommended by Dr. Bristowe and Mr. Hutchinson at Ryde. The Council now expresses itself as follows:—

"A memorial was presented demanding the expulsion of a member on the ground of his public profession of homœopathy.

"To this extreme measure the Committee of Council could not accede. As far as is possible, they have rigidly closed the door of entrance, and have made it impossible for a professing homœopath to enter the Association through election by the Committee of Council; and they have called upon the Branches to aid them, by demanding that every name proposed for election shall be inserted in the circular summoning the meeting at which election is sought. Thus both doors of entrance are effectually closed. Against perversion to homœopathy after admission, they are at present powerless, except by the expulsion of the offender; and this, under present circumstances, they consider undesirable—first, because they hold that such a course would be beneath the dignity of the members of a great liberal profession; and, secondly, because it would confer an amount of notoriety which is very undesirable upon those who were expelled. The Committee of Council courts a full expression of opinion on the part of the whole Association; and, if it should determine that the profession or practice of homœopathy shall—*ipso facto*—disqualify from membership, then the unwitting election of a homœopath would thereby be rendered null, and perversion after election would imply the voluntary cessation of membership."

The Council, therefore, has made new rules, that—

"1. There shall be a standing notice in the *Journal* every

week of the meetings of the Committee of Council; and stating that gentlemen wishing to be elected members of the Association must send in their names *twenty-one days* before the meeting.

"2. That a list of applicants be in the hands of the Committee of Council *fourteen days* before such meeting of the Committee of Council, and that the Branch Secretaries be supplied with *several* copies of the list.

"3. That no member be elected by a Branch unless his name has been inserted in the circular summoning the meeting at which he seeks election."

A considerable section of the Association (with whom we sympathise) consider the course proposed by the Council altogether too mild for the exigencies of the case; and considering that members have obtained admission as scientific physicians who, having turned homœopaths, have still held their membership, and that the Committee of Council had invited "a full expression of opinion on the part of the whole Association as to whether the profession and practice of homœopathy shall *ipso facto* disqualify from membership," Mr. Nelson Hardy, on behalf of that section of the members, moved a rider to the adoption of the report, couched in these identical terms. Upon this amendment the reason for the milk-and-water action of the Committee of Council became manifest, for although that Committee had invited an expression of opinion, some of its leading members did their best to put Mr. Hardy out of Court. The President thought the amendment was not in order, and that "the words put into Mr. Hardy's mouth by the Committee of Council were obscure." Dr. Husband, formerly of York, pooh-poohed the notion of expelling any homœopath, and threatened the Association with the prospect of a lawsuit if it were done. Other members helped to obscure the subject in a legal fog, and eventually (it being stated that the Committee of Council possessed expulsion powers if they pleased to use them) Mr. Hardy's motion was thrown out on a division. The debate has, however, made manifest that if those who despise and detest homœopathy mean to effect their purpose, they must apply the cautery with no hesitating hand to the Committee of Council, and thereby get rid of the party who, while admitting that they have power to deal with homœopaths, are unwilling or afraid to do so. Mr. Hardy and his followers must also organise better next time, and be prepared to put forward a resolution which cannot be shuffled out of on points of law or misconceived as to its meaning.

THE EDITORSHIP.

The attempt of Dr. Milner Fothergill to shake the existing editorial system of the Association, as to which a smart debate had been expected, came to nought, Dr. Fothergill not having been present when called upon to proceed. The cause, to use a legal phrase, was therefore struck out.

RECONSTITUTION OF THE EXECUTIVE.

Dr. Ward Cousins, of Southampton, then moved the following alterations in by-law:—

1. The President of the Association to be an *ex officio* member of the Journal and Finance Committee.
2. The annual retirement of four of the elected members, who shall remain ineligible for re-election for two years.

In hostility to this very reasonable and business-like proposition, Mr. Wheelhouse undertook to illustrate Dr. Cousins' remarks as to the system of breeding in-and-in of the Committee, by arguing at length that the President of the Association has no right to a voice in its management, and that no one can be so desirable a committeeman as he who has accustomed himself to the old groove, and is willing to vote that every future committeeman shall confine himself to the same groove. This ingenious, but some-

what conservative, line of argument did not, however, avail, and the members of the Committee saw the wisdom of falling back upon a committee of inquiry, to which, accordingly, Dr. Ward Cousins' proposal was sent for probable sepulture.

THE SCIENTIFIC ADDRESSES.

We cannot here refer to the Addresses in Medicine and Surgery delivered by Dr. Wade, of Birmingham, and Dr. Stokes, of Dublin, delivered before the general meetings, further than to say that they were both admirably conceived, connected, and commendably brief, and were listened to with well-deserved attention, Mr. Stokes' address in defence of Listerism being considered by those who heard it as the event of the meeting. We give full abstracts of them in our present issue.

THE DROITWICH BRINE BATHS.

On Friday there was an excursion to Droitwich to visit the brine baths there. About 200 members left by special train. The little town was *en fête*. Flags floated everywhere, two triumphal arches spanned the road, and the members walked to the baths through crowds of people, who lined the roadsides. Several enjoyed the plunge bath, and afterwards there was a magnificent luncheon in a large marquee.

TEMPERANCE AT THE ASSOCIATION.

Each year the members and the interest in the meetings for the promotion of temperance principles appear visibly to increase. A good deal of enthusiasm was manifested at the breakfast given by the Medical Temperance Association on Thursday, and several members—both professed and non-abstainers—spoke warmly in favour of the treatment of disease by the exclusion of alcohol, and the value of abstinence as a moral principle. Among the speakers were Dr. Strange (President), Dr. Carpenter, of Croydon, Dr. Drysdale, Dr. West, Mr. Lennox Browne, Mr. J. Taylor, of London, Dr. Richie, of Leek, and others.

FUTURE MEETINGS.

The Liverpool practitioners, through Dr. Davidson, presented an invitation to the Association to meet there in 1883, and the profession in Belfast, through Dr. John Moore, a similar invitation for Belfast for 1884, both of which were accepted by the meeting with acclamation.

NOTIFICATION OF INFECTIOUS DISEASES.

This subject gave occasion for the final debate in the last general meeting of the Association. It is not necessary for us to recapitulate the history of this question, already so frequently referred to in our columns. It is sufficient to say that the Parliamentary Bills Committee had, notwithstanding frequent representations against the measure by its constituents, pledged itself to a support of the principle of compelling medical practitioners, under penalty of fine and imprisonment, to report all infectious cases to the sanitary authority. The secret of the intentions of the Committee had by the ingenious vagueness of its yearly reports, and the studious silence of the *Journal* on the subject, been so well kept from the members and the profession generally that up to last year few dreamed of the plot which sanitarians had laid for the physician. At Ryde, however, the plan was prematurely exploited by Mr. Michael, Q.C., and thenceforth a storm has been rising in the profession, which we hope and believe will seriously modify the pro-compulsion views of the Parliamentary Bills Committee. The subject was ably brought before the meeting by Dr. Carter, of Liverpool, who moved, "That, in order fairly to test the opinion of the Association on this point, a plebiscite be issued, asking, in some form to be agreed upon, whether the members of the Association do or do not agree to the principle of compulsion on medical men."

Dr. Whittle (Liverpool), in the unavoidable absence of Dr. A. H. Jacob, of Dublin, who had been summoned by telegram to London to give evidence before the Parliamentary Commission on Poor-law Medical Superannuation, seconded, and took the opportunity of presenting a statement of opinion signed by nearly 600 members of the profession, confided to Dr. Jacob.

Dr. Littlejohn (Edinburgh) was opposed to any such plebiscite. He moved as an amendment, "That, in the opinion of all competent sanitary authorities, notification is the indispensable basis of action for arresting the spread of disease, and bearing in mind the satisfactory opinion of those Acts, the meeting decline to withdraw the approval which the Association has repeatedly expressed in favour of urging Parliament to make the notification of infectious diseases compulsory, under such conditions as may appear to be best calculated to protect the public health."

Mr. D. Everitt (Worcester) seconded.

Dr. A. Carpenter (Croydon) said they were all desirous to repress the spread of infectious disease, but could not yet get the duty performed without hanging round their neck a penal clause which a professional brother and a professional rival might put in operation against them. If the penalty were put upon the householder, and the moral responsibility upon the medical man, they would get a better repression of disease.

Mr. G. W. Hastings, M.P., said he thought Dr. Carpenter's suggestion would entail greater hardship upon medical men than the system now complained of.

Dr. Carter's resolution in favour of a plebiscite was then put, and declared lost; but when Dr. Littlejohn's compulsion amendment was put from the chair, a further amendment was moved by Dr. Mahomed (London), "That this meeting earnestly desires the compulsory notification of infectious disease, but wishes to express the opinion that the compulsion to notify should be placed upon the householder as his duty as a citizen, and not upon the doctor."

Mr. Husband (York) seconded.

This amendment was carried by a large majority, and, having become the substantive motion, was adopted.

We shall give a report of these important proceedings in our next issue. Meanwhile, we would say that it must be obvious that the voice of the Association is overwhelmingly against compulsory notification by the physician, so much so that it would not approve the suggestion of Dr. Carter for a preliminary plebiscite, and, as we are satisfied that there can be no doubt as to the feeling of the profession at large, we agree in the objection to a plebiscite thus affirmed. It is much regretted that Parliamentary duties detained Dr. Jacob in London, and prevented his stating to the Association, as he could have done, the firm determination of the profession in Ireland to refuse the duty of compulsory notification on any terms.

LEGISLATION FOR HABITUAL DRUNKARDS.

Dr. Alfred Carpenter read the following report of the Committee appointed to obtain Restrictive Legislation for Habitual Drunkards, which was seconded by Dr. Drysdale, and adopted:—

"During the past year the Committee have used every effort to further the practical operation of the provisions of the Habitual Drunkards' Act, 1879. The independent committee which sprang from the joint action of your Association, the Social Science Association, and the Society for the Promotion of Legislation for the Control and Cure of Habitual Drunkards, has merged into the Dalrymple Home Association, a society limited by guarantee, but with power to omit the word 'limited' from its title, under a licence from the Board of Trade, as being a philanthropic Association. The Dalrymple Home is under the patronage of the Arch-

bishop of Canterbury, the Duke of Westminster, Earl Shaftesbury, Sir Thomas Watson, Sir Henry Thompson, Dr. Andrew Clark, Dr. B. W. Richardson, F.R.S., Dr. Cameron, M.P., Dr. Farquharson, M.P., and other representative men. A large number of sites have been examined, and negotiations are actively going on, so that it is hoped that the Dalrymple Home for Inebriates will shortly be opened in a healthy suburb of London. It is intended to apply for a licence for the compulsory detention of such inmates as may elect to come under the provisions of the Act, and it is proposed to receive habitual male drunkards at a considerably lower rate than they can now be admitted at in similar private institutions. Feeling deeply the importance of this praiseworthy attempt to carry out the purpose of a beneficent though very imperfect Act, your Committee earnestly desire to impress on the members of your Association the urgent need for ample financial and other support. The Habitual Drunkards' Act will expire in seven years, but your Committee trust that, under the curative influences of the Dalrymple Home, the cure of a few typical cases of habitual drunkenness will secure from the Legislature fuller and more satisfactory compulsory powers. The Committee have issued a second circular to Boards of Guardians, asking for an expression of opinion on the propriety of guardians having the power (if they choose to exercise it) of detaining habitual drunkards in workhouses, of which they are frequently inmates for the purpose of recovering from the effects of their excesses. To the first circular a number of favourable replies were received; and the responses already received to the last circular indicate a yet wider and fuller assent to the views of your Association. Your Committee would strongly urge members of the Association to bring all their influence to bear on the Boards of Guardians in their respective districts. The replies are daily coming in, and the very general approval of your Committee's views by parochial authorities affords good ground for encouragement."

THOUGHTS SUGGESTED BY THE MEETING.

There are one or two minor matters respecting which we think it well to make remark in concluding our analysis. Why will gentlemen—however senior and respected they may be—insist on dosing their audiences with endless congratulations and self-glorifications when the impatience of the hearers is made manifest by overwhelming interruptions? A painful instance of the *vis inertiae* of the human tongue was shown at the luncheon given for the presentation of the bust of Sir Charles Hastings. On that occasion an old and much-esteemed officer of the Association indulged himself (and no one else) with a speech of about half an hour, the purport of which no one could even guess, considering that the gentleman's voice was altogether overwhelmed by coughing, "oh! oh!" shuffling of feet, and various other manifestations of displeasure. Such "exuberance of verbosity" is intolerably dreary, and ought not to be repeated.

Why, again, will certain members make the meetings of the Association a school-feast for their juvenile families? Is it reasonable for gentlemen who have been invited together for interchange of professional opinions and hospitalities to encumber the generosity of their hosts with luncheons and excursion accommodation for their boys and girls? Surely it is not reasonable, and ought not to be tolerated; and if these hints do not suffice, we think the Association must limit by rule the number of amusement tickets issued to members.

THE University of Würzburg celebrates its 300th anniversary this year (its 6th jubilee). In honour of this event, honorary distinctions will be conferred—sparingly. Four gentlemen—Prof. Quincke, of Heidelberg, Prof. Clausius, of Bonn, Prof. Charcot, of Paris, and Herr Bdaumüller, the Vienna bookseller—are named as likely recipients of honorary M.D. degrees.

REGISTERED FOR TRANSMISSION ABROAD.

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Is published every Wednesday morning. Price 5d. Post free, 5½d.
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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 16, 1882.

THE ADDRESSES AT THE JUBILEE OF THE BRITISH MEDICAL ASSOCIATION.

As though in support of the position we sought to maintain in the last number of this journal respecting the real aims of the British Medical Association, and the necessity that exists for more united action on its part, the President's address at the annual meeting just concluded bears directly on the point to which we specially directed attention. Dr. Strange has accurately appreciated the weakness of the great body over which he has been called to preside, and we may perhaps anticipate that his endorsement of statements previously uttered will go some way to ensure their being duly considered and acted on. Certain it is, however, that the future of the Association will very much be influenced by the extent to which such admonitions are regarded, and the following extract from the address referred to will show that Dr. Strange at any rate is alive to the importance of the matter:—

"Let me record my own individual opinion, founded upon much reflection upon our past and present condition, that the power of combination which the British Medical Association possesses within itself has not hitherto been developed to anything like its full and beneficial extent. Its power to elevate the moral and social elements of our character in the future appears to me to be as great as that it has already exhibited in enhancing our intellectual status. In point of fact, the second fundamental *raison d'être* of our existence is now only surging below the surface. Great questions are coming on for solution. May they be solved in accord-

ance with the motto of our Association laid down for all time by Charles Hastings and his associates. When that consummation shall have come to pass—when self-interest and self-assertion shall have given place to brotherly co-operation in well-doing, and to Christian charity and courteous deference to one another, then, and only then, will the British Medical Association have fulfilled its mission."

In other places, also, the President of the Association gave evidence of the care with which he had striven to discover the lines along which he might most hopefully direct its future labours. Commencing with a sketch of the period from 1830 to 1840, when an impetus was given to medicine, to the force of which the present position of the profession is in great part traceable, he proceeded to demonstrate what may be called the virtues of medical men, and the shortcomings which injuriously affect the well-being of the whole body of the profession. As a means of bringing about improvements which have again and again been urged in these columns, but which it is all but hopeless to anticipate at present, Dr. Strange proposes that a consultative court shall be created, which may act as a "High Court of Equity and Ethics," and the members of which shall be chosen by and from the great body of medical men. Whether the choice of these representatives shall rest directly with the profession, or in the hands of committees, he is not quite distinct in his utterances, but that he would be ready to accept a plan admitting every practitioner to have a voice in the election, is to be gathered from his declaration that, though "not very fond of universal suffrage, he would not hesitate to submit himself to the arbitrament of a tribunal so constituted;" that is, a tribunal half of whose members were elected at the annual meetings of the Association, and the remainder by its Council. In principle, the proposition is a good one; but in execution it will need to be much amended from Dr. Strange's idea ere it will appeal to the sympathy of medical men as a whole. The action of the Council of the Association hardly carries with it so general acceptance that it can be said to reflect the voice of professional opinion in this country; nor do certain of its decisions encourage unbounded trust in it as at present constituted. But apart from this the suggestions contained in the presidential address delivered by Dr. Strange are worthy to receive, and doubtless will obtain, serious and careful consideration.

Dr. W. F. Wade's Address in Medicine was what those who knew his ample powers expected it would be—a masterly and eloquent composition. He took as a theme the influence of error, and by such examples of erroneous practice as blood-letting under all circumstances as a universal remedy, the employment of alcohol as a specific in acute diseases, &c., illustrated the important advances made in the science of medicine as a result of studious investigation prompted in the minds of the pioneers of rational physic. Marshall Hall's experiments in connection with blood-letting naturally offered an opportunity for pardonable reference to the value of, and influence exerted by, the scientific method of inquiry, and the following sentence taken from this part of Dr. Wade's address will be likely to attract some further attention. Speaking of the motives which

were at work to cause Hall to resort to the experiments on animals which formed the basis of his conclusions against the practice of blood-letting formerly so commonly adopted, he remarked:—"But it is impossible to decide, after the event, what amount of evidence ought to have been sufficient to fashion and consolidate into a coherent and shapely form the flocculent masses of colloidal truth floating hither and thither in the mind of a discoverer."

On the subject of alcohol in disease Dr. Wade dilates at some length, and combats Todd's views as to its universal value in inflammation. He concludes that "the medical mind never has ceased, and probably never will, to hanker after specifics," and argues as to the false security likely to be engendered by the possession of a reputed specific. In this, as in all that fell from his lips, he is an eminently practical adviser, but the advice tendered is, nevertheless, couched in language that has borrowed such eloquence as makes it most commendable; and the concluding words of his address will appeal to all, it is to be hoped, to cause them to fulfil, each in his way, the duties that fall to every earnest practitioner:—"To few only is it given to extend the landmarks of science, or to reclaim the waste lands of ignorance. But to each one is given the power to cultivate and utilise those which have been reclaimed. To each one it is given to make the practice of medicine more rational, more common-sense, and therefore more truly scientific; to render more rare in the future such dark blots as we have regretfully recognised in the past."

The Address in Surgery delivered by Mr. Stokes will lose none of its interest with the lapse of time. From the deservedly high reputation its author enjoys in the profession, the opinions he utters, though scarcely intended to carry the force of opinions, will, nevertheless, be received as authoritative statements, and no better service could have been rendered by him in the position he occupied than that he has done. Mr. Stokes briefly dealt, at the outset of his speech, with the subject of the education of medical students, his recent experiences as Visitor of Examinations for the General Medical Council peculiarly fitting him for the task. He would like to witness "a consolidation of the great medical and surgical teaching power that exists in our metropolitan centres, but which, owing to the multiplicity of separate schools in them, is, to a great extent, lost to the profession and the public." He also favours "heartily and loyal co-operation with the Universities, the medical and surgical corporations of the United Kingdom, and the General Medical Council, to raise the standard of Arts education for all joining our profession by establishing conjointly an examination in Arts which every one, except those with University degrees, should pass previous to commencing the study of medicine." In this opinion he has been strengthened through having frequently observed candidates for diplomas whose general and scientific culture was far below what any one joining the profession of medicine ought to exhibit.

The greater part of the address, however, was taken up with a discussion of anæsthetics, antiseptics, and osteogenesis. In reference to Listerism, Mr. Stokes

exposed the hollow nature of the opposition raised against it by Mr. Savory and his school, whose practice he showed to be eminently antiseptic in the real meaning of the term, and to be based on the principles which guide the Listerian treatment. The influence exercised by germs in inflammatory processes was considered in connection with Dr. Burdon Sanderson's recent lectures, and Mr. Stokes' own experience in antiseptic surgery was demonstrated by him in a way to carry earnest conviction of the triumphs he modestly related. His remarks on osteogenetic operations will likewise be read with great interest, but we may refer to the address published in full in another column for the details.

IRISH PRELIMINARY EXAMINATIONS.

THE recommendation adopted for the last two or three years by the General Medical Council that all examinations of medical students in general education should be left to the Universities has induced the London College of Surgeons to discontinue its "preliminary," but in Ireland the qualifying bodies have not seen their way to comply with the suggestion. In Ireland the licensing bodies are also teaching bodies, and it has been found necessary by them to hold on to their preliminary examination, lest—by handing over the student to a rival institution just at the moment when his choice of a qualification has been made—he might remain for medical study and for his licence at the institution where his first examination was undergone. The last Session of the General Medical Council has in great measure, but not altogether, removed this difficulty, because it has been decided that the Irish intermediate examinations shall be recognised in every case in which the student can produce a "pass" in all the subjects which the Medical Council requires. The Council of the Irish College of Surgeons has agreed to accept this extent of intermediate examination, and also the matriculation examination of the Royal Irish University, as equivalent to their own "preliminary;" and thus two additional gates of entry for the Irish student have been thrown open. But there are sufficient reasons why the College cannot discontinue its "preliminary," because none of these substituted examinations meet the necessities of all classes of medical students. The public entrance examination of Dublin University, for instance, costs £15, and is, therefore, out of reach of all save those who mean to go forward to an arts' degree. The Royal Irish University arts course for medical students consists of two examinations, with an intervening year. The intermediate examinations will, no doubt, be taken by a large percentage of the medical students of the future, because they can be prepared for and passed without leaving home, and at any age up to 19; but they will not suit *all* students, and, therefore, an examination must be maintained for those who cannot comply with the intermediate regulations. In the first place, it is not possible for a student, under any circumstances, to pass the intermediate at a later age than 19; and we know that many come to the profession at much later

periods than this. Again; these examinations are held uniformly in June—a time of year not at all convenient for the student who commences medical study in November. Lastly, the intermediate examinations do not include all the required subjects. Mechanics is not a part of their programme, and until that subject is either struck out of the requirements for medical students, or transferred to the preliminary scientific examination of the first professional year, or else examined in by the Intermediate Board, the popular educational test of Ireland cannot fully supply the wants of medical students. We have no doubt a way will be found of adjusting this difficulty, and—we think—the sooner the better; for we share the desire that in Ireland, as elsewhere, an efficient educational test may be provided which will be entirely independent of teaching and licensing interests. Such a test is of cardinal importance to the social status of our profession, which has suffered much in character from the crass ignorance of some of its members in the rudiments of a gentleman's education.

Notes on Current Topics.

The Poisoning Incident at Inverness.

REFERENCE has several times been made in these columns to a remarkable epidemic of poisoning at Inverness which occurred last Good Friday. It will be remembered that the effects were traced as being caused by buns purchased from a certain baker, only those supplied by him having been attacked with the symptoms from which all eating the buns from this particular batch suffered. Subsequent analysis on the spot of the buns remaining, and of the flour employed in making them, revealed no poison to account for the outbreak; and now a report on the subject has been issued by the Crown analyst. According to this, no mineral poison has been found in anything submitted to analysis, but there *has* been discovered an unknown irritant alkaloid in the buns. These, however, were spiced; and loaves made from the same batch of dough, but unspiced, were eaten with impunity, while the buns alone produced ill-consequences, so that the conclusion is irresistible that the poisonous agent is in the spice itself. It remains to determine this with accuracy.

The late President's Wound.

THE controversy respecting the treatment to which the late President of the United States was submitted by the surgeons who attended him during his illness is likely to be reopened by the publication of a lecture which Prof. Esmarch delivered some time ago at Kiel. This address was devoted to proving that under appropriate treatment the wound inflicted on President Garfield would not have been attended with a fatal termination, which its author insists was mainly attributable to imperfect antisepticism. Esmarch considers that the example afforded by Langenbeck's treatment of the German Emperor after the attack on his life should have been followed, and no attempt made to extract the bullet. The wound was in itself, he infers, by no means mortal, and under favourable circumstances he thinks the

President might have been at this moment a living man. No one, of course, could fail to recognise the great importance attaching to any expression of opinion from Prof. Esmarch on a question of surgery; but it may be nevertheless questioned whether he showed a wise discretion in not only lecturing on a subject by treating which he must necessarily impeach a professional brother, but also by publishing the lecture subsequently. Moreover, the matter is one that may very well claim to require consideration apart from the anatomical details, in the light of which alone those not present at the case can have any knowledge of it; and on this ground, too, the expression of adverse beliefs ought to be made in the most guarded fashion, especially when coming from so eminent an authority as Prof. Esmarch. We may well doubt whether real science is not at least as much injured as assisted onwards by such proceedings.

The Government Annuities and Insurance Bill.

WHY the Postmaster-General should have wished to try so dangerous an experiment as that of accepting, without a medical examination or certificate, those who may desire to avail themselves of the advantages he is about to offer in the Government Annuities and Insurance Bill, we are at a loss to conceive. We are glad to find that Mr. Torrens has given notice of his intention to move an amendment, to the effect that no life be insured or annuity granted without a medical examination.

Tuberculosis.

DR. KAMMERER, Imperial Health Officer to the city of Vienna, has published an important address to the magistrates of that city on the dangers which threaten the health and life of the population, through animals affected with tuberculosis. The victims are insidiously struck down, says Dr. Kammerer, through two of the most important articles of daily diet—milk and meat. The milk of cows with tuberculosis acts as an unconscious inoculation upon adults and children who partake of it, and in the case of the latter the seed of tuberculosis is being imperceptibly sown amongst thousands in the great towns. Dr. Kammerer regards infection by this channel as being quite as fruitful a source of the disease amongst the young as hereditary taint, to which it is usually traced. He regards it as exceedingly doubtful whether boiling or roasting ever can effectually eradicate the germs of infection in the flesh of tuberculous animals.

Another Alpine Disaster.

LAST week another painful accident occurred in Switzerland, leading to the death of an English student of medicine, Mr. Penhall, of St. Bartholomew's Hospital, and the guide accompanying him. Mr. Penhall was the son of Dr. J. T. Penhall, of St. Leonards-on-Sea, with whom general sympathy will be felt at the terrible misfortune which thus deprives him of a child and the profession of a most promising future member. Coming so soon after the recent disaster which befell the late Prof. Balfour, this accident may well arouse anxiety in the minds of those who are accustomed to seek relaxation and healthy exer-

cise in the Swiss mountains. Unlike the spot at which Prof. Balfour lost his life, however, the scene of Mr. Penhall's death was not regarded as unusually dangerous, the descent of an accumulation of snow having led to the fatality. The question will, notwithstanding this, be a good deal debated whether the risks encountered by amateur mountaineers are not more than enough to counterbalance the advantages they enjoy. It is unquestionable that fully equivalent health-giving exercise can be obtained elsewhere without the element of danger which ever accompanies it in the Alps, and it may well be considered whether they are not wiser who avoid the scenes of such terrible misfortunes. In order to breathe the atmosphere of elevated regions it is by no means essential that life risks should be run, and in spite of the temptations to incur such risks, it can only be an act of indiscretion that will face them after the warnings supplied by recent events.

Death of Professor Leith Adams.

THERE died last week, in Professor Andrew Leith Adams, a member of the profession who was less known in medical circles than in the world of science, where he attained most honourable distinction. Prof. Adams graduated M.B. at Aberdeen in 1843, and after seeing service in the Army Medical Department, retired on half-pay with the rank of Deputy Surgeon-General. His devotion to, and work in connection with natural history procured him the Professorship of Zoology in the Royal School of Science at Dublin, which he resigned to proceed to Cork, as Professor of Natural History there, in 1878. He was a Fellow of the Royal and the Geological Societies, Master of Arts of Aberdeen University, and Licentiate of the Royal College of Surgeons of Edinburgh. As an author he is probably best known through his "Wanderings of a Naturalist in India;" but the Army Medical Reports, and some of the medical journals, contain several valuable contributions on professional subjects from his pen.

Infant Mortality in Workhouses.

THE following particulars throw some light on the cause of the high infant mortality in some workhouses:—At an inquest held at the Halifax Workhouse on Thursday last, before Mr. Barstow, coroner, on the body of an infant three months old, daughter of Bridget Hackett, a single woman stated to be of dubious occupation and character, Mr. T. M. Dolan, F.R.C.S. Ed., said he saw the child first on Sunday, and told the mother that it was very ill. He prescribed for it, and the next morning saw it again. It was then in a dying state, and full of sores from filth. He advised its being taken to the workhouse. Mr. Dolan, in the course of examination, complained of the number of children brought to the workhouse in a dying state, of whose deaths they had to certify the causes. This state of things resulted in the authorities at the house being credited with the responsibility for the large number of infant deaths which occurred. If his directions to the mother in the present case had been properly obeyed the child would have had a chance of getting better. The cause of death was inflammation of the lungs, and a verdict was returned in

accordance with the medical testimony. After severely censuring the mother for her inhuman conduct, the Coroner added that both the guardians and the police authorities were determined to keep a watchful eye on this class of cases, which in many instances amounted to little short of wilful murder.

Treatment of Angina Pectoris.

DR. A. MÜLBERGER, of Herrenalt, who had observed that a young man, the subject of angina pectoris, instinctively pressed his chest violently against the edge of a table, or his closed fists against the cardiac region, imitated this instinctive method of obtaining relief by passing his left arm round his patient's chest, and firmly rubbing the cardiac region with the fist of the right hand, varied at short intervals by quick pushes against the heart.

He believes that in concussion we have an excellent means of keeping in check the violence and duration of the steno-cardiac attacks. He further notes that kneading and rubbing have long been tried and approved remedies against muscular cramp, and that as angina pectoris is nothing more or less than cramp of the cardiac muscle, it seemed to him likely a similar result would be obtained in parallel cases by the like means.

He finally sounds a note of not unheeded warning in the *Deutsch. Med. Zeitung* against the too bold use of remedies in this affection, and we may add in others also, and recalls the case of an elderly medical man who was relieved of his angina only to die of the morphia that procured the relief.

Philanthropic Inconsistency.

UNDER the head of cruelty to animals, an exchange prints the recent bequests in a Philadelphia will, leaving 1,000 dollars to the Society for the Prevention of Cruelty to Animals, and 15,000 dollars to the managers of a Women's Hospital, on condition that they for ever keep out all unfortunate girls from the obstetrical wards.

An Accessory Placenta.

A WOMAN recently gave birth at the Paris Maternité to a living child, head presentation. Fifteen minutes later, the placenta appeared at the vulva, and yet could not be immediately removed. While the midwife was tying a ligature back of the portion expelled, a hæmorrhage took place, and a second placenta was expelled, weighing 40 grams, and the first one 410. The two were formed by a membrane and a few ramifications of blood-vessels.

A New Material for Ligatures.

IN the June number of the *Archives of Medicine* we find a contribution by Dr. John A. Wyeth, of New York, on the above subject. The success attending the employment of ligatures made of animal tissues made Dr. Wyeth look for something smoother and stronger than anything yet introduced, and this he thinks he has found in carbolised nerves. He narrates a case in which he tied the common carotid artery, using as a ligature the freshly cut, carbolised, sciatic nerve of a calf. He has also tied the carotids of a horse and of a greyhound, employing a liga-

ture of the same kind. It was found, upon subsequent dissection, that the artery was completely occluded, but that its continuity was unbroken, there being simply a depressed ring, scarcely appreciable, at the point where the ligature had constricted it. The autopsy upon the horse and the dog was made in the fifth week, and the nerve ligature was found in each case completely absorbed. Nerve-tissue, Dr. Wyeth says, seems to be especially suitable as a ligature. It is easily obtained, is very strong by virtue of its neurilemma, and is soft and cushioned, since its cylinders of neurilemma are filled with the white substance of Schwann.

An Epigrammatic Criticism.

THE *Philadelphia Reporter*, reviewing a book of Dr. Beard's in its last issue, says:—"The volume will add nothing to Dr. Beard's reputation as a scientist, and we may add that it will not detract anything from it either."

The Chemical Cause of Life.

UP to within a very few years, physiology did not suspect that there was any chemical difference between dead and living protoplasm. Many still will say there is none. But recent researches, beginning by an article of Pflüger's in 1875, point strongly in an opposite direction. One of the ablest essays in the affirmative was written last year, by Dr. Oscar Loew, and Dr. Bokorny, and published at Munich. The result of their investigation goes to show that living protoplasm owes its property of life to the presence of aldehyde groups, which are characterised by intensely active atomic movement. When death takes place, it is coeval with and caused by a transformation of these aldehyde groups into amyde groups, with diminished molecular motion, thus leading to cessation of action.

An Easy Method of detecting the Tubercle Bacillus in Sputum.

PROFESSOR P. BAUMGARTEN, of Königsberg, publishes in the *Cbl. f. d. Med. Wissensch.* the details of a method of discovering the tubercle bacillus which he considers simple and handy. It consists in a combination of the potash method proposed by himself with that of Koch and Ehrlich. Dry preparations of phthisical sputa are made and moistened with a very feeble potash wash (1-2 drops of a 33 per cent. potash solution on a small watch-glass of distilled water). The bacilli can then be plainly seen with a power of 4-500. The bacilli can then be separated from their surroundings by gentle pressure on the cover glass. In order to exclude the possibility of some other bacillus of similar form being mistaken for the tubercle bacillus, the cover glass is now removed, and kept off long enough to allow the moisture adhering to its under-surface to dry, which takes place in a few moments; the cover glass is then passed two or three times through a gas-flame, after which a drop of diluted ordinary aniline colour solution, not too clear (or some other nucleus colouring aniline solution—a watery extract from the ordinary aniline, ink paper will do very well), is dropped on. Under the microscope all the decomposition bacteria now appear an intense blue, or brown, according to the colour-tone of the added colouring solution, whilst the tubercle bacilli remain absolutely

colourless, and are as plainly to be seen as at first. The whole procedure does not occupy more than ten minutes, so that it seems well adapted for practice.

The Poor-Law Superannuation (Ireland) Bill.

THE Select Committee of the House of Commons for consideration of this Bill sat on Thursday and Friday last. Present—Mr. Herbert Gladstone (in the chair), the Solicitor-General for Ireland, Mr. Gibson, Mr. Meldon, Mr. Biggar, Mr. Healy, Sir Patrick O'Brien, Mr. Daly, Mr. Justin McCarthy, Captain Aylmer, Mr. Callan, and other members. The first day was devoted to taking evidence from Mr. Robinson, Vice-President of the Local Government Board for Ireland. On the second day Dr. Jacob was examined at great length, as representing the Irish Medical Association and the Medical Union Officers more especially. On its being known that Parliament would be prorogued at the end of the present week, it became obvious that the Bill could not possibly pass this session, especially as there were a number of witnesses remaining to be examined. It was, therefore, determined to report the evidence to the House, with the intention that the Bill shall be re-introduced early next session.

We are gratified to be able to state that the Government has accepted in all essential points the amendment to the Bill suggested by the Irish Medical Association and the Union Officers' Association, so that, if the Bill passes, it will pass in a form quite satisfactory to the Union officers, medical and non-medical.

Mr. Cope, clerk of the Rathdown Union, Mr. Atkinson, clerk of the North Dublin Union, Dr. Callaghan, of Cork, Dr. Moore, of Ardee, were prepared to give testimony in favour of the Bill; while Mr. Deasy, P.L.G., Cork, and Mr. Stewart, P.L.G., Cavan, were present to give evidence against it. The only one of these witnesses who was examined was Mr. Stewart, who naively informed the Committee that it is the opinion of the Cavan guardians that under no conceivable circumstances should an officer be granted a pension; that if an officer become incapable by old age or illness, he should be removed peremptorily from office, and left to starve if he could do no better; but that he should not be pensioned, no matter how long or how well he had served the Union. This confession of faith, as may be supposed, caused some sensation, and went far to satisfy the Committee that guardians of Mr. Stewart's type are utterly unfit to deal with any respectable employé.

THE Seventh Congress of Russian Naturalists and Physicians is to be held in Odessa from the 18th to the 28th of this month (August).

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Derby 10; Halifax, Brighton, 13; Bristol, 14; Cardiff 15; Plymouth, Norwich 17; Bolton, Birmingham, London, Edinburgh, Wolverhampton, Oldham 18; Salford, Bradford, Portsmouth 19; Birkenhead, 21; Dublin, Sheffield, Leeds 22; Nottingham 23; Hull, Glasgow, Newcastle-on-Tyne, Blackburn, Preston 24; Sunderland, Huddersfield, Liverpool 25; Leicester 26; Manchester 30.

AMONGST the enormous quantities of stores sent to Egypt one firm alone (Kopf's Extract of Meat and Compressed Food Co.) sent no less than one hundred and fifty thousand tins of Erbswurst soup to the order of Her Majesty's Government for the use of the British troops.

THE Bradshawe Lecture, which was delivered last year for the first time, at the Royal College of Physicians of London, will be delivered this year at the same institution on Friday next, at 4 o'clock. Dr. Long Fox will be the lecturer, his subject being "The Influence of the Sympathetic System on Disease."

"Ferienkurse," or vacation courses of study, are to be held this year as usual in Germany—in Berlin and Munich. The sessions commence on September 20th, and last till the end of October. Classes will be formed in twelve subjects, with a staff of three or four teachers to each subject. The subject of "Medicine and Methods of Examination" has no less than eight teachers—Drs. A. Fränkel, B. Fränkel, Litten, Guttman, Lazarus, Riess, Tubold, and Zuelz.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 26, Bombay 21, Madras 31; Paris 21; Geneva 22; Brussels 22; Amsterdam 18; Rotterdam 15, The Hague 16; Copenhagen 26; Stockholm 26; Christiania 23; St. Petersburg 51; Berlin 35; Hamburg 26; Dresden 30, Breslau 43, Munich 32, Vienna 25, Prague 29, Trieste 29, Rome 25, Naples 30, Turin 24, Venice 34, Philadelphia 24, and Baltimore 32.

CONTRARY to what is usual at this season of the year the death-rate from diarrhoea in the large towns last week showed but a very slight increase upon that recorded in recent weeks, there being but one town wherein it was excessive, namely, in Leicester, the death-rate reaching 10.3 of the population. The highest annual rates from measles were 1.9 in Huddersfield and 2.0 in Hull; from scarlet fever, 1.3 in Sunderland and 2.5 in Derby; and from "fever," 1.1 in Preston, 1.9 in Derby, and 2.0 in Hull. Small-pox caused but one death in London and its outer ring of suburban districts, 3 in Newcastle-upon-Tyne, and one in Hull, 5 deaths being the sum total registered in the whole of the United Kingdom from this cause.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE TEACHING OF NATURAL HISTORY IN EDINBURGH.—We learn that matters are not improving with regard to Professor Ewart, and that all his class assistants have resigned, as they find that they are unable to work comfortably with him. Something will have to be done before the winter session begins, and the Senatus will have all their work to do to restore order.

ROYAL COLLEGE OF SURGEONS AND PHYSICIANS, EDINBURGH.—Out of seventy candidates who presented themselves for the recent final examination for the double qualification

of this College, twenty-eight failed to satisfy the examiners. The examinations appear to have been conducted with great fairness, and there are evident signs of an attempt to raise the standard.

THE HEALTH OF EDINBURGH—INFECTIOUS DISEASES.—At a meeting of the Public Health Committee on Thursday week, several outbreaks of infectious diseases were reported by the Medical Officer of Health. These, it was stated, had been properly isolated, and it was believed that the progress of the disease had been stopped. One of these cases had occurred in a dairy in the west end, and the others were connected with the outbreak of typhus in Fountainbridge which was reported at last meeting of the Committee. Since that time five additional cases had occurred—the source of infection being the same. Eleven cases were now under treatment in the Canongate Hospital, and were all progressing favourably. The statistics of the fever wards in the Old Infirmary were also handed in. From these it appeared that there were 17 cases of typhoid under treatment, 19 cases of scarlet fever, and 6 cases of erysipelas—in all 42. There were 32 empty beds—74 being the number of beds for fever cases which the managers of the Infirmary agreed to maintain for infectious diseases from the city. At the same meeting several cases of insanitary houses were reported, and summary action was ordered to be taken, inasmuch as from damp and other causes the houses in question were shown to be quite unfitted for human habitation.

HEALTH OF EDINBURGH.—The Edinburgh mortality for the week ending with Saturday, the 5th inst., was 80, and the death-rate 18 per 1,000. At least 40 deaths were due to diseases of the chest, and 7 to zymotic causes, of which 3 were from fever, 1 from scarlatina, and 3 from measles, the intimations of these diseases being respectively 6, 39, and 6.

THE WAR IN EGYPT.—Dr. A. G. Kay, of the Army Medical Department, who has been for some time in charge of this branch of the service at Leith Fort, left for London on the 10th inst., in response to orders from head-quarters, to join the *Prussian* transport ship, which sailed for Egypt on the 11th inst.

VITAL STATISTICS.—From the Registrar-General's returns for the week ending Saturday, August 5th, we learn that the death-rate in the eight principal towns of Scotland was 21·3 per 1,000 of estimated population. This rate is 0·2 above that for the corresponding week of last year, and the same as that for the previous week of the present year. The lowest mortality was recorded in Aberdeen—viz., 15·5 per 1,000, and the highest in Paisley—viz., 28·5 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·8 per 1,000, or slightly above the rate for the previous week. Bowel complaints were the most prevalent of the epidemic diseases. Six deaths from measles were registered in Leith. Acute diseases of the chest caused 74 deaths, or 8 less than the number registered during the previous week.

UNIVERSITY OF EDINBURGH.—**NEW SCHOLARSHIP IN MIDWIFERY.**—At the last meeting of the Senatus of the University of Edinburgh, a letter was read intimating the foundation, by Mrs. Thomson, of Rosalia, Hawick, of a scholarship, to be called the James Scott Scholarship, in memory of her father, the late James Scott, of Allanshaws. This is the second scholarship in the same department that is open to the students of the Edinburgh University, Mrs. Buchanan, of 49 Moray Place, having two years ago provided the funds for a scholarship in gynecology. In both cases the scholars receive the yearly interest of £1,000.

GLASGOW ROYAL INFIRMARY.—The quarterly meeting of the managers of the Glasgow Royal Infirmary was held on the 7th inst., when Mr. W. M'Ewen, the chairman, presided. The following new appointments were made:—Dr. J. Dougall and Dr. J. W. Anderson, dispensary physicians; Dr. D. C. Black and Dr. W. G. Brock, extra dispensary physicians; and Dr. W. G. Shaw, extra dispensary surgeon.

DEATH-RATE OF GLASGOW.—During the week ending with Saturday, the 5th inst., the death-rate of Glasgow was 24 per 1,000 of the population. For the corresponding weeks of 1881, 1880, and 1879 it was 24, 25, and 18 respectively.

UNIVERSITY OF ST. ANDREWS.—We understand that the Chair of Natural History in the University of St. Andrews, vacant by the appointment of Dr. Alleyne Nicholson to that of Aberdeen, has been presented by the patron, the Marquis of Ailsa, to Dr. Mackintosh, at present Superintendent of the Murthly Asylum. Dr. Mackintosh has acted for some time as Extra-Examiner to the University of Edinburgh. We trust that the present appointment is only a stepping-stone to Dr. Mackintosh's recognition as one of our leading naturalists.

Literature.

CARPENTER'S PHYSIOLOGY. (a)

ALTHOUGH Dr. Carpenter's well-known "Principles of Human Physiology" has for some time ceased to hold the place it so long retained as the only considerable English treatise on the subject, it still continues to be one of the most popular scientific books, as is evidenced by the rapidity with which edition after edition is exhausted. Of late years the competition of Dr. Michael Foster's admirable "Text-book" has in a considerable measure deposed the "Principles" from its place in the library of medical students; but the more ambitious even of these still find it expedient to fortify themselves with a knowledge of Carpenter ere presenting themselves as candidates at the more important University examinations. It may perhaps be urged, without any improper construction being placed on the assertion, that the arrangement of the "Principles" is its worst feature, and that many who now turn from its pages in weariness and despair would remain faithful to it if the vast stores it contained were presented in a somewhat different manner. The accomplished editor of the book is doubtless best able to judge of the expediency of adopting any change of form in the work with which he has so long been associated under its present shape; but it cannot be denied that since its first appearance it has been gradually but surely regarded as a member of the "heavy" series, and that now, in comparison with other and equally solid treatises, it is not modified to meet the changing needs of the hour.

Whatever may be said of the arrangement of the work, however, nothing can detract from the value of its contents or the ability with which these are brought in each successive edition to be abreast of science at the date of issue. So rapid, nevertheless, is the growth of physiology, so unstable is it in many branches, that it is impossible to write a work one month which shall exactly reflect the knowledge of the next; and for many years to come it is likely that the same remark will hold good.

In the present edition less prominence has been given to the subject of pathology than in the former impressions; and in view of the excellent special works now accessible to students of this branch of medicine, there is less need for incorporating it in a volume specially devoted to physiology. In pure physiology, however, there has been ample scope for amending, and improving, and recasting work, and this has been done in the most admirable manner.

In the section on digestion a careful review of the chemistry of pancreatic secretion is offered, the existence of three ferments being insisted on; and the question of the bile-functions is dwelt upon at considerable length. The history of blood contained in "Carpenter's Physiology" has always been one of the most interesting chapters in the book, and it still retains its value in this respect, although it perhaps, as much as any portion of the treatise, will demand considerable alterations in the next succeeding edition in view of the most recent discoveries in connection with the physiology of the blood.

The physiology of the nervous system occupies a goodly portion of the whole work, and is particularly complete in the details it offers concerning the functions of the various constituent organs, those of the spinal cord being explained in a way that is fully as satisfactory as is possible in the present state of knowledge. "The Influence of the Nervous System on the Organic Functions" is the title of a singularly suggestive chapter, in which the theory of trophic nerves is elucidated, with copious references that lend it an especial value. As a *résumé* of what is known on the point it must be most serviceable, while it necessarily cannot be appealed to in settlement of this fruitful subject of discussion.

The chapter on development has been expanded and revised by Mr. D'Arcy Power; it is a most faithful epitome of later embryological researches, and a useful source of information concerning them.

(a) "Carpenter's Principles of Human Physiology." By Henry Power, M.B. Ninth Edition. London: J. & A. Churchill.

The presence of a complete and well-arranged index is a feature of this edition, which serves to render reference at once easy and satisfactory, and adds much to the facility of study, which, in so extensive a volume, is of no small importance.

Speaking generally, it must be said that the ninth edition of "Carpenter's Principles of Human Physiology" in no way falls short of the peculiar excellencies which have made this work to rank among the classical hand-books of English science.

Correspondence.

THE ETHICS OF COMPULSORY VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *Medical Press* of the 12th of July I showed that the elaborate argument of Mr. Collins against compulsory vaccination contained in the issue of the previous week was entirely fallacious. Mr. Collins, replying to my letter, does not attempt to substantiate his argument, but kindly informs me that, though a less eminent moralist than Mr. Herbert Spencer, I am free to think that the law rightly limits the rights of citizens for their own personal interest, and then proceeds to accuse me—first, of making a suicidal statement; and, secondly, of misquoting his words.

Though Mr. Herbert Spencer may be of opinion that a man's personal rights should not be interfered with as long as they do not trespass directly on the rights of others, surely he would not maintain that parental rights should be governed by the same principle. If this were the case, a man would have absolute control over his children for life and death. What would then become of morality and education? And yet Mr. Collins appears to consider that this principle is the "foundation of our social relations."

"If vaccination were not compulsory, the unvaccinated minority would probably be much larger, and might even become a majority." Mr. Collins considers this statement suicidal. I can only regret that the ignorance, carelessness, and prejudice of parents among the masses of the population are greater than Mr. Collins is aware of—so great, indeed, as to afford full justification for the statement. If the mothers of our lower orders were as well acquainted with the results and benefits of vaccination as Mr. Collins is, there would be less need to "whip them up" by means of the vaccination officer.

If Mr. Collins will read my first letter more carefully, he will find that I neither quoted nor misquoted him, but deduced from his letter the opinion that "the Public Health Act is a sufficient protection against any one who suffers from small-pox communicating the disease to others." And, apparently, I was quite right in attributing that opinion to him. Let me recommend Mr. Collins to peruse at his leisure a letter by Dr. Higham Hill, late special Government medical officer in New South Wales, which appeared in the *Lancet* of July 29th. Dr. Hill—who investigated an outbreak of small-pox in New South Wales, where vaccination is not compulsory, and isolation was adopted—has probably had more experience of small-pox and the means of preventing it than even Mr. Collins. He sums up his interesting letter with the following remarks:—"Isolation by the quarantine system is, doubtless, a valuable sanitary measure in outbreaks of small-pox occurring in towns like Leicester and Sydney, where vaccination has been greatly neglected; but it is very harsh and severe in application, impracticable in many cases, and most expensive. It can at best only rank as an assistant to that great prophylactic, vaccination, in the stamping out of small-pox; and it is trusting to a broken reed to rely upon it as at all a substitute for efficient vaccination of communities."

To conclude, I hold that vaccination should be compulsory, for the following reasons:—

1. As a safeguard for each child against itself suffering from the evil effects of small-pox.
2. As rendering each less likely to contract small-pox, and so infect others.
3. Because efficient vaccination is the only way of stamping out small-pox.

Apologizing for the length of this letter, which I intend to be the last on my side,

I remain, yours faithfully,

SIDNEY DAVIES, B.A. (Oxon), M.R.C.S.

Tottenham, Aug. 4th.

[This correspondence must now close.—Ed. M. P. & C.]

DUDGEON'S SPHYGMOGRAPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Black is quite correct in saying that the tracing varies with the amount of pressure applied to the instrument by means of the strap; but this is the case with all sphygmographs that are attached to the wrist by a strap. He is wrong, however, in supposing that the pressure of the strap in my instrument influences the pressure of the spring on the artery. The strap must be drawn more or less tightly, according to the position of the artery, whether it be deeply imbedded in the tissues or more superficially placed, and according to the force of the heart's action, the degree of fullness of the artery, and the stiffness or elasticity of the arterial walls. But the rule for taking a tracing is to adjust strap-pressure and spring-pressure so that the needle is seen to play over the centre of the paper with the greatest freedom—that is to say, makes the highest up-stroke before setting the clock-work in motion; and this, with a little practice, can be easily done in a few seconds. The strap is drawn to the degree of tightness that will bring the stud of the spring down upon the artery. The regulator of the spring shows in ounces and quarter-ounces the weight the artery moves at each pulsation; in other words, the pressure exerted by the spring on the artery. The strap does not alter the pressure of the spring, but only the pressure of the solid flanges of the instrument on either side of the artery. If the strap be not drawn tight enough, the needle will not come on the paper; if drawn too tight, the needle will be pushed beyond the paper. On the other hand, if the pressure of the spring be insufficient, the needle goes beyond the paper; if excessive, it does not get on to the paper. I have fully explained the mechanism of the instrument in the little book you reviewed, to which I would refer all who have any doubts as to the correctness of the mechanical principles on which my sphygmograph is constructed.

I take this opportunity to mention that some imitations of my sphygmograph have been imported into this country from the Continent, which, though resembling the original instrument very closely in external appearance, are altogether wanting in accuracy. Some of them will not act at all; others are not regulated, as mine is, to magnify the pulsations fifty times, but magnify them either more or less than that; and they do not propel the smoked paper through the machine in ten seconds, as mine does, but at very various rates. I do not think many of these instruments have been sold in this country, but I may repeat the caution I gave in my book before I knew that imperfect imitations of my sphygmograph had been manufactured—viz., that purchasers should endeavour to see that their instrument-makers supply them with sphygmographs made by the only competent maker—Mr. John Ganter. It seems to be a custom of the trade that the instruments they sell, by whomsoever made, shall only bear the name of the seller; but, in the case of an instrument like this, which requires such extreme care and delicacy in making all the required adjustments, it strikes me that it would be a great advantage to have a guarantee that the instrument was really made by one who thoroughly understands all the requirements of the instrument, and is able to carry them out. I have no pecuniary interest in the sale of the instrument, but I am very much concerned that those which are sold should be in all respects as perfect as that I use myself and have described in my book; and, therefore, I give the above caution, which is all the more necessary, as spurious and incorrect instruments are now in the market, which, if they fall into the hands of practitioners, may bring my sphygmograph into unmerited discredit.

I am, yours, &c.,

53 Montagu Square, London,
9th August, 1882.

R. E. DUDGEON.

University of London.—The following is a list of candidates who have passed the entire Intermediate Examination in Medicine:—

First Division.	
Anderson, George Elliott Caldwell	Jones, Samuel Cromwell
Bowes, William Henry	McCabe, William Alex. Bowes
Brock, James Harry Ernest	Purlow, Charles Edwin
Carr, John Walter	Spong, Charles Stuart, B.Sc.
Elliott, John, B.Sc.	Watson, William Ivens Buswell
Hayman, William Speed	Wells, George Lee
Innes, Charles Barclay	Woolbert, Henry Robert.
Jones, Frederick William Caton	

Second Division.

A'le, Joseph Rosamond
Andrews, Charles
Arkie, Charles Joseph
Barnett, Lawrence
Barnard, Letitia Caroline
Braden, Richard William
Caldecott, Charles
Chapman, Harry Cecil
Cocking, William Tusting
Cooper, Henry Charles Evans
Dutt, Upendra Krishna, B.Sc.
Fenton, Herbert Alfred Hill
Fisher, Henry Holdrich
Flamming, Percy
Frame, Alfred Cromwell
Francis, Alfred George
Hinds, Frank
Hodson, Gerald George
Hurst, Walter
Irvin, Frederic David
Jobbins, William

Lankester, Herbert Henry
Little, Arthur Nicholas
Mumby, Langton Philip
Penrose, Francis George
Pettifer, Edmund Clever
Pilgrim, Herbert Wilson
Randell, Reginald Maurice H.
Robinson, Henry Betham
Rouse, Rollard Edward
Sellick, James Henderson
Strugn-H, Walter Thomas
Swain, James
Taylor, Alfred Ernest
Trautman, Frank
Turner, Philip Dymock
Vernon, John James D. an
Vinos, John Foster
Voelcker, Arthur Francis
Whitcombe, Philip Percival
Williamson, Richard Thomas.

Same examination, but excluding Physiology :—

First Division.

Carpenter, George Alfred.

Second Division.

Freeland, Freeland John

Lankester, Alfred Owen.

Royal College of Surgeons in Ireland.—At a meeting of the Court of Examiners held on Monday, the 24th of July, and following days, the under named gentlemen having passed their Final Examinations for the Letters Testimonial and having made the declaration and signed the Roll, were admitted Licentiates, viz. :—

Bolger, James Tandy
Coall, Robert Henry
Cooper, Austin Nathaniel
De-lamery, Percy Herbert
Dillon, Bernard Joseph
Dutch, Myer Akiba
Garland, John Peter
Greene, Arthur Joseph
Hayes, Alfred Adolphus
Hoey, John Colclough
Howard, Timothy
Lane, James
Lalor, Joseph
McDonagh, John Michael
McGee, William

McGuire, James
McNaught, Frederick Joseph
Mullan, Edward Duddy
Newell, Percy
Nolan, Michael Joseph
O'Connell, Thomas
O'Connor, William Edmond
Pollock, Rowland
Power, John Turner
Roe, Francis Christian
Sunders, Robert Corles
Sweeney, Michael Patrick
Thompson, Wm. Christopher
Todd, John Joseph
Wynne, Edward

Notices to Correspondents.

SENILE.—It is highly unlikely that you are correct in your surmise. In a young person there are many causes which might act to bring about the condition, and you ought to make careful inquiries for the sake of satisfying yourself that the enlargement is not due to the action of some very common, even though unpleasant, influence.

G. K.—The sulpho-carbolate ; it has been occasionally employed in this country for the cure of hemorrhoids, and with considerable success. There must be no delay in the treatment you have commenced, and it would be well even to hasten healing now as much as possible.

PUBLIC VACCINATOR (Sldmouth).—Yes, the grant was passed last week in Committee of Supply.

DR. CASSIDY (Indiana) will please receive our thanks for his complimentary note.

DR. PEARSE (Plymouth), HOMO (Northumberland).—Letters unavoidably held over.

DR. E.—It would not be in accordance with our rule to let you see it before it appears in the columns of the *Press*. But we can, perhaps, serve your purpose by putting you into communication with the writer, with whom it will then rest to accede to, or decline, your proposal.

CURIOUS.—You probably mean the description of Humphrey, Duke of Gloucester's corpse. It occurs in Act III., scene 2, of the second part of King Henry VI., and is spoken by Warwick. The passage—

"His hands abroad displayed, as one that grasped

And tugged for life and was by strength subdued"

has been the subject of comment on more than one occasion ; but like all Shakespeare's descriptions, it is singularly correct, and the whole picture of the murdered man is descriptive of asphyxia.

MR. CHANDLER.—You have chosen the best for your purpose. It is published by Baillière and Co., and costs two guineas.

MR. G. HOWARD.—Yours is not a case for medical treatment ; the remedy is in your own hands : take plenty of outdoor exercise, indulge freely in cold ablutions, and, above all, avoid quacks.

MR. HAZLITT.—The phenomenon you mention has been noticed many times before. It is a consequence of the summer season and blue-bottle flies in conjunction. It has no probable relation with the production or multiplication of bacilli.

MR. S. R. RICHARDS.—The examinations are now finished, and will not be resumed until November.

DR. W. T. BLACK.—The report is interesting, and shall appear in our next.

PROFESSOR ESMARCH ON AMERICAN SURGERY.—Esmarch has just published a lecture which he delivered some months ago before the

Physiological Society of Kiel on the treatment of President Garfield's wound. The wound, he maintains, was not mortal, and the injury to the vertebra could have been healed. The death of the patient was mainly due to the loose way in which the antiseptic treatment was applied. A great mistake, too, was made in searching for the bullet. Had the American surgeons imitated Von Langenbeck's example, who did not attempt to extract any of the pellets when the German Emperor was wounded, and had the antiseptic treatment been rigorously applied, the President might, the Professor maintains, be alive now.

DR. WILSON.—Thanks for compliments. We fancy unqualified assistants will shortly be having a bad time of it. It really now depends on the profession whether they will get rid for ever of this evil.

M. N. O. (Manchester).—The Coroner for Manchester is anxious that more inquests should be held. Other coroners try to limit the number. We have several times commented upon the subject and would do so again were there anything new in the case you mention.

DR. W. F. (London).—We shall try and publish list of all prizes open to English writers. This will take some trouble. The "Ebert" prize is open to you—£800. Subject : "Embryological Researches." We shall write to Secretary of Academy.

MR. SMITH.—Our position is unassailable. We have always opposed the Registration Clause as applied to medical men. The policy of the paper referred to is notoriously opposed to that of the body of general practitioners.

DR. E. BROWN.—Sorry we cannot help you in the matter.

SPHYGMOGRAPH.—Dr. Dudgeon's book is the one you want. The new sphygmograph will in a short time become as necessary to the practitioner as the thermometer or stethoscope.

SFA.—Correspondent's letter held over owing to pressure on space.

REGISTER.—Out-door Poor-law Medical Relief is a very good subject. We shall consider it, and publish probably a series of articles upon it. POOR-LAW MEDICAL OFFICER.—"£12 a year, finding all drugs, attending over so many thousand acres." We cannot pity you. You have taken the appointment—for what reason ? Throw it up.

Vacancies.

Downpatrick Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to the Resident Medical Superintendent by Sept. 1st. (See Advt.)

Appointments.

BERNARD, A. G. F., M.R.C.S., Medical Officer to the Troops at the Seaforth Battery.

CANE, F. E., L.R.C.S. Ed., L.R.C.P. Ed., Resident Dispensary Surgeon to the Bradford Infirmary and Dispensary.

CRESSWELL, N. E., M.D., M.R.C.S., Medical Officer of Health for the Towcester Rural Sanitary District.

JONES, R., M.R.C.S., Medical Officer of Health for the Flint Urban Sanitary District.

LILLEY, G. H., M.D., M.R.C.P.E., Medical Officer to H.M. Convict Prison, Portland.

MURIEL, C., L.R.C.P. Lond., M.R.C.S., Resident Medical Officer to the Guest Hospital.

ORB, H., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Filey District of the Scarborough Union.

PERCIVAL, G. H., M.B. Lond., M.R.C.S., Medical Officer of Health for the Northampton Rural Sanitary District.

SPENCE, W. J., L.R.C.P., L.R.C.S., House Physician to the Bradford Infirmary.

STEELE-PERKINS, G., M.B., C.M. Ed., M.R.C.S., L.R.C.P. Lond., Medical Officer to the Port of Exeter.

Births.

KNIGHT.—August 9th, at Palmryra, Whitechurch, co. Dublin, the wife of Charles F. Knight, M.D., of twin sons.

RICE.—August 8th, at the Infirmary, Plumstead, the wife of G. Rice, M.B., C.M., of a daughter.

Marriages.

DOCKRELL—OLDFIELD.—August 9th, at St. Jude's, Kilmalsham, Morgan Dockrell, M.B., B.Ch. of Monkstown, co. Dublin, to Emily, only daughter of the late Alexander Oldfield, of Nottingham.

EDWARDS—MORRIS.—August 10th, at Spalding, Lincolnshire, Edward A. Edwards, of Hortham, to Alice Maud Mary, daughter of Edwin Morris, M.D., F.R.C.S., Spalding.

MASON—SHINE.—August 8th, at St. Peter's Church, Dublin, Samuel R. Mason, A.B. and M.B., F.R.C.S.I., of Dublin, to Mary Elizabeth Shine, daughter of Jer. Shine, Esq., Ballymacreese, co. Limerick.

TRIMBLE—ORAM.—August 9th, at the Parish Church, Bury, Charles J. Trimble, L.R.C.P., L.R.C.S.I., of Bamber Bridge, to Beattie, daughter of the late Robert Oram, Esq., of Bury.

Deaths.

GELL.—August 9th, suddenly, at his residence, Southam, near Rugby, Alfred Scott Gell, M.R.C.S., aged 48.

GILES.—August 8th, at his residence, Torquay, Richard Giles, M.D., late of Oxford.

KINANE.—August 11th, suddenly, at Templemore, Michael Kinane, M.D.

MILLER.—August 7th, James Miller, M.D., of Aberdeen House, Great Percy Street, W.C.

MOGG.—July 28th, at Great Smeaton, Joseph William Oliver Mogg, L.R.C.P. Ed., L.R.C.S. Ed.

WHITE.—August 11th, at his residence, Borris Castle, Queen's County, Dr. William White, aged 73.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 23, 1882.

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A Course of Lectures

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

LECTURE VI.

MR. PRESIDENT AND GENTLEMEN,—There is yet one other skin disease of such extreme interest in varied directions in reference to questions of diathesis, that I feel obliged to bring it in some detail before you—I refer to lupus; and I comprise under that name not alone the common form, but certain other more or less rare varieties of the process which I trust to be able to claim as certainly belonging to the lupus family. I am not about to trouble you with any detailed description of those several forms, but in order that the questions as to cause, relationship, and the diathesis behind them should come clearly out, it is necessary that I should recapitulate a few facts.

Concerning common lupus, then, I would assert that it is well known that it begins as a cell growth in the corium, that it always begins as a single patch, and always spreads at its edge by the infection of the adjacent skin, and that it very usually tends in the end to become multiple. Its multiplicity as well as its local spread is due to its infective power, and its secondary growths are almost always placed in close proximity with the parent one. It never in any case, however extensively multiple its patches may be, shows any tendency to symmetry; in all these features its clinical history resembles that of a local cancer. That which is true of the locally restricted

form of epithelioma known as "rodent ulcer" is true also of common lupus. Both are slowly progressing new growths which after a time inflame and ulcerate and then cicatrize. Both are curable by free measures of local extirpation and by those only. You cannot influence either except in the most minor degree by any remedies which appeal to the general health. Neither shows any power of producing gland disease, nor any tendency to spontaneous amelioration. The one is a disease chiefly, however, of early life, and the other of adult age. The varieties which common lupus presents do not offer us anything very exceptional to what I have said. According to the constitution of the individual, the state of health, the kind of diet, and the climate, lupus may influence and ulcerate much or little, and in connection with these almost accidental differences, the old, and I trust now abandoned terms exedens and non-exedens came into use. It may vary also very much as regards its restriction to a single original patch, or its tendency to multiplicity. Sometimes we see a single patch steadily spreading at its edge through the greater part of a long life, and never showing any tendency to produce new ones. This probably depends upon comparative vigour of constitution and a lesser degree of susceptibility. The explanation of the secondary patches when they occur is in all probability that they are the result of infection. As already stated, the multiplicity is never spontaneous. It is not, I think, beside the mark that I should ask attention to the methods of cure which have been proposed for lupus as indications of some slight affinity with the diathesis of malignant diseases. We have lately been taught by Professor Volkman that every portion of the diseased tissue should be most carefully eradicated by the spoon. But his proposal had nothing whatever in it that was original in its theory, for long previously we had all been accustomed to act on the same principle and to seek by the knife, the caustic, or the cautery to utterly eradicate every fragment of the new growth. If I am not mistaken, we owe to Mr. John Gay, to whom surgery is indebted for many other practical suggestions—the radical proposal that the lupus patch should be cut out with the knife. It is essential that whatever method be adopted it be pur-

sued unflinchingly and over and over again if needed. In this way lupus may be cured, and it is not too much to hope that now this principle is becoming widely understood, and the profession is becoming bold in its practice, we shall before long witness a great diminution in the number of those who are disfigured by it. My object, however, in mentioning the success of vigorous local measures is not to enforce a lesson in therapeutics, but to intensify our conception of common lupus as a local new growth possessing infective properties. I might add that it often begins from some slight local injury, a sting, an abrasion, an acne pustule. Amongst the interesting varieties which common lupus presents we have a rare form, which we may suitably call "acne-lupus," which occurs in scattered spots over the face, these spots being evidently connected with sebaceous follicles, and often with previously-existing acne pustules. Their arrangement, however, I believe, never follows that of acne in being symmetrical, but always obeys the law of lupus, in that the secondary tubercles are more or less near to the parent one. In another variety lupus attacks mucous membranes and produces slowly spreading ulceration, attended with papillary outgrowth. That lupus of mucous membranes as we see it affecting the conjunctiva, the gums, the palate, &c., is really lupus is proved by its very frequent association with well characterised disease in the skin. In another extremely rare variety, of which I have seen but one example, the lupus growth is exceedingly trivial, does not ulcerate at all, spreads rapidly at the edge, leaving behind it a thin, supple, and healthy scar. In yet another variety it receives modification probably from the part in which it occurs. It is but seldom that we see well-characterised lupus on the hands or feet. But we often encounter a form of disease which takes its place in which there is less evidence of new growth and more of inflammation and tendency to papillary hypertrophy. To this, the form of inflammation due to dissection wounds on the hands, necrogenic warts of Dr. Wilkes, necrogenic lupus, I think, belongs. There is yet another variety in which the surface of the lupus patch does not ulcerate, and is not raised, but weeps, like an eczema, presenting a condition which would at first sight, and certainly by the inexperienced, be mistaken for eczema. The points to which we appeal in proof that all these very different-looking inflammations of the skin are really lupus are that they all take origin at a single spot, spread slowly but constantly at their edges, and whether they ulcerate superficially or not, always have a cicatrix where they have passed. I do not think that there would be much hesitation in accepting the statement that a disease which presents these features and is not either a cancer or syphilis must be a lupus.

We have arrived, then, at the end of our first stage in the inquiry, and have seen that this peculiar form of new growth in the skin and mucous membranes to which young people are liable may, while observing identities in essentials, manifest very peculiar differences in external appearance. It may be single patches or multiple, it may look like itself or an acne, a lichen marginatum, or an eczema. These differences have more to do with the original differences in the texture of the skin which is attacked than any other class of causes. Let us notice the peculiar thinness and delicacy of the skin in the boy who furnishes us the example of what I have called lupus marginatus, in which exceedingly little growth and no ulceration occurred. We have now to take another step and to encounter another process with far more important differences. The diseases which are known as lupus erythematosus, and its variety lupus sebaceus are more than a mere modification of common lupus. They are distinct varieties, or, if one dared to use such a word, they are almost species. They manifest relationships with other type-forms of skin disease almost as close as those they bear to common lupus. Had it not been for the fact that the common form and erythematous form often exist together or slide into each other by insensible relations, we might have been tempted to prefer to call erythematous

lupus by some other name. Its most important difference of feature is that it usually occurs symmetrically. Thus there is far more reason to believe that it is due to a constitutional peculiarity than is the case with the absolutely non-symmetrical and local lupus. The arrangement of the bat's body and wings on the nose and cheeks in erythematous lupus is well known. The parts affected next to the nose and cheeks are almost always the ears, and next to them the backs of the hands. In this spreading there is no continuous connection between the patches. They are separate from each other, and apparently independent. The evidence as to multiplication by infection is far less strong than it is in the common form. Though there can be not the slightest doubt that this kind of advance does take place at the edges of the patches, and remembering what I had to advance in our last lecture in reference to the possibility that all inflammatory processes may be capable of infecting the blood, I am unwilling to admit, even when we see lupus erythematous on the backs of both hands, whilst the whole of the rest of the upper extremities and trunk remain free, that we have conclusive proof that these secondary manifestations are independent of the original patches on the face. The symmetry cannot possibly be due to any other cause than pre-existing proclivity of tissues; but it is just possible that it is not independent of an infective process also. At any rate, it is true that this disease is wonderfully symmetrical; the ears, the cheeks, and the backs of the hands show exactly the same conditions on the two sides. The variety to which the name sebaceous is given is often not erythematous at all. There may be no redness and no swelling, but the skin becomes dry, rough, and shrunken, and the orifices of the sebaceous follicles are very conspicuous, like the inner side of a nutmeg-grater. This form is also accurately symmetrical, but it rarely leaves the face. If you see it on the nose you may look for it on the ears, and in the middle of the concha of each, just where in acne a group of comedones is often seen there will be a little patch of lupus. Lupus sebaceous and lupus erythematous are frequently mixed in the same case, and they are probably the same disease modified by peculiarities in the skin. Although I have described them both as usually symmetrical, not unfrequent exceptions occur under all conditions. They show their alliance with lupus by leaving the skin which they have affected in a state of scar. I suggested that lupus erythematous had alliance with other skin diseases, and I was thinking especially of psoriasis and those modifications of nutrition known as chilblains, and my suggestion will now be that it owes its peculiarities to the admixture in varying proportions of these two diatheses with that of lupus. As regards chilblains, it is sometimes when the ears and the backs of the hands are affected quite impossible to differentiate between them and lupus erythematous. The latter, like chilblains, is always worse in cold weather, and it usually occurs to persons of feeble circulation, in whom venous congestion easily occurs when the surface is chilled. Its alliance with psoriasis is shown, not alone by its symmetry, but by the fact that in exceptional instances the scaly patches may be seen on the tips of the elbows, with now and then a diffuse psoriasis condition of the whole surface. Children and young persons are but rarely the subjects of lupus erythematous, nor does it usually attack those in whom the skin is thick. Thus, I think we may assert respecting lupus as a whole that it is a sort of cross produced by conjoined tendencies at once to scrofula and cancer, and that it receives many modifications in respect to peculiarities of the patient's skin and his morbid tendencies in one or the other direction. If he has a degree of tendency to the psoriasis diathesis it will assume the erythematous form, and it will be then especially prone to attack the extremities if it encounter also the proclivities to chilblains. I have yet left for consideration another variety of lupus concerning which a few words must be said. It is one which differs much from all forms which we have described, and yet I submit that it is really

a lupus. I know as yet but of four recorded examples of it. The late Dr. Tilbury Fox showed at a meeting of the Pathological Society a young man on whose thigh were two different and very peculiar conditions—one being a congenital port-wine stain and the other a persisting vesicular eruption which had been developed at a later period. As a result of microscopical examination, Dr. Fox believed that the vesicles in question were in connection with the lymphatic trunks and spaces. At the same meeting I mentioned two cases in which I had for a considerable time taken much interest, but which we neither of us then thought to be exactly similar. A third case has subsequently come under my observation, and I have now no hesitation in believing that the four are examples of the same malady, and that the lymphatic spaces and the lymphatic trunks are really implicated. Whether it deserves the name of lupus lymphaticus I must leave to your judgment. All the four patients were boys; in all the disease had existed for several years; in all it was slowly spreading at the edge, and producing, near to the parent patch, secondary ones, which were apparently due to infection. In none of the cases was there ulceration, and in all the eruption consisted of little firm resisting vesicles which showed no tendency to rupture, and were aggregated into confluent groups. Upon these vesicles and at their bases were little tufts of capillaries which were almost fervid in character. By microscopic examination of portions cut from all three cases I have satisfied myself that the lymphatic trunks are dilated, and further, that there is a new cell-growth around them exactly like that of common lupus. So similar is this cell-growth to that of lupus that a very able microscopist who examined one of my slides took it for a specimen of that disease. It is right that I should add that in this microscopic examination I have been much assisted by Mr. Sangster, Mr. Robert Parker, and my eldest son. My belief is that the malady in question bears the same relation to the lymphatics that lupus erythematosus does to the blood-vessels, and that it is an instance of the existence of a new growth assuming clinical features in connection with the peculiarity of the special tissue in which it takes its origin. As in cancer everything depends on the tissue first affected, whether the growth is a melanosis, an epithelioma, or a scirrhus, so in lupus permanent modifications are stamped on the process according as it begins around the sebaceous glands, the blood-vessels, the lymphatics, or in the corium. When the type has been once taken it will be retained. The various forms of iritis are of peculiar value as indications of diathesis. Its occurrence in infancy, a very rare event, is usually indicative of syphilis. In adolescent periods, and early adult life, we have different forms of iritis which generally imply the inheritance of gout. This inheritance is, in such cases, often modified by other individual peculiarities, such as feebleness of circulation and proneness to chilblains. When this is the case, a very peculiar form of multiple arthritis which begins in the last joints of all the digits, and often affects them exclusively, is sometimes seen. The explanation of last joint arthritis is doubtless to be found, as I have just suggested, in the peculiarity of circulation which in later life gives tendency to symmetrical gangrene of the extremities, as so well described by Raymond, and more recently amongst ourselves by Dr. Southey. It is not, however, due to this alone. There is always joined with it an inherited tendency to gout. The cases of recurrent iritis which we meet with so frequently in adult men, but occasionally in women also, in which the attack is sharp and severe, the interval of immunity complete, and the recurrences take place once a year, or oftener, is, I believe, distinctly an indication of rheumatic gout. It does not very often happen to those who suffer severely from declared gout, and it is very rare in connection with rheumatism only. We meet with it in those in whom there is inherited proclivity to gout, who have lived rather freely, who are susceptible alike to weather

and to diet, but who have never themselves had an outbreak of true gouty arthritis. The fact that this form of severely paroxysmal iritis occurs much more frequently in men than in women supports the general statement which I have just made. In women of middle age, or a little past it, we encounter iritis in another form, as an insidious disease, attended by a little conjunctival redness, and some sensation of heat and irritability, and gradually, without any definite paroxysms, producing extensive adhesions. The little exacerbations which attend it are often more definitely influenced by exposure to cold and wind than by diet. This form of iritis is, I believe, almost invariably a consequence of a remote inheritance of gout.

We tried in a former course of lectures to give a definition of the word catarrh which should enable us to employ it for more accurate clinical purposes than it is often used. I suggested that it should be held to imply identity in cause, and not similarity in result. There is surely no good reason why all forms of inflammation of mucous membrane attended by free discharge irrespective of their causes, which are often very different, should be called catarrhal. On the other hand, if we use the word in the sense which I contend for, we shall find it applicable to other inflammations besides those of mucous tissues. In so doing we shall construct a large and perfectly natural group of maladies. Whatever is the result of catching cold is catarrhal; conditions which follow from other and dissimilar causes, however similar their results, ought to be refused that name. The catarrhal diathesis, using the word in this sense, is one of the three fundamental ones. It is not due to any specific or any specialised cause. Every organisation possessing a nervous system must be supposed to be capable of manifesting it, for its essence consists in proneness to inflammatory congestions excited in a reflex manner through the influence of cold applied to the surface. The susceptibilities of the nervous system, however, in this direction differ, as we all know well, very greatly in different individuals. These differences are hereditary, and may easily become the possessions of families or of race. Not only do individuals differ in the degree of reflex susceptibility, but they also vary much as to the special tissues or organs which are most prone to suffer under it. Thus, some catch cold almost solely in the mucous membranes of the nasal passages and pharynx; in others, the tonsils, throat, and larynx are more prone to suffer; in others the bronchial mucous membrane; and in others the stomach and bowels, or even the liver. Although I shall admit rheumatism to the rank of a universal diathesis and place it for the present in this respect side by side with scrofula and catarrh, yet in doing so I shall have to suggest, as indeed I have repeatedly done, that rheumatism after all is only the catarrhal diathesis affecting the joints. Let me state a few general facts respecting catarrhal affections, and then pass on. First, it is a great mistake to imagine that only those of delicate constitutions, and accustomed to much protection from weather &c., are liable to catch colds. Farm labourers and others engaged in laborious out-door pursuits, often show this susceptibility very definitely, and suffer very severely. My impression is, however, that the peculiar degree of susceptibility which causes its possessor to experience slight catarrhal symptoms on every little variation, accustomed exposure is rarely reached in them. They take cold, but seldom, and when they do, it is in connection with some exceptional cause, and the catarrh develops with exceptional severity. I have, however, met with some remarkable instances of extreme development of the catarrhal diathesis in those who are constantly out in the open air. Especially well I recollect an apparently robust farmer, who could do anything he liked out of doors, but who could not sit in a carriage with an open window, or for ten minutes with his feet on a stone floor, without catching cold. It is a general law of all catarrhal affections, and well recognised in the experience

of every one, that they are spontaneously curable, but very liable to recurrence.

All forms of catarrh pass off spontaneously after awhile, and in many persons their duration is tolerably regular, and the period of immunity often keeps to the same average. When we find the results of a catarrhal inflammation threatening to become lasting we feel sure that the diathesis is a complicated one. It is one which very early mixes itself up with other forms of ill-health. We define scrofula to be a state of solid tissues, and more especially of the lymphatic system as a whole, in which there is peculiar proneness to chronic inflammations resulting in products more or less peculiar and specialised. Modern discoveries will perhaps lead us to believe that those specialised products are usually accompanied by the presence of particular organisms which are neither part of, nor derived from, the original tissues. Be this as it may, we shall have to study the scrofulous diathesis and the predisposing causes of scrofula just as before. We shall still have to ask what are the conditions which favour, or otherwise, the development of the bacteria in question. Even the firmest believers in the new facts admit this. Looking, then, upon scrofula as a permanent and heritable condition of the tissues favouring chronicity in all inflammatory processes and directions towards more or less specialised ends, it is easy to see that in such individuals catarrhal attacks may depart from their usual type, and may not show their natural tendency to spontaneous disappearance. As a matter of fact, we are only too familiar with the danger of catarrhal attacks in scrofulous subjects.

OUT-DOOR VERSUS IN-DOOR MATERNITY CHARITIES.

By J. E. BURTON, L.R.C.P. Lond., M.R.C.S.,
Physician-Accoucheur to the Liverpool Lying-in Hospital.

A SHORT time ago circumstances led me to institute an inquiry into the relative maternal mortalities of in-door and out-door maternity charities. I confess that at first my inquiries may have been rather vague and undecided, and it was not until a considerable number of facts had been ascertained that I decided to limit the inquiry to labours since the year 1875. My reason for doing this was that since that date a sufficiently large number of figures could be collected to make them of scientific value, and that they would have the further advantage of embodying the most recent advances in prophylaxis and treatment in childbed. It would have been very easy to multiply figures by going further back in time; those brought forward at the memorable discussion at the Dublin Obstetrical Society by Dr. McClintonck and others might have been made use of. I have, moreover, a very considerable array from various countries; but, unfortunately, they are absolutely valueless as far as the present inquiry is concerned. They represent the maternal death-rate in childbed in past years, and in the various localities in which they are collected, but have no bearing whatever, or only the most trifling, on the death-rate of the present era. Of what use is it to quote McClintonck's figures for or against the figures of last year? The inquiry was limited almost exclusively to the United Kingdom; not that I would not gladly have availed myself of recent data from any reliable source, but the difficulty of collecting facts, always great, becomes much greater with increase of the area from which they are gathered, and I was hopeless of getting reliable statistics from abroad within a reasonable time. (a)

I will now proceed to give the figures, and leave whatever remarks I have to make until the facts are before

(a) Since the above was written, the editor of a German medical weekly wrote me as follows regarding the difficulty of obtaining accurate statistics from lying-in hospitals:—"I am sorry I cannot meet your wishes. Either the administrations of the hospitals will not give the information, or, if willing, cannot immediately, and I doubt if, generally, the accounts can be given in a satisfactory manner. Here, as elsewhere, the fear is great to publish the true statements if in any way they might throw light on a bad situation."

the public. They have been obtained from eleven out-door and twelve in-door maternity charities.

OUT-DOOR MATERNITY CHARITIES.

Date.	Hospital.	Cases.	Deaths.	Total cases.	Total deaths.	Death-rate.
1876	Birmingham Lying-in Charity	898	1	4,806	7	1.401
1877	Do. do.	891	2			
1878	Do. do.	900	0			
1879	Do. do.	1,028	4			
1880	Do. do.	1,020	0	8,561	7	1.228
1876	Liverpool Ladies' Charity	1,323	2			
1877	Do. do.	1,221	1			
1878	Do. do.	1,650	1			
1879	Do. do.	2,224	1	610	0	0
1880	Do. do.	2,136	2			
1881	Do. do.	610	0			
1877	General Lying-in Hospital, London	603	8	712	0	1.713
1881	City of London (6 years)	712	0			
1879	Rotunda, Dublin	603	8			
1881	Queen Charlotte's	712	0			
1879	Newcastle-on-Tyne	522	0	1,304	2	1.402
1880	Do. do.	405	1			
1881	Do. do.	377	1			
1879	Glasgow Maternity	1,118	14	2,900	36	1.235
1880	Do. do.	916	8			
1881	Do. do.	955	4			
1876	British Lying-in Hospital	691	0	2,276	7	1.306
1877	Do. do.	568	6			
1879	Do. do.	557	0			
1880	Do. do.	430	1	13,515	45	2.290
1878	Royal Maternity Charity	3,133	11			
1879	Do. do.	3,425	14			
1880	Do. do.	3,695	11			
1881	Do. do.	3,362	9	7,021	30	2.290
1878	Manchester, St. Mary's Hospital	1,269	10			
1879	Do. do.	2,631	8			
1881	Do. do.	2,671	2			
				51,184	125	2.406

IN-DOOR MATERNITY CHARITIES.

Date.	Hospital.	Cases.	Deaths.	Total cases.	Total deaths.	Death-rate.
1876	Liverpool Lying-in Hospital	146	2	767	10	1.76
1877	Do. do.	152	3			
1878	Do. do.	140	0			
1879	Do. do.	165	3			
1880	Do. do.	174	2	471	5	1.94
1877 to 1882	St. John's House, Chelsea	471	5			
1877 incl'	Birkenhead	242	0	242	0	0
1881	General Lying-in Hospital, London	172	0			
last 6 yrs.	City of London Lying-in Hosp.	...	...			
1876	Rotunda Hospital, Dublin	1,047	35	1,132	18	1.53
1877	Do. do.	1,132	13			
1878	Do. do.	1,179	18			
1880	Do. do.	...	...			
1876	Queen Charlotte's	416	19	2,409	52	1.46
1877	Do. do.	466	6			
1878	Do. do.	592	9			
1879	Do. do.	333	16			
1880	Do. do.	602	2	171	1	1.73
1876	Edinburgh Royal Maternity and Simpson Memorial	171	1			
1877	Do. do.	206	1	1,240	17	1.36
1878	Do. do.	221	0			
1879	Do. do.	108	7			
1880	Do. do.	222	6	602	18	1.36
1881	Do. do.	213	2			
1879	Glasgow Maternity	170	5			
1880	Do. do.	223	3	269	10	1.47
1881	Do. do.	269	10			
1874	British Lying-in Hospital	155	1	621	13	2.17
1877	Do. do.	158	8			
1879	Do. do.	169	1			
1880	Do. do.	189	3			
1881	Belfast Hospital	219	0	1,573	30	1.92
1873 to 1880	Danzig Hebammen Lehr Anstalt	...	...			
				14,468	237	1.59

The above tables comprise reports from nearly all the large lying-in charities in the United Kingdom. The Coombe Hospital is indeed conspicuous by its absence, but repeated applications on my part failed to call forth the desired information; the returns of the numbers of cases treated were procurable, but nothing that could be of value in the present inquiry.

Even a cursory glance over the table will show the enormous difference between the maternal death-rates in the two classes of charities—that in the in-door table being more than six times greater than that in the out-door; and naturally the first question that springs up is, are the figures correct, or even substantially so? Many will deny that they are, and have done so already. The *Lancet*, in that calm, judicial manner so becoming in the aged, says that it is mere "trifling" to bring such figures forward. Others have said that there must be some grave error in them.

We may safely premise that the results, as far as regards in-door charities, are correctly given. So long as they make such a very poor show no one will suspect the favourers of these institutions of wishing to make them appear worse than they really are, so that we may accept them as being tolerably exact. Besides, as a rule, patients are kept in hospital, and thus under supervision, until the termination of the case, they are either dead or convalescent before they leave the hospital, so that there is no great difficulty in keeping an accurate record of the results obtained.

With out-door maternity charities, however, the case is different. Here the cases are not under such strict supervision, and it would seem easy for errors to creep in. Consequently, some sort of guarantee is required that the results published are as good as they seem to be. If it can be proved that the figures in some of the most successful of them are correct, and thoroughly reliable, it will be at least *prima facie* evidence that the others are, or at least it will prove their possible correctness, for what has actually occurred in one place may at least be possible in another.

As the Birmingham Charity stands first on the list, we will take it first. The authorities of this charity claim that the figures given are absolutely correct. The annual report for 1880 says, "the state of health of every mother is ascertained thirty days after delivery;" and the report for 1881 says, "the state of health of every mother is ascertained and reported on by our midwives thirty days after delivery." As further showing the care with which these statistics have been compiled, I may add that the report gives three cases as transferred to the dispensary at the expiration of the thirty days, and that one of the three died of phthisis six weeks after delivery. I am quite aware that many medical men who are practising in centres where such excellent results seem unattainable will not believe these figures, but many of us whose lots are cast in more pleasant places, obstetrically speaking, see nothing incredible in them; nay, more, we expect good results.

Next comes the Liverpool Ladies' Charity, and although I cannot vouch for the absolute accuracy of its statistics, I can give my reasons for believing them to be correct. In case of difficulty or danger of any kind showing itself, an assistant medical officer is called in, whose duty it is to continue his attendance till the termination of the case. I have known them to attend for more than the thirty days usually considered as the puerperal period. In all my thirteen years' connection with the charity I never personally knew of a case in which an outside medical man was called in, except as the temporary substitute of the officer of the district. The objection made that a case may apparently be convalescent, then take ill and die without the knowledge of the officials of the charity is again groundless. I have questioned our midwives on this point, and they deny the possibility of such a thing occurring. The reason for their confidence is this: Liverpool is doubtless a large city, and it seems an easy thing for a woman to be taken ill in an obscure street and

nobody be the wiser for it. But all things are not what they seem. For our Charity purposes the city is divided into eight districts, and a midwife works her own district, and no other. There are six assistant midwives, sometimes one to one district exclusively, sometimes one to assist in two or even three districts. The midwife's district will still be sufficiently large, but as a matter of fact, her duties do not carry her over all of it. The class of people amongst whom her work lies are concentrated in one particular locality of the district, in one or two streets or squares with their "courts" and alleys, so that the midwife knows every face, every family in her district, for to her they are just a little village community. They (the midwives) think, and I think with them, that for a case of illness to occur and prove fatal without their knowledge is almost an impossibility. Again, during the present year, up to date of June 1st, the assistance of an assistant medical officer has been required 19 times. Now, if a charity case proves fatal at all, it will necessarily be one of the number that has required medical assistance. This reduces the cases in which a fatality could or would be likely to occur to about 45 per annum, and dividing this number by eight, gives the number that each midwife would have to be particularly careful about.

Moreover, as far as my own observation goes, I believe the figures to be correct. During the eleven years in which I was an assistant medical officer to the Charity, in which I had the supervision of at least 4,000 cases, only five deaths occurred from puerperal accidents; two from placenta prævia, one from concealed accidental hæmorrhage (dead on arrival), one from shock and hæmorrhage after delivery (cancer of uterus), and one from post-partem hæmorrhage. There has not been a single case of craniotomy or cephalotripsy (a) in my district, and our Charity does not extend to unmarried women, so that it will be seen, upon the whole, that we have a pretty favourable field for practice. Such being the case, we may expect favourable results.

We now come to the City of London Lying-in Hospital. The secretary of this institution, in kindly furnishing the information desired, made the following remarks:—"That no record of death in the out-patient department was kept after the ninth day, whilst a considerable number of deaths took place in the hospital after that day. That there was a larger proportion of primiparæ in the hospital than in the out-patient department. That difficult cases are admitted from the out-patient department. All these points are certainly very proper to bear in mind in making a comparison between the two charities. The records from the General, Rotunda, and Queen Charlotte's Lying-in Hospitals are only for one year.

The Newcastle-on-Tyne Lying-in Charity is mixed, partly extern and partly intern. As the intern cases number only about 20 per annum; there can, of course, be no "aggregation" of cases, and it may, for the purpose of this inquiry, be considered altogether as an out-door charity. The death-rate here is 1 in 652, and its accuracy is sufficiently vouched for by the fact that no midwives are employed, but that all the work is done by the medical officers.

The results in Glasgow are not sufficiently startling to challenge the questioning attention of the firmest believer in the heavenly mission of lying-in hospitals.

From the British Lying-in Hospital I can only give the figures; no explanation came with them.

Next comes the Royal Maternity Charity, Finsbury Square, with its 13,515 cases in four years, and 41 deaths, or 1 in 300. These figures are "carefully collected" from

(a) With regard to craniotomy and cephalotripsy, another fact should perhaps be mentioned. Dr. Sigismund Lewis, of this city, a good many years ago, introduced a very formidable looking pair of midwifery forceps. They weigh a little over 2lbs. Their length is about 18 inches. From fulcrum to tip of handle, 7 inches; from fulcrum to tip of blade, 11 inches; greatest distance between blade, internal measurement, 2 9-16 inches; external measurement, 2 15-16 inches. The blades are, therefore, nearly 3-16 of an inch thick. They have the ordinary double curve. As may be imagined from the description, they are instruments of enormous power, and doubtless often take the place of the cephalotribe.

the "monthly reports;" they are from "monthly reports carefully compiled by our secretary, Mr. Jno. Long." Mr. Ernest Hart has evidently been a believer in the accuracy of the statistics of this charity, for in the *British Medical Journal* of January 4th, 1879, he is reported to have said: "The comparison of the death from childbirth in the Royal Maternity Charity with those in all England was very striking. The mortality in childbed in all England was exactly double that of the mortality in childbed of the Royal Maternity Charity, which relieves unselected cases of poor women in their own homes."

The *Lancet* of April 27th of the same year throws no doubt on the accuracy of the statistics, and still less, speaks of them as "trifling with the subscribers." It says, "in the whole of London last year the deaths of women from puerperal causes were nearly double the rate of mortality among the cases attended by the Royal Maternity Charity, in which the deaths of women from puerperal causes was only in the proportion of 2 per thousand women delivered." As a guarantee that the statistics are accurate, the report (1878) says: "A report of the state of health of mother and child being required monthly from every midwife, and a minute record of every case to which the Charity's physicians are called, with the nature of the illness and its result, is faithfully kept."

The Manchester St. Mary's Lying-in Hospital is also both an intern and extern lying-in charity, but as in Newcastle, the cases admitted are so few that there can be no "aggregation" of maternity cases, for which reason it has also been classed as an extern maternity charity, for the question we are considering is not, strictly speaking, hospital? or home? but aggregation? or isolation? The report for 1879 says: "The period allowed for computation extended over a month from the time of delivery." It will be evident from the foregoing that the figures have been collected carefully, and this being so, one may be fairly entitled to believe in them without laying oneself open to the charge of being innocently credulous.

Taking the Birmingham, Newcastle-on-Tyne, the Royal Maternity, and the Manchester St. Mary's Hospital lying-in charities—institutions that guarantee the accuracy of their reports—we have 28,800 cases with 79 deaths, or 1 in 364, a very near approximation to the rate given in the tables.

As these figures are clearly reliable, we may accept them, and consider, then, that the death-rate stands as follows:—

In out-door maternity charities, 1 in 363. In in-door maternity charities, 1 in 56.

(To be continued.)

THE DISEASES OF EGYPT, FROM OBSERVATIONS MADE DURING THE BRITISH EXPEDITION IN THAT COUNTRY UNDER SIR R. ABERCROMBIE, K.C.B., IN 1801.

THE following additional particulars to those given by Surgeon-General Gordon in the *Medical Press*, of July 19th are communicated by Dr. J. Black, F.R.C.S.E., and extracted from the history of that campaign by Col. R. Wilson, published in 1803, and will be read with interest at the present juncture.

In no country are the inhabitants afflicted with more dreadful disorders, many of which must be attributed to the vices of the people; yet the most fatal proceed from causes which civilisation cannot altogether control.

The Plague as being the malady which occasions the greatest alarm amongst those who have never been immediately acquainted with its nature, ranks as the most fatal of all distempers. This epidemic fever was long supposed to have been brought from Turkey in the ships charged with old clothes which constantly came to Alexandria for a market for their sale.

But these reasons cannot any longer be maintained, since the plague has been generated annually in Egypt, during the last four years, 1797-1801, though no such communication had been possible, and has even commenced in Upper Egypt.

The plague commences when the waters of the Nile begin to fall lower in October or November, and continues during the winter and spring months when they are at their lowest in the Delta, and ceases to be fatal almost to a day or so after the 17th of June, when the waters are at their lowest, and when the river is supposed to begin to receive its first increase of water again from Upper Egypt. As the waters retire from the surface of the country they had inundated, a rich slime of considerable density is left, which forms a soil so productive as to render Egypt the most fertile land in the world. This slime, subjected to natural laws, is no sooner separated from its principle of action, then *corruption* ensues, and continues during the autumn and winter until all the putrid juices are exhaled by the heat of the sun into the air. The ground is then, at last, left perfectly dry and brittle, with the fissures in it, and the atmosphere at this time, in spring, ceases to be tainted, and the plague throughout Egypt disappears. It is contended that the plague is like all fevers, more or less infectious, according to habit of body, and duration in bad air, and that the disease hangs only in the atmosphere or breath of the afflicted patient, and is not to be conveyed by touch on a third person. Since the French Expedition to Egypt great discoveries have been made as to the properties of the plague by the ability and boldness with which numerous cases have been treated.

Assalini asserts that he found by observation in the French army, that if a battalion infected with it left its cantonment for another, the distemper not only ceased in that corps, but that no one having communication was exposed to danger. Nor did the phenomena end here, for even if the battalion that occupied the post which had been left by the diseased battalion, had quitted the place in ten days, no symptoms of the disorder ever appeared amongst them.

As a proof of the plague being confined to the atmosphere, he mentions several remarkable cases at Jaffa of men who were confined for the plague in the hospital of that town, and had escaped into the Desert. They endeavoured to reach the army, but, finding the attempt impracticable, returned again in three days, and found themselves perfectly recovered.

This extraordinary cure induced Assalini to encourage a removal from Jaffa whenever the first symptoms were discernible, and every one on whom he could prevail to adopt this advice soon became convalescent. At Aboukir the dead bodies of the Turks, French, and English might have occasioned the putrid miasmata containing the sources of the disease. Medical men should know that at Aboukir the plague continued longer than in any part of Egypt, as the sun there, on account of the sea breeze, did not possess sufficient power to dissipate all the mephitic exhalations (also due to the dampness of the air on the coast). The facts must also be stated that the English and Turkish armies, which marched to Cairo, passed through a country where the plague filled almost every village. They communicated, without any precautions, in the most intimate manner with the natives, and established their ovens at Menouf, where the plague raged violently. The Turks even rifled the diseased persons in the best houses of Rahmaneh, and at Cairo even dug up the corpses recently buried, and yet no individual instance occurred of the malady in the armies.

The troops, however, who remained stationary at Aboukir were severely afflicted, of whom 173 died out of 380 cases; but neither at Rosetta nor Alexandria did the fever show itself.

In Egypt, where the villages approach within a quarter of a mile of each other, some were exempt from this malady, whilst the most neighbouring were decimated. So common is this circumstance that the inhabitants particu-

larise to Europeans those villages in their districts in which, during the season, the plague has appeared, and yet did not refuse themselves to enter into them. Nor, indeed, did the English hesitate, although frequently the dying were laid by the gate through which they were to pass in.

When the plague has been most virulent in Cairo, the inhabitants of the Citadel above have often been totally free from any infection, although having daily and promiscuous communication with the dwellers in the city below. This partial infection of the atmosphere can only be attributed to the different degrees of foetid matter left on the ground producing different quantities of putrid miasmata, and the direction of the winds at the place wafting them in different directions.

In Cairo last year (1800) 40,000 people were stated to be infected with the plague, in a population of about 240,000 estimated; and many of the French garrison died in that city, although the disease was treated in their hospitals with great ability. The celebrated Desgenettes was chief physician to the French army, and the inspection of his hospital obtained universal admiration, particularly the great one at Cairo.

In Upper Egypt, 60,000 of the inhabitants, estimated at 750,000, perished during the same season of 1800, and whole villages of people were swept off, and they remained abandoned when the Indian army descended the Nile, July 29th to August 8th, 1801. At the same time, many instances occurred when the nearest villages had not possessed a case of the malady. Dr. Young, I.G., states in his return of sick, p. 132, that the deaths in hospitals chiefly fell on the orderlies, nurses, and other servants; but this observation cannot controvert the position that the plague is not more contagious than other fevers. The servants attached to a hospital, by continuing in a tainted atmosphere, must certainly be subject to maladies produced by bad air, and these instances afford proof in favour of a doctrine important to humanity and military service.

Egypt, in the possession of a Power who felt interested in her prosperity, might, in the course of years, calculate on this disorder being altogether annihilated, or the pernicious influence so corrected as no longer to possess the same injurious properties.

The introduction of lime, the use of coals for firing, the paving of the streets in cities, the formation of solid roads, the whitewashing of the apartments of houses, the draining off of all stagnant waters, the use of well-burnt brick instead of mud in buildings of the villages might be the means, in time, to correct the corrupted exhalations of the soil. Attention to cleanliness of person and dress would promote considerably the above operations. Until that too remote period arrives, the abilities of medical men have discovered medicines which check the fatality, if they cannot always cure it. The embrocation of oils is found to be very beneficial, and mercury will generally produce favourable effects if the disorder has not gained already too much progress.

Inoculation.—Dr. Whyte, an English physician, determined to discover if this malady, so destructive to a large portion of the globe, could not be checked, or rendered less virulent, by the introduction of inoculation. Resolved to become the patient of his own speculation, during the time the plague raged again at Rosetta, towards the fall of the year (1801), he inoculated himself with matter taken from the buboes of an infected person. The attempt failed twice, but the third proved fatal. In three days after the symptoms appeared he died, falling a much-to-be-lamented victim to a disinterested zeal, benevolently and intrepidly directed for the benefit and happiness of the community.

This catastrophe may for some time operate against the prosecution of a very interesting theory, yet in the detail of this case there are many incidents which will hereafter excite the attention and enterprise of the inquiring mind. The fact may very soon be incontrovertibly established that this fever is local, and excited

by the state of the atmosphere, in its progress not contagious, which will be very consolatory to humanity. It will be particularly important to ascertain this at a moment when the countries most subject to this dreadful pestilence are about to be more intimately connected with the States of the civilised world.

Ophthalmia.—The period no sooner arrives when Egypt for a season is relieved from the plague at the middle of June, than another malady succeeds immediately, distinguished by the name of ophthalmia, and prevails during the summer months before the period of the inundation. The effects of this disease are much more terrible than those of its precursor, the fever called the plague, which is not attended with any corporeal pain, torpor tranquillises all sensibility of mind, and the hour of dissolution is expected with apathy.

In the case of ophthalmia, the anguish of the affected part is acute, nearly to delirium, whilst the unhappy patient retains a consciousness that his agonies probably may terminate in the loss of organs precious as existence.

The quantity of the blind in Egypt is prodigious, nearly every fifth inhabitant has lost one eye, estimated at 600,000, out of 3,000,000 of a population in 1801, and many have lost both, and all the children have sore eyes, and the Europeans do not escape the disease.

The French at first had more than two-thirds of their army (21,454 out of a total of 32,180 estimated) according to their own report, affected with this malady. The English troops during their short stay have suffered considerably, 160 having become totally blind, and 200 having lost one eye irrecoverably—360 cases out of a total 19,424 of all ranks.

The disorder is believed to originate in the nitrous and malarious particles emitted from the ground by the force of the sun, which are of a quality so pungent and penetrating as to injure the fine vessels at the corner of the eye. The acrid and burning dust flying in the atmosphere irritates still more the already affected part. The reflection of the sunlight from the grey soil, the heat of the air, and the livid light of the sky, tend to weaken the sight, and at last occasion that excessive inflammation denominated ophthalmia.

When the actual ophthalmia has taken place, the patient suffers the most *excruciating pains*, which are described as if the balls of the eye were on fire, and the points of needles perpetually pierced into them.

The abscess or tumefaction formed under the eyelids discharges a considerable quantity of moisture, which frequently vitiates into matter, every membrane swells, and the whole eye becomes frightfully distorted.

The children in Egypt, from the barbarous inattention of their parents, have, from the earliest infancy, at the corner of their eyes a great quantity of little insects continually settled, which keep the vessels in a constant irritation, and finally burrow themselves into the interior coating of the eyelids. Scarcely will this assertion be believed, nevertheless the fact is evident that all the mothers are guilty of this inhumanity, negligence, and uncleanness.

The advent of the malady is sometimes extremely sudden, which induces the supposition that checked perspiration frequently and severely contributes to produce the disease. In a few hours after the inflammation has attained an alarming strength, to which no precise crisis can be anticipated.

With some the disorder lasts only nine or ten days, in others the patients have suffered for months, and unfortunately there is no security, even after perfect recovery, against an immediate new attack.

Ophthalmia is endemic to Egypt, and its extirpation can scarcely be expected, but an acquaintance with all the different cases has enabled the European physicians to discover remedies, which have rendered this disease in some degree less fatal.

Opium was found then the best application (probably in its various forms of vinum opii, laudanum, and opiate fomentations, powders and pills, internally, &c.

Lately, some extraordinary cases have appeared, which prove that a certain form of ophthalmia is highly infectious occasionally.

Dysentery.—Ophthalmia and dysentery are twin evils generating in summer, and expiring in autumn together, but the latter, so destructive to armies in Europe cannot be deemed, however, more pernicious to them in Egypt. The returns of sick by cases of dysentery in a campaign where the climate is moist, and the ground damp, will be found to exceed considerably those of cases of the same malady in this dry soil and climate, where the damp of rain seldom penetrates.

There is, however, in Egypt, particularly on the Isthmus of Aboukir, every morning an exhalation in the low lands where the date tree grows, of an extraordinary dense fog, which must be extremely noxious. But troops would seldom be obliged to encamp in and expose themselves to the dangers of such situations. Some have attributed to the Nile water the cause of this disorder, which is erroneously imputed to it, unless excessive quantities are drunk, when any water would be equally unwholesome.

This water certainly at the season of the year when dysentery appears, becomes extremely thick, and even foetid in smell, as a tumbler-glass full allowed to stand and settle for five minutes would yield at least one-third of slimy mud. The operation of this *sediment* is, however, to be deemed rather salutary than otherwise, and a little vinegar or spirits infused would always correct any bad effects. With more injustice do others affirm that the *bad diet* is a principal cause of dysentery, for in Egypt every thing which is eaten tends to promote acrimonious humours by its deleterious qualities. The poultry of the country from being unnaturally forced in ovens, seem to have the sources of health and growth dried up. They never exceed the size of a pigeon, their bodies yield only skin and bone, between which are lumps of rank fat, extremely nauseous and unwholesome, and their eggs are very heavy to the stomach, and often occasion sickness when eaten. The Emperor Hadrian being angry with the Egyptians wrote thus in a letter, "I wish nothing more to befall them than that they may feed on their own pullets, which, how they hatch, is a shame to speak of." Buffalo meat is indigestible, and the mutton not very good, and the oily food of the common inhabitants still more weakens the intestines, and produces a disposition to overflow of the bile.

Another cause of dysentery is checked perspiration as well as drinking of bad water, for the soldiers crowded into the Nile to bathe when their bodies were pouring out streams of moisture, quite indifferent to the consequences to themselves, of which they were so frequently warned. On the march to Cairo from the coast nearly thirty soldiers were drowned when bathing in the Nile.

At night a damp air chilled those who did not secure themselves by a covering; and during the march to Cairo frequently fifty men per day, out of a total of 4,412, who were seized with the malady, were obliged to leave the army. The impression of heat seems also to have had a considerable influence in maintaining it, since those sent to Rosetta, near the coast, or who were transferred on board ship, very soon recovered. The sea air braced up again immediately the systems which had become too much relaxed in the interior of Egypt. An attention to dress in this complaint is extremely necessary, both as a preventive and as a cure. Flannel shirts, and pantaloons made of woollen cloth, should be worn, and the gaiter and breeches are the worst possible appointments for soldiers in a warm country. At night the damp penetrates to the skin through the buttonholes of the dress, even with the most prudent precautions.

Who does not know that a soldier wearied with marching, which occasions a swelling of his limbs, increased by the tightness of his dress, almost always, for the sake of ease and rest, removes every close dress, and exposes to the air his legs and knees during the night when lying down?

Cutaneous diseases.—A skin disease prevails very generally in Egypt during the rising of the Nile (July, August, and September), which is extremely disagreeable, but scarcely ever fatal. The itching is barely endurable, but the appearance of this heat eruption is considered as an indication of health, and cooling physic soon removes it altogether, so that the complaint may be deemed only an inconvenience, not amounting to a malady. An officer imprudently bathed three times in one day when the rash was strongly out, and thereby threw into the system what Nature wished to reject, and he died in twelve hours afterwards. Such instances, however, occur in similar harmless complaints in Europe, affording melancholy evidence of indiscretion, giving to disorders an inveteracy of character.

A vast variety of more severe diseases are common, and seem to have a peculiar character in that country, but, as not immediately affecting the English army, they shall only be classed under their different heads.

Common diseases.—Leprosy of the worst species; elephantiasis, very common and of the worst sort, in which the legs are swollen larger than a bed bolster; hernia, extremely frequent; syphilis of the most malignant kind; dropsy, sore heads, worms, liver complaints, all very frequent.

Minor plagues of Egypt:—

Rats in extraordinary abundance, which the inhabitants of some villages near Rosetta eat.

Flies and other insects, numerous beyond credibility.

Fleas in such quantities that in twelve hours clean linen was covered with thousands of spots of blood.

Lice of every species. The Mameluke Boys even would think it no disgrace to employ themselves publicly in picking them off their persons.

Mosquitos and gnats.—Their bite was particularly venomous, especially near Rosetta.

Scorpions and centipedes.—The sting is painful, and produces tumours, but is not dangerous.

Locusts very destructive to agriculture.

Many of these disagreeable animals, the Egyptians may say, are also inmates of Europe; but in no other country are they so numerous or so voracious as in Egypt.

Special.

THE BRITISH MEDICAL ASSOCIATION AT WORCESTER.

THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES BY MEDICAL MEN.

FOR the first time this question was discussed at a general meeting, after due notice had been given, with the result which those who had urged the necessity of discussion anticipated, viz., a condemnation by a very large majority of the principle of compelling medical men to report. The result was all the more significant from the fact that Mr. Hastings was present to defend his own Bill, and that he was backed by a large number of medical officers of health, prominent among whom was Dr. Littlejohn, of Edinburgh. A preliminary discussion having taken place in the Public Health Section on the 10th inst., on a paper read by Dr. Carter, of Liverpool, the question came up for decision at the general meeting held at 11.30 a.m. on the day following. Much interest had been excited, so that the attendance was very large. The proceedings were commenced by the President reading a memorial, signed by sixty members, which had been agreed upon at a meeting held at Liverpool, presided over by Dr. Carter, praying that a time should be set apart for the discussion at Worcester; and he then called upon that gentleman to open the discussion.

Dr. CARTER pointed out that the Public Health Act of 1872 had been loyally accepted after full discussion in Parliament, and had been productive of a large amount of good, about a quarter of a million of people being alive at the end of the first decade of operation who but for it would probably have died; that the principle of the Act was to make

every medical man the medical officer of health for the households which he attended, but that almost immediately after it became law medical officers of health began to clamour for another Act founded on novel principles, of which compulsory notification by medical men, compulsory removal of patients to hospital, and compulsory closure of shops were examples. These principles had been adopted in some few local Acts for a long enough time to judge practically of their results. They had often been introduced in a surreptitious manner into Bills under cover of titles which afforded no presumption of their character, as for example, into the Nottingham Bill, which was to enable the authority to "construct new gasworks, repair a road, and other purposes," and hence had not been fully debated in Parliament, as the General Act had been, and had not received, as it had, the sanction of public opinion. Bolton had been put forward by Mr. Hastings and many others as a remarkable example of the advantage of the Act which embodied these new principles. This town had had a larger experience of it than any other in the Kingdom, and what was the result? Why, that taking the arbitrarily selected number of years, and the very diseases relied on by Bolton for proving her case, it was found that Liverpool, which for many reasons was more liable to infectious diseases than any other city of the United Kingdom, had progressed nearly half as fast again without any such Act as Bolton had with it; and that if a similar comparison was made between the latter town with its Act and the country generally without it an exactly similar result was discovered—Bolton lagging far behind the country in the race of sanitary improvement. Dr. Carter further showed that, according to returns given in the *British Medical Journal* for Jan. 7th, 1882, the mortality of Edinburgh had increased from 20·24, the average of four years before it acquired compulsory powers, to 20·55, that of the two years since; and that of measles, which Dr. Littlejohn had specially mentioned as showing the practical advantage of the Act, 440 cases had been reported in February of the present year, 1,118 in March, and 1,239 in April, figures which in his judgment simply demonstrated the impotence of the Act to deal with the disease—nearly 3,000 half-crowns having been disbursed in consideration of this proof of its powerlessness. He next gave examples direct and inferential of concealment of infectious disease in some of the towns possessing compulsory powers through dread of the publicity which would follow the calling in of a medical man. He cited the enormously high death-rates from typhoid fever in Bolton and Blackburn as showing either that many cases were concealed, and thus the death-rate made to appear exceptionally high, or else that the application of the powers provided by the Act was very fatal to the individuals attacked. Dr. Carter then gave a number of examples of conflicts between medical officers of health and general practitioners, leading in several instances to the imposition of fines on the latter, and causing in all cases a spirit of bitterness and antagonism between the curative and preventive branches of medicine, which must be detrimental to sanitary progress. Among other instances he quoted from a letter of Dr. Bond, in which that gentleman stated that he "should be afraid to say how many deaths came under his notice registered as having occurred from diphtheria, croup, and laryngitis which he had good reason to believe were simply cases from imperfectly developed scarlet fever," and remarked that if the law of Bolton had been in operation in Dr. Bond's district he would have been morally bound to institute proceedings against all those medical men of the correctness of whose diagnosis he presumed to be the judge. Lastly, he showed petitions signed by many hundreds of medical men from Liverpool—including the name of the President elect of that Association—and from Ireland, brought specially over from Dublin by Dr. Jacob, against the principle of compulsory notification by medical men, and proposed, in order to test the true feeling of the Association on the matter, that a plebiscite should be taken.

This was seconded by Dr. EWING WHITTLE, of Liverpool.

Dr. LITTLEJOHN moved as an amendment,

"That in view of the unanimous opinion of all competent sanitary authorities that notification is the indispensable basis of action for arresting the spread of infectious diseases, and of the general testimony as to the satisfactory operation of the Acts already passed to make such notification compulsory, this meeting declines to withdraw the approval which the Association has repeatedly expressed in favour of urging Parliament

to make the notification of infectious disease generally compulsory, under such conditions as may appear to be, after due inquiry, best calculated to protect the public health." He objected to a plebiscite on the ground that those from whom the vote would be taken would know nothing about the matter; gave the history of the Edinburgh Act; denied the accuracy of the figures of the Edinburgh correspondent to the *British Medical Journal*, which showed a rise in the general mortality of that city since its Act had been obtained, and urged the adoption of the amendment by the Association.

The amendment was seconded by Mr. EVERETT, of Sydenham, and supported by Mr. GEORGE HASTINGS, M.P., who spoke of the unanimous approval of the twenty-three sanitary authorities in England who had adopted compulsory powers as showing their practical advantages, and mentioned that none had appeared before the Select Committee to oppose the powers, and that when another Act to compel medical men to perform certain duties,—viz., to register the cause of death—had been proposed it had been at first opposed, though now acknowledged to be of great advantage.

Dr. FITZ-PATRICK, of Liverpool, pointed out that Mr. Hastings was wrong in nearly every particular; that no medical man could be compelled to give a certificate of death; that so far from there being no opposition before the Select Committee, Dr. Alfred Carpenter had specially appealed to be heard against the compulsory clauses, but had been refused on the ground that he had no *locus standi*, and that the supposed assent of the twenty-three towns was merely the expression of the opinion of their medical officers of health, who, having asked for an Act, would scarcely be likely at once to admit its failure. He went on to show the fallacy of Dr. Littlejohn, who constantly spoke of "the Act," as though the Edinburgh Act and those of the English towns were identical, when, as a matter of fact, they were strikingly dissimilar, most of the latter excluding measles, and allowing only one report from a single house within thirty days, while Edinburgh included that disease, and paid for every case, even if there should be a hundred of these in some of those houses to which Dr. Littlejohn had alluded as containing sometimes as many as 120 inhabitants. He remarked that his opposition was based on the ground of these powers being opposed to a sound public footing, and that it would be equally great if a fee of a guinea were offered instead of half-a-crown; but that, without speaking offensively, he thought it not impossible that the national love of the bawbee, and the ease with which, owing to the peculiarities of the Edinburgh Act to which he had alluded, many of those could be acquired by his Scotch friends, had had much to do with allaying their opposition.

The amendment being put, the President declared it carried.

A further amendment was then put by Dr. MAHOMED,

"That this meeting earnestly desires compulsory notification of infectious disease, but it wishes to express its opinion that the compulsion to notify should be placed upon the householder as his duty as a citizen, and not upon the doctor."

This was seconded by Mr. HUSBAND, of Bournemouth, and carried by a very large majority; and as no further amendment was forthcoming, it was subsequently passed as a substantive motion with an equally large majority.

Dr. JACOB, of Dublin, who had attended for the purpose of taking part in the debate, and had brought a very numerous signed petition against compulsory notification by medical men from Ireland, was unfortunately summoned from Worcester to London to give evidence before a Select Committee of the House of Commons.

A PARIS patent-medicine man describes his chloral syrup as bottled sleep—*le sommeil rendu en flacon*. Puffing as a fine art can go no farther.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 23, 1882.

THE POCKET ARGUMENT AGAINST MEDICAL REFORM.

It has long been customary for satirists to exercise their most peculiar powers at the expense of a certain well-recognised attribute of the Scotch mind, and to draw conclusions irresistibly suggested by the national weakness usually associated with those who regard the thistle with especial reverence. Without applying to Scotchmen the full significance of the *auri sacra fames* motto, we may yet ascribe to them a willingness to grasp every pecuniary advantage they can by any right lay claim to; and this, too, in whatever relations they may claim to be placed with respect to dispensers of the “almighty dollar.” At the present time we are compelled to pay heed to this trait in our friends over the border, inasmuch as it is assuredly exerting its influence in directing the attitude of the profession in Scotland towards the scheme for medical reform now agitating the country; and the most striking proof that has lately been forthcoming of the justice of this assumption is to be found in a lengthy address with which Professor Fraser gratified graduates in medicine at the recent “capping” ceremony at Edinburgh. Among other subjects, Professor Fraser naturally dwelt on the report issued a short time since by the Royal Commission on the Medical Acts Amendment. The tribute which he was from his position called upon to pay to the excellence of the University he represented, was most rigorously rendered, and full credit assumed to it as a

pioneer in all that has tended to elevate the profession in all parts of the globe. Moderate laudation at such times is excusable, but it will need more than a little urging to convince persons who do not hold Prof. Fraser's exaggerated opinions of the complete justice of his exactions, and as they necessarily led to the utterance of prophecies at the least improbable, it may be doubted whether they were altogether wisely ordered. But let Prof. Fraser speak for himself; his own words are:—“The Commission, however, has recommended a scheme which is not in harmony with the views of the Scottish Universities. Stated in a few words, it proposes that a divisional board should be appointed in each of the three kingdoms; that the board should consist of the representatives of the Universities and corporations, and that, among other functions, it should be charged with the duty of regulating the education and conducting the examinations required for admission to the Medical Register, each existing medical authority retaining its right of conferring its special degrees or licences. This scheme, in the first place, would add three new examining boards to the nineteen now in existence, thereby increasing what has been urged as a fault to be remedied, namely, the superabundance of examining boards. It would establish three new authorities, whose examinations must be of the nature of mere pass or minimum examinations; but as they must be undergone by every practitioner, their low or minimum standard would undoubtedly affect the examinations, and in that way the education of all the medical schools in the kingdom. Freedom of teaching would be impeded, investigation and the advancement of medical science would be hampered, and the medical teaching of this country would be burdened by an incubus tending to reduce it to one uniform level of mediocrity. The contending interests of the licensing authorities, the existence in some quarters of evils demanding reformation, and the difficulty of effecting reforms without injuring the admitted excellences of many existing institutions, no doubt imposed a task of great perplexity upon the Commission, and their report reflects clearly the diversity of opinion which is everywhere met with, and the enormous difficulty of formulating a scheme which will harmonise existing differences.”

To many who have felt some faith in the possibilities opened up by the institution of a uniform examination standard, the distressful picture drawn in these sentences will strike dismay; but subsequent reflection may, perhaps, dull the keenness of their regret, for it should be remembered that these are the official opinions of a corporation that has little to hope for in the event of such a change as shall make its diplomas valueless, save as an ornamental addition to a usable qualification. In all that is said condemnatory of the proposed reform, it will be, above all, advisable to remember the circumstances under which exception is taken, and to consider the force of each objection raised. Professor Fraser's charge, that three new examinations will be added to those already existing, loses its force when it is seen that no one of all the nineteen now in operation will be able to take equal rank with the three new ones. None

but qualifications to which real value appertains, apart from the facilities they at present afford for registration purposes, will, in the future, have a chance of competing with *bona fide* evidences of superior attainments. Without entering into any invidious comparisons, it may be admitted that once the scheme of the Royal Commissioners regulates admission to the Register, an end will be put to the income derived by all but a small minority of the licensing bodies which now earn a respectable annual sum by the sale of licences. This fact cannot be hidden, and we may, without any excess of ill-nature, ascribe to it a good deal, at any rate, of the opposition with which the scheme is threatened by the Scotch corporations.

That sort of philosophy which can unconcernedly regard the advance of opinions whose triumph will annihilate sources of profit is not easily bred anywhere, and least of all can it be expected to penetrate to places where the pocket bias has so long held undisputed sway. It is a little astonishing, nevertheless, to be told that the evil of evils we are to suffer under the new management will be a depreciation of medical education in response to a reduced standard of examination. Even if this should be so at first, the remedy will very quickly supply itself, for the disproportion that must ensue between the men who gain the minimum qualification and those who pass other, ornamental, examinations, will be so considerable as to demonstrate the inferiority of the former as compared with the latter, and lead of necessity to the required amendment. In what respect freedom of teaching would be impeded it is difficult to understand, unless it be that Prof. Fraser has foreseen developments that do not appear probable to the rest of the world. It may be taken that the examination of candidates for a registrable qualification will be pursued on lines very similar to those along which not the least desirable of existing licences are granted; and if this be so, the teaching arrangements that suffice at present will not be more than enough to fit the coming needs. The incubus tending to reduce to mediocrity has existence mainly in the mind of its originator, who might advantageously explain at greater length the meaning of the picturesque sentence into which he incorporated the phrase. Assertions like it carry an audience for the moment, but unsupported they have little weight to emphasise them; and unsupported they are worthless. Dr. Fraser is right in one point, and that only; it is the conflicting interests of licensing authorities that impede reforms, and those interests are unfortunately all of the dollar description.

THE PROTECTION OF THE PUBLIC FROM VENEREAL DISEASES.

THE Committee appointed by the House of Commons to investigate the working of the Contagious Diseases Acts has—as our readers have been already informed—reported emphatically and decisively in favour of the maintenance and careful enforcement of these Acts. That Committee ought never to have been appointed at all. Already the subject had been more than once officially investigated, and from year to year the

working of the Acts had been subjected to the closest scrutiny, called forth by the persistent attacks upon the system made by professional agitators, goody-goody old women, and uneducated, though well-meaning, clergymen. Every means, from deliberate lying to ignorant misrepresentation, had been employed with a patience and constancy worthy of a better cause to discredit the law and the machinery now used to prevent the dissemination of venereal diseases; and newspapers specially devoted to this object (and to wheedling irrepressible old women out of subscriptions) had been printed from week to week, and industriously circulated wherever it seemed likely that credulity was to be found. Moreover, assertions were made and insisted upon which, if true, would justly have discredited the Contagious Diseases Acts; and statistics were cooked so as to appear to prove that those Acts were useless. These daily reiterations of statements, the falsity of which had been long since proved, aided by the clamour of the "Vigilance Committee for the Protection of Personal Rights" (a radical organisation which has for its object to create free trade in small pox—venereal—filth poison, &c.), worried a Government which was willing to purchase political peace at any price into this additional inquiry. Well! the syphilis-propagation societies had every favourable opportunity. They had a Committee in which their own partisans—Mr. Stansfeld, Mr. Hopwood, Mr. Burt, and others—had an influential voice; and they had unlimited facilities for producing evidence to maintain their own views. Their case has been fully and patiently heard, and the verdict is once again dead against them. The Committee was first appointed in June, 1879, and was continued by four subsequent re-appointments, so that the inquiry has extended over a period of upwards of three years. The subject was divided by the Committee into two branches: first, the hygienic effects of the Acts; and, secondly, the constitutional, moral, and social aspects of their principles and administration. The conclusion at which the Committee arrived as regards the effects of the Acts on the efficiency of the Army is, that "out of 16·69 per 1,000 who would probably have been withdrawn from the efficient strength of the Army in the subjected districts, if they had not been under the Acts, 5·38 per 1,000 have been daily saved to the efficient strength of the Army by the operation of the Acts. To this saving ought to be added the gain to the service derived from the increased immunity of the men from the various debilitating and incapacitating disorders which, though not classed as venereal diseases, not unfrequently result therefrom." The Committee also report as their opinion that the Acts have had a beneficial effect in reducing the amount of venereal disease among the civil population, and in diminishing the virulence of the disease among the prostitutes in the subjected districts. They conclude by saying that the "extent to which the Acts have diminished primary and constitutional syphilis in the subjected districts appears of itself to your Committee to establish the hygienic utility of the Acts. The diminution of gonorrhoea in the subjected districts, attributable to the Acts, in the same period is less

considerable, but substantial." Under the second head of the inquiry the Committee carefully considered the objections raised against them by the opponents, and the advantages (other than hygienic) claimed for them by the advocates of the Acts. The conclusion at which they arrived was that the objections were not sustained by the evidence adduced in support of them. One of these appeared to the Committee so serious, that if it could be proved, it would be fatal to the maintenance of the Acts: "that virtuous women may be, and are, brought under their operation." They therefore spared no labour in probing it to the utmost, with the result that "the charges of misconduct brought against the police have broken down, and they desire to record their concurrence in the opinion expressed by the Royal Commission, 'that the police are not chargeable with any abuse of their authority, and that they have hitherto discharged a novel and difficult duty with moderation and caution.'" The Committee consider that the Acts are shown to have been beneficial by the diminution of prostitution in the subjected districts, and especially the diminution of juvenile prostitution, by the improvement of the physical condition of the women, and by the promotion of public order and decency in the subjected districts.

We earnestly desire, but do not cherish the least hope, that after this complete discomfiture, and after the teaching afforded to them by the witnesses before the Committee, the agitators for syphilis propagation will see that their premises are false, their conclusions incorrect, and their demands unreasonable. They will see nothing of the sort, inasmuch as they are, most of them, utterly impermeable to fact or reason, and some of them pecuniarily interested in keeping up the agitation. Those who live by the agitation cannot afford to be convinced—those upon whose ignorance and prejudices they live do not want to be convinced. It has been their policy not to listen or to learn, and we do not suppose that any decision against them by any tribunal would mitigate their prejudices.

We have, however, a right to hope that for many years to come no Government will be found to yield again to the insensate howling of these people, or—by another unnecessary inquiry—to unsettle the working of these most necessary and beneficial laws. It is a part of the duty of our rulers to protect us against the clamour of those who would break down the laws enacted for our protection, and, in our opinion, the report of this Committee fully justifies future Governments in refusing to be bullied into further inquiries.

DISINFECTION.

ROBERT KOCH has shown by experiment that a one per cent. aqueous solution of carbolic acid had no effect in arresting the development of the permanent spores (Dauersporen) of the splenic bacillus; a 2 per cent. solution weakened the development after three days' action of the supposed germicide; a 3 per cent. solution weakened it after two days' action—the development ceased after seven days; development was weakened in a 4 per cent. solution after twenty-four hours' action—

it ceased after three days; and finally, a 5 per cent. solution weakened the development after twenty-four hours, and arrested it after two days. This result was a totally unexpected one. We are accustomed to look upon a 2 per cent. solution of carbolic acid as capable of destroying the vitality of microscopic germs in a few seconds. The surgeon washes his hands and rinses his instruments in it, and then believes himself to be freed from infectious germs, and to be in a position to handle wounds without danger to his patients. The above experiments show, however, that if by accident the spores of the bacillus anthracis, or of any other infective germs having an equal power of resistance, are on his hands or instruments, and if they are not removed by the mechanical action of the water, the addition of the carbolic acid to the water cannot have been of the slightest use in protecting the patient from infection. On the other hand, however, carbolic acid showed itself a good destructive agent against the lesser resisting spores of the bacillus anthracis, development of which was arrested by a 0.5 per cent. solution in a few minutes. Carbolic acid in the form of vapour was shown to be quite inert at ordinary temperatures, but more active at higher. The same was shown to be the case with sulphide of carbon. Oily and alcoholic solutions were completely useless, both in the case of bacillus anthracis, and in those of the more easily destroyed bacilli. All the raw products containing carbolic acid were inferior to the acid itself as disinfecting agents, tar and coal-tar being quite inert. Sulphurous acid produced by the burning of sulphur showed itself quite powerless against material containing spores. Bacilli and micrococci contained in disinfection chests were destroyed in twenty minutes, but when treated in rooms little or no effect was produced. The disinfective process was rendered somewhat more energetic by the previous moistening of the articles.

Chloride of zinc, of which it has been said that a 1 per cent. solution is a certain disinfectant, was found, in a 1 per cent. solution, to be capable of weakening the development of the micrococcus prodigiousus only after sixteen hours' action; and even after forty-eight hours it failed to completely arrest it. Against anthrax spores a 5 per cent. solution was absolutely without effect after thirty days' action. Of other substances, bacilli spores were destroyed within one day by freshly prepared chlorine water, by a 2 per cent. solution of bromine water, iodine water, a 1 per cent. solution of corrosive sublimate, a 5 per cent. solution of hypermanganate of potash, and a 1 per cent. solution of osmic acid, by formic acid within four days, by a 5 per cent. solution of chloride of lime, sulphide of ammonium, by a 5 per cent. solution of ferric chloride, by a 5 per cent. solution of picric chloride within six days, by a 1 per cent. solution of arsenic, by a 1 per cent. solution of quinine with hydrochloric acid, by a 2 per cent. solution of the latter within ten days, and by ether within thirty days. The following were shown to be absolutely or nearly without effect on the spores of anthrax:—Distilled water, alcohol, glycerine, oil, sulphide of carbon, chloroform, benzol, petroleum, ether, sal. ammoniac, concentrated solution of chloride of sodium,

bromide of potassium, iodide of potassium, 1 per cent. solution of sulphuric acid, 5 per cent. solution of the sulphates of zinc and copper, alum, sulphate of alumina, 1 per cent. permanganate of potash, 1 per cent. chromic acid, 5 per cent. chromate and bichromate of potash, 5 per cent. chlorate of potash, 5 per cent. boracic acid, 5 per cent. acetic acid, 5 per cent. tannin, 5 per cent. benzoic acid and benzoate of soda, indol, skatol, leucin ($1\frac{1}{2}$ per cent.), quinine (2 per cent.; in water, 40, alcohol, 60), iodine (1 per cent. in alcohol), thymol (5 per cent. in alcohol), salicylic acid (5 per cent. in alcohol; 2 per cent. in oil).

Amongst the substances whose efficiency in arresting the development of spores was tested, corrosive sublimate took the highest rank. In the proportion of 1 : 1,600,000 it delayed the development of anthrax bacilli from spores, and diluted to 1 in 330,000, the development was arrested. Mustard oil—1 : 330,000, delayed the development; 1 : 33,000, arrested it; arseniate of potash, 1 : 100,000, delayed; 1 : 10,000, arrested; thymol, 1 : 80,000, delayed; oil of turpentine, 1 : 75,000, delayed; prussic acid, 1 : 40,000, hindered; 1 : 8,000, arrested; chromic acid, 1 : 10,000, delayed; 1 : 5,000, arrested; picric acid, 1 : 10,000, delayed; 1 : 5,000, did not arrest; iodine, 1 : 5,000, delayed; salicylic acid, 1 : 3,300, delayed; 1 : 1,500, arrested; hypermanganate of potash, 1 : 3,000, delayed; hydrochloric acid, 1 : 2,500, delayed; 1 : 1,700, arrested; camphor, 1 : 2,500, delayed; eucalyptus oil, 1 : 2,500, delayed; benzoic acid, 1 : 2,000, delayed; borax, 1 : 2,000, delayed; 1 : 700, arrested; boracic acid and carbolic acid, 1 : 1,250, delayed; and 1 : 800, arrested.

As in practical disinfection the aim is the destruction of the micro-organisms in the shortest possible time, and not alone the arrest of this development (antiseptis), according to the above results only the following come into consideration:—Corrosive sublimate, chlorine, bromine, and iodine, as 5 per cent. solutions of permanganate of potash and osmic acid must be excluded for practical reasons. Further research showed that bromine in vapour took precedence of chlorine, and still more of iodine, in rapidity of action. Herein corrosive sublimate shows itself only superior to the nitric and sulphuric oxides of mercury.

As regards the use of these substances for closed rooms, bromine, and perhaps chlorine, in vapour may be employed. For the disinfection of transportable objects (linen, beds) the author recommends moist heat. For a thick class of objects that are too large to be disinfected by heat or in closed rooms—railway carriages, and holds of ships, for instance—a 1 per cent. solution of corrosive sublimate should be employed. With this degree of concentration one moistening is sufficient. When the length of time employed in disinfecting is indifferent, then in the latter instance the use of sulphate or nitric oxide of mercury may be considered. Experiments made on guinea-pigs infected with anthrax with the object of testing the power of corrosive sublimate to control the development of the disease, gave only negative results; but the author, nevertheless, does not give up the hope of being able to materially weaken the disease in animals already infected, or even to completely arrest it.

Notes on Current Topics.

Ovariectomy in General Hospitals.

THERE is a wide difference of opinion amongst specialists on the propriety of performing ovariectomy in provincial general hospitals, the objections mainly consisting of general ones, such as the want of special practical skill, experience on the part of the operator, and the difficulty of carrying out all the minute details which are said to so much affect recovery in this special class of cases. Some specialists, whom we need not name, advise that all such cases should be operated on by specialists. The profession attached to provincial hospitals will not agree with this dogmatic opinion; they fairly claim the right to operate in all cases brought under their care; still more, they can adduce facts to support the position, that the results obtained in provincial hospitals can compare with those obtained by some of the best specialists. The following experiences from a moderate-size provincial general hospital will justify the action taken by provincial surgeons. During ten years at the Halifax Infirmary, twelve cases of ovarian tumour have been operated on by the different surgeons attached to the institution. The cases were not specially selected, the ages were various, the pedicles were treated in different ways. All the cases recovered. The conclusion may fairly be drawn that ovariectomy is a standard and accredited operation for all general hospitals where surgeons are apace with the general surgical knowledge of the day, and that the risks are no greater than those encountered in any other severe surgical operation.

Wine Adulteration.

SOPHISTICATION appears to be on the increase, and articles of daily consumption are imitated and adulterated to quite an alarming extent. We lately commented on the dishonest fabrication of French brandy, and we now learn from a report just published that for the last two years the quantity of wine imported into France, and principally from Spain and Italy, has been nearly three times that of the exports. But it is not only from foreign States, but by the fabrication of wine from dried raisins, and a new system of producing a second and third quality of wine from the skins of the grapes that merchants and growers seek to make up for the deficient yield of the vineyards of France. It is estimated that, 2,300,000 hectolitres of wine are now annually made from dried raisins. The mode in which sophistication is carried out is by crushing the raisins and steeping them in warm water. This is left to ferment for a certain number of days, when a white wine is produced with an alcoholic strength of from seven to nine degrees. It is also estimated that $2\frac{1}{2}$ million hectolitres of an inferior kind of wine were last year made from the skins of grapes. This sophistication is conducted as follows:—After the wine is drawn from the grapes, a quantity of water, equal to the volume of wine run off, is poured on the skins before they are put under the press. To every twenty-two gallons of water thirty-five pounds of sugar is added, together with a little tartaric acid. It is then set aside for fermentation, and in about ten or twelve days the liquor will have attained to ten or twelve degrees of strength of

alcohol. By these and other means, some 95 or 100 million additional gallons of a certain kind of wine is produced for mixing, blending and adulterating. In this way the wine production of France in 1881, which was said to be a very poor year, was artificially brought up to 38,590,000 hectolitres, or 849,353,000 gallons.

The Indian Contingent for Egypt in 1800.

THE total strength of the force was about 5,200 fighting men, of which 2,800 were King's troops, 450 East India Company's artillery, and 1,950 native troops. The march of this force from Cosseir to the Nile at Kinneh was a very trying one, the heat being intense and water very scarce. At two out of the seven halting-places there was none at all, the men who had been sent on in advance to dig wells not having been able to find any. [This, no doubt, would have been otherwise had Abyssinian pumps been invented then, and supplied to the force.] The marching was all done at night. Provisions were carried, cooked in advance at the depôts that had been constructed along the road. [There was no opposing enemy *en route*.] Two gallons of water per head were taken on camels for the marches where no water could be procured, and this allowance was eked out with wine. [Madeira and claret were the wines usually drank in India at the date referred to.] Where water was procurable, the men had an allowance of spirits in lieu of wine. Thanks to the excellence of the arrangements, the march was executed with hardly any loss. [What better results could happen even in the present days of so-called *scientific* sanitation?] The contingent remained in Egypt upwards of a year. On the return journey it marched across the desert from Cairo to Suez. This march was performed in five days, and with the loss of only three men.

Arsenic in Wall Papers.

WE have received from Messrs. Woollams and Co., manufacturing paper-stainers, a communication respecting the "Portable Box for Testing Arsenic," of which we recently gave a description in these pages. Messrs. Woollams and Co. contend that without microscopical verification of the crystals of arsenious acid to be obtained from the arsenic deposited on the copper in Reinsch's test, it is impossible to determine the exact nature of the matter so deposited. In the directions for using the apparatus recently noticed, it is assumed that the deposition of a substance on the copper is ample evidence that arsenic is present in the solution under examination, although it is suggested that confirmation of the suspicion should be obtained through further examination by a skilled analyst. On this point our correspondents observe:—"We have good cause to know that people using this test are not likely to have such papers tested by a 'competent chemist.' We have unfortunately on several occasions had difficulty in combating false reports made by experts who have unjustly condemned our papers, through reliance upon this test without carrying it to its ultimate end. Unless well-defined crystals of the proper shape are obtained, it is useless and unmistakably calculated, in the present state of the manufacture, to do more harm than good. We ourselves constantly make use of a test, simple in character, and much more reliable in its

results than the one referred to above; but it is not sure enough in unskilled hands to justify us in directing public attention to it, and we greatly regret that it is not within our power to suggest any process that can safely be recommended to take the place of the one we condemn. A test that would *unerringly* determine the absence of arsenic in presence of other matters giving somewhat similar chemical reactions would be a real boon to manufacturers. In the present state of public knowledge of this subject, it appears to us only too clear that any attempt to deal with it without the aid of professional experts can only add to rather than diminish the existing uneasiness and confusion."

London Water Supply.

MESSRS. CROOKS, ODLING, AND TIDY present a favourable report on the water supplied to London during the month of July last. They observe that, despite the storms so frequent during the month, the general degree of freedom from turbidity of the water, though less complete than that which was noticeable throughout the two preceding months, was, on the whole, very satisfactory; while in respect of colour, aëration, and freedom from excess of organic matter, the previous excellent condition of the water was fully maintained. In the case of water supplied by three companies only was any fault found with its appearance; three samples of the East London Company were found "very slightly turbid," and one "slightly turbid," out of the twenty-six samples. The West Middlesex and the Lambeth Companies were the others which supplied water slightly turbid on one or two occasions. The general average supply of water was thus of good quality and condition, and bears very favourable comparison with the most satisfactory periods.

General Hospitals and Infectious Diseases.

SOME time ago we gave an account of an incident which occurred at Guy's Hospital, whence a man suffering from small-pox was sent, without any means being taken to protect the public, to the Stockwell Small-pox Hospital. The matter having been brought before the Metropolitan Asylums Board, correspondence subsequently ensued between the Guy's Hospital authorities and the Local Government Board. It was explained that the rules of the hospital prohibited the admission of any persons suffering from small-pox or scarlet fever, and in those cases where the disease developed after admission, such patients were at once discharged either to an appropriate institution or to their own homes. The governors urged the necessity that the regulations which prevented the admission of general hospital cases to the hospitals under the Asylums Board should be removed, so that on the certificate of the resident medical officer a transfer might be arranged without further trouble. All the suggestions having been considered by the Stockwell Hospitals Committee of the Board, they reported that it is highly desirable that every general hospital should possess a room for the temporary isolation of infectious cases, pending removal in a proper ambulance to a special institution, and that such removal should be authorised by the resident medical officer at the hospital. The Board decided to forward a communication to this effect to the

Local Government Board and to every general hospital in the metropolis.

Royal Free Hospital.

THE fifty-fourth annual report of the Royal Free Hospital, Gray's Inn Road, is a satisfactory document, and shows the institution to be in a condition which enables it to continue to confer its advantages on the populous districts whence patients flock to it. The hospital has good reason to congratulate itself on the amount of support accorded to it during last year, and the committee are apparently alive to the fact that its income has undergone less diminution than might have been looked for. The total receipts in the twelve months from all sources amounted to £11,486 19s. 2d., thus being over £4,000 less than the amount obtained in 1880. The principal falling off, however, is in the matter of legacies—never a reliable source of income. The number of in-patients treated was 1,616, and 21,362 out-patients received attention and medicine. By a regulation adopted in 1879, the number of new cases seen in the out-patients' department is limited to 55, and this plan is said to work in a most satisfactory manner. The medical officers are not overtaxed, and no really urgent case, it is said, is ever sent away. There are 22 students attending the hospital from the London School of Medicine for Women, and it is found that the association with this institution works admirably. During the year certain changes in the staff of the hospital have taken place, Mr. J. G. Mackinlay replacing Mr. J. A. Critchett as ophthalmic surgeon, and Dr. E. B. Baxter in place of Dr. W. A. Sturge as physician.

Heterodoxy gone Mad.

A GERMAN doctor, one Hamerink, of Prague, has written a book which some one has thought worthy of translation into English. The author is evidently not troubled with doubt. Vaccination is denounced by him as worse than useless, without the reader being favoured with the evidence leading to that conclusion. He is told cow pox has no connection whatever with small pox, and that "in the event of an attack of small pox it is of no manner of importance whether the patient is vaccinated or not." Though he may find this difficult to reconcile with a statement on the opposite page that "persons are most liable to be attacked by small pox in the years immediately succeeding vaccination." Vaccinators with original cow pox lymph are described as "for the most part charlatans, who produce the pustulation in the udder of the calf or cow by solutions or ointment of tartar emetic, and drive a fraudulent trade in it." All aperients are said to be superfluous and mischievous, and Hunyadi-Janos water is specially singled out for condemnation, apparently because of its dissimilarity to ordinary drinking water. "Disinfection does nothing in the way of preventing disease or rendering it milder." And so on, *usque ad nauseam*.

It is proposed to celebrate the centenary of the Hull Infirmary, with the object of enlarging, improving, and endowing the institution, and of obtaining the addition of a convalescent home in connection with it.

The Irish Pharmaceutical Society.

A VERY serious breach of continuity in the Council of this Society has taken place. At its last meeting there were two candidates for an Examinership in Practical Pharmacy—a metropolitan and a provincialist. On a division the metropolitan was elected, whereupon two members, Mr. Payne and Dr. Whittaker, handed in their resignations, and Mr. Pring intimated that he would do the same.

The Dublin Schools of Medicine.

THE reconstruction of the School of the Irish College of Surgeons which, it will be recollected, was the subject of a serious contest amongst the Fellows of the College last June, is now in a forward state. The works, which are to cost £3,000, include the lowering of the floor and windows of the dissecting-room, the erection above it of a large physiological laboratory, the construction of a "bone-room," in which the students may work at their myology and osteology from marked and mounted specimens, the erection of new preparation-rooms, and other offices needful for carrying on the school work, and lastly, the reconstruction of the lecture theatres. All these works are pressing forward to completion, and, as the chemical laboratories were recast last year, the school, when it opens next October, will be very complete. The Carmichael School was new a couple of years ago, and, at the time of its building, the School of the University of Dublin underwent extensive alterations to fit it for modern methods of teaching. The Board of the Ledwich School of Medicine and Surgery have also determined to make certain alterations and additions at their institution, so as to constitute it thoroughly efficient in every respect. Contracts have been signed and the work is now being rapidly carried on, the estimated cost being upwards of £500. It will include a physiological laboratory, a chemical laboratory capable of accommodating at least seventy students, a museum for the teaching of pathology and osteology, a lavatory supplied with hot water, spirit tanks for subjects, &c.

The Pharmaceutical Conference Meeting.

YESTERDAY the nineteenth annual meeting of the British Pharmaceutical Conference commenced in Southampton. The sittings are held in the Watts Memorial Hall, commencing at 10.30 a.m. each day. At 1 p.m. on each day there will be an adjournment until 2.30 p.m., for the purpose of luncheon, and the business proceedings terminate about 5 p.m. to-day (Wednesday). On Thursday the visitors are invited by the members of the local committee to accompany them upon an excursion to the Isle of Wight, visiting Ryde, Ventnor, Brading, and the Landslip.

THE scarlet fever epidemic at Accrington is increasing. It has been decided to close all the schools of the town.

A MIDWIFE in Prussia having washed the body of a person who had died of typhus, and carried the infection thence to a lying-in woman, the Prussian Government, under order of June 26th, 1882, has forbidden the laying out of corpses by midwives, under a penalty of 10s., or in default three days' detention.

Sudden Deaths of Medical Men.

WE regret to announce the sudden death of Dr. William Middleton, sen., of Mullingar, which melancholy event occurred in the afternoon of Wednesday last, at his residence in that town. At an inquest held Mr. C. Sixsmith deposed that he was an apprentice to the late Dr. Middleton, and resided in the house with him; on Wednesday deceased appeared in his usual good health; was not present at his death. Anne Buckley deposed that she called at Dr. Middleton's establishment for some medicine; the doctor was sitting behind the counter in the shop; he gave her the medicine, and when he turned to get her change he put his hand on his breast and complained of a great pain there, and the words were hardly spoken when he fell behind the counter; witness alarmed the servants and they came to her assistance, and helped witness to carry deceased out to the front of the shop; Mrs. Middleton also assisted; deceased died in about two minutes after. Dr. W. Middleton, nephew of deceased, deposed that he was of opinion that death occurred from heart disease. There being no further evidence, the jury returned a verdict that "deceased died from heart disease."

Dr. Kinane, Templemore, while on a visit at the house of sister-in-law, at Bansha, died suddenly last week. Deceased drove, on Thursday, from Clonmel to Bansha. He complained about 11 o'clock, when retiring to bed, and died at one in the morning. A particularly distressing feature of the sad occurrence arises from the fact that his recent marriage was announced in the papers. Deceased enjoyed a large and respectable practice.

Early on Friday morning week Dr. William White died rather suddenly at his residence, Borris Castle, Queen's County. The doctor had been in delicate health for some months past. In the year 1879 he was superannuated as the medical officer of Donaghmore union, the duties of which office he discharged for many years with rare ability. He was about 73 years of age, and his death has cast a gloom over a large circle of friends, to whom his many excellent qualities and abilities as a medical man had endeared him.

An F.R.C.S. Eng. Protection Society.

A MEETING of Fellows of the Royal College of Surgeons of England, called by advertisement, was held at the Medical Library, Worcester, on Thursday, August 10th, President C. G. Wheelhouse, Leeds, in the chair. There were present thirty Fellows, most of them occupying leading positions in the provinces. Mr. Bartleet said he had received numerous letters approving of the meeting at Worcester, and expressions of regret at inability to attend from Mr. Macnamara, London, and Mr. Pilcher, Boston. Mr. Wheelhouse and Mr. Bartleet having explained the objects of the meeting, it was proposed by Mr. Lawson Tait, seconded by Mr. Oliver Pemberton, and after considerable discussion, resolved *nem con.*, "That an Association of Fellows of the Royal College of Surgeons of England be and hereby is formed." "That the objects of this Association be the consideration of all matters affecting the interests of the Fellows and the government of the College." "That the annual meeting of this Association be held at, and during, the annual meeting of

the British Medical Association." "That the Fellows attending the present meeting do form a Committee of this Association for the present year, and that Mr. Wheelhouse be President, Mr. Husband Treasurer, and Mr. Pearce Gould and Mr. Bartleet Secretaries, and that all Fellows of the College be eligible as members upon payment of an annual subscription of five shillings."

Compensation for Impure Water Supply.

THE Corporation of Huddersfield is in process of illustrating the false economy and health risks of a badly fitted water supply. They went to great expense in providing pure water for the citizens, but caused and allowed the connections between their mains and the houses to be made by a lead service pipe. This pipe conveyed not only the water, but also a dose of dissolved lead into the house of a solicitor, who, after a long course of unexplained preliminary symptoms, suffered from colic, wrist drop, and other marked symptoms of saturnine poisoning. The Corporation does not seem to have seriously denied that the water, as it reached the house, was poisoned, but pleaded that their duty and responsibility ceased when they brought the liquid pure into the mains. The solicitor, however, insists that they, having made the house connections, were liable for defects in them. This question remains for settlement before a superior court, but, meanwhile, the jury has assessed damages at £2,000 in case the plaintiff gains a judgment on the point of law.

A New Licensing Body.

In the House of Commons, on the 8th inst., the Vice-President of the Council was asked whether it was intended "to place the Victoria University, Manchester, without delay, on the same footing as the older Universities with regard to the granting of medical degrees," in accordance with the recommendation of the Royal Commissioners on the Medical Acts. In reply, Mr. Mundella stated that he understood that an application was about to be made to Her Majesty in Council for a supplemental charter to enable the Victoria University to grant medical degrees, and that the initiatory steps would be taken at the usual meeting of the Court of Governors in November. When the petition is received it will be submitted to the Queen at the next ensuing Council.

Abortion (?) or Unqualified Assistants.

THE Medical Officer of Health for the City of Bristol, in his report for the quarter ending June last, calls attention to the number of uncertified causes of death registered within his sanitary district. It appears that during the three months under notice thirty-three uncertified causes of death were registered in Bristol, equal to 3.1 per cent. of the total deaths. Nineteen of these thirty-three deaths were attributed to premature birth; and Mr. David Davies records his opinion that a record of the primary cause of the premature birth should in such cases be ascertained and recorded.

THE Companionship of the Order of the Bath has been conferred on Fleet Surgeon Doyle Money Shaw, Royal Navy.

A LARGE number of cases of insolatio at New York are reported, resulting from the intense heat of the last few weeks.

PROFESSOR GERHARDT, of Würzburg, is to succeed Friedrich, in Heidelberg, and Professor Rossbach Nothnagel, in Jena.

MR. RICHARD AXFORD, late medical officer for the workhouse and third district of the Bridgwater Union, has received a superannuation allowance of £25 a year.

A WOMAN in America suffering from melancholia not long ago passed three tea-spoons per anum. Amongst the symptoms observed during her attempt to digest them were abdominal pains, vomiting, and peritoneal irritation.

M. SAINT PAUL has offered the French Academy of Medicine a sum of 25,000 francs to found a prize for the discovery of a cure for diphtheria. The competition is open to all the world, and not confined to the medical profession.

We are greatly surprised to observe that Dr. Cameron, M.P., was amongst the minority of the Select Committee on the Contagious Diseases Acts who went for a repeal of these laws. The learned member's presence in such company is, truly, one of those things that nobody can understand.

On the 1st of September an Obstetrical "Operations Institut" is to be opened in Vienna, with the object of affording facilities for the advanced instruction of a larger number of obstetricians. It will be under the superintendence of three professors of obstetrics of the University of Vienna, and will be open to all Austrian doctors in medicine.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Halifax 11; Derby 13; Edinburgh, Plymouth 15; Bristol, Wolverhampton 18; London, Preston 19; Portsmouth, Norwich 20; Glasgow, Brighton, Leeds, Cardiff, Birkenhead, Sheffield 21; Oldham, Birmingham 22; Dublin, Liverpool, Manchester 23; Leicester, Salford 24; Blackburn, Nottingham, Bradford 25; Hull, 26; Huddersfield 27; Newcastle-on-Tyne, 28; Bolton, 29; Sunderland 31.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 21, Bombay 20, Madras 28; Paris 21; Geneva 16; Brussels 24; Amsterdam 22; Rotterdam 16, The Hague 24; Copenhagen 23; Stockholm 29; Christiania 20; St. Petersburg 48; Berlin 41; Hamburg 26; Dresden 29, Breslau 37, Munich 23, Vienna 25, Prague 25, Budapesth, 37, Trieste 37, Rome 24, Turin 24, Venice 35, New York 40, Brooklyn 39, Philadelphia 28, and Baltimore 33.

THE annual death-rate per 1,000 from diarrhoea in the large towns last week averaged 2.7, and showed a further increase upon that recorded in recent weeks. The rate

from this disease in the several towns last week ranged upwards from 0.6 in Birkenhead, and 0.7 in Wolverhampton and Halifax, to 6.8 in Bolton, and 9.9 in Leicester. The highest annual rates from scarlet fever were 2.0 in Hull, and 2.2 in Sunderland; from measles, 6.3 in Huddersfield, and 1.0 in Hull and Brighton; from whooping-cough, 2.6 in Sunderland and 1.6 in Preston; and from "fever," 1.8 in Birkenhead and 1.3 in Derby. Small-pox caused 4 deaths in London and its suburban districts, 3 in Newcastle-upon-Tyne, and 1 in Nottingham.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

DEATH-RATE OF GLASGOW.—For the week ending with Saturday, the 12th inst., the death-rate of Glasgow was 21 per 1,000 per annum of the population, being a slight decrease compared with the preceding week, when the deaths registered equalled 24 per 1,000. For the corresponding periods of 1881, 1880, and 1879, a rate of 21, 23, and 17 respectively was registered.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 12th inst., the mortality in Edinburgh was 66, and the death-rate 15 per 1,000. There were 15 deaths under 1 year, and 12 above 60, of which 4 were above 80, and 1 above 90 years. Diseases of the chest accounted for at least 30 deaths, and zymotic causes for 1—a case of whooping-cough in the New Town.

FEVER EPIDEMIC AT COUPAR.—Considerable alarm was created in this town by the recent publication by Dr. William Whitelaw, Medical Officer of Health, with special reference to the prevalence of fever in Coupar and district. Despite the utmost precautions to prevent the spread of the infection, it is apparent that the disease still lingers in a dangerous form in the district. Dr. Whitelaw reports that since the date of his last report, on the 9th inst., other three cases have been noted, and that two cases previously reported have proved fatal. Two more cases cause great anxiety, but all the others are doing well. The disease has not yet spread to other than the infected district.

THE REGISTRAR-GENERAL'S RETURN.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, August 12th, states:—The death-rate was 20.1 per 1,000 of estimated population. This rate is 1.2 above that for the corresponding week of last year, but 1.2 below that for the previous week of the present year. The lowest mortality was recorded in Edinburgh—viz., 15.9 per 1,000; and the highest in Aberdeen—viz., 22.3 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5.0 per 1,000, or 0.2 above the rate for the previous week. As usual at this season, there was a considerable number of deaths from diarrhoea and other bowel complaints, these deaths being most frequent in Glasgow, Edinburgh, and Dundee. The other zymotic diseases were comparatively in abeyance. Acute diseases of the chest caused 71 deaths, or three less than the number registered during the previous week. The mean temperature was 61.4, being 2.8 above that of the week immediately preceding, and 5.1 above that of the corresponding week of 1881.

FRASERBURGH.—OUTBREAK OF MEASLES AMONG FISHERMEN.—An outbreak of measles has occurred among the Highland fishermen at present at this town, and in consequence of the sudden death of five of their number they are

in a state of great excitement and alarm. For some weeks it has been known that many cases of measles were occurring among them in some quarters, as many as ten or twelve being ill in one house at a time. On the 12th inst., in a house where nine lodged together, three women died within a few hours of each other, and three days afterwards another succumbed, while a fifth is dangerously ill. In another part of the town a death occurred from the same disease on the 12th. The medical gentleman in attendance on the women states without hesitation that the deaths resulted from measles, and that no unusual symptoms were present beyond what the crowded and confined condition of the patients' houses would naturally produce.

Literary Notes and Gossip.

WE notice that the articles "On Climate in Relation to Organic Nature," which appeared in our columns some few months since, from the pen of Surgeon-General Gordon, C.B., have been reprinted in book form, and circulated by the Philosophical Society of Great Britain.

DR. CUSHING, of New York, forwards us a pamphlet, in which the compression of the carotids as a remedial measure in epilepsy and maniacal excitement receives a careful discussion. He has devised two instruments for effecting the purpose more readily than by the fingers, and narrates several illustrative cases.

AN important literary and scientific discovery is announced from Salonica. The works of Galen, which were supposed to be lost, have been discovered by M. Papageorges. They are in manuscript; date from the fifteenth century, and appear to have originally formed 248 sheets; 144 are in good condition, 24 are mutilated or worm-eaten, and 80 are missing.

WE understand that there is every prospect that the *Dictionary of Medicine*, which has been several years in preparation, will be issued during the coming publishing season by Messrs. Longmans, Green and Co. It will form a volume of over 1,800 pages, and be the most complete work of the kind ever issued, and will altogether supplant the now obsolete work of Copland.

BRAITHWAITE'S RETROSPECT for the first half of 1882 quite maintains its excellence as a *résumé* of the advances and improvements made since the end of last year. The present volume is the *eighty-fifth*, and there is good reason to hope that the work may long continue to be the able and invaluable guide to the past that it has become. Not a few persons would be almost at a total loss how to proceed without the help the "Retrospect" renders.

THE Chair of Natural History in the University of St. Andrews, recently vacated by Professor H. Alleyne Nicholson, on his appointment to lecture on Natural History at Aberdeen, has been conferred on Dr. Mackintosh, Superintendent of Murthly Asylum, Perthshire. Dr. Mackintosh is familiarly known to the scientific world as an original observer, and has sufficiently established a claim to the position he now occupies. The patron of the chair is the Marquis of Ailsa.

MR. GREENWOOD, a member of the medical profession, who has since been admitted to the legal profession as a barrister, has just published a work on "The Laws Relating to Medical Men," which is likely to be in considerable request, as there are no modern works except cumbersome tomes to consult in any passing difficulty. Mr. Greenwood has now supplied this deficiency with a small five-shilling volume, and although there are one or two suggestions we shall hereafter make in view of a second edition, the compilation is on the whole exact.

FRANKFORT was the scene last week of the annual congress of German anthropologists. The presidential address was devoted to a record of the development of anthropology

during the last ten years, and one of the most interesting papers communicated subsequently was one by Dr. Schlie-mann on his most recent discoveries at Troy. Virchow contributed a lecture on the work achieved by the late Charles Darwin in the field of anthropology, and paid a high tribute to the deceased naturalist's all-embracing knowledge. The Congress has been very successful, and was attended by over 500 members of the Anthropological Association.

DR. NATHAN BOZEMAN, of New York, has reprinted in the form of a pamphlet his paper on "Genital Renovation," contributed to Vol. VI. of the "American Gynecological Transactions." This work deals with the operations of Kolpostenotomy and Kolpoekpétasis, by which Dr. Bozeman has succeeded in curing a number of patients suffering from fistulae of various kinds and involving the urinary or genital passages. It will be found of high interest and value to every gynecologist, and will well repay careful perusal, even by those who may not, as probably many in this country will not, wholly endorse the views of its author.

L'Année Médicale (fourth year), edited by Bourneville, is a *résumé* of the progress of medical science during 1881. It is divided into sections of anatomy, physiology, medicine (including medical jurisprudence), surgery, obstetrics, therapeutics, and hygiene. It gives an epitome of the best papers that have appeared during the year in those departments. In comparatively small bulk, the volume is wonderfully exhaustive, and we notice that considerable prominence is given to British and American literature. It accomplishes in an admirable manner its objects, and we cordially commend *L'Année Médicale* to the busy practitioner and student wishing to learn what has been the year's work among our neighbours.

THAT much desired detail—the size of some one molecule—is at last forthcoming, and now, maybe, the souls of physicists will sleep in peace, or gloat over the possibilities of calculation opened up by the newest sensation in the way of figures. After we know not how many years of calculation, Dr. Heen, taking as the basis of his performance the phenomena of capillary attraction, has discovered that a molecule of water measures in diameter $75 \cdot 10^{-9}$ mm. = 0·000,000,075 millimetre. From this it is a comparatively easy matter to find the number of molecules in an ordinary drop of water, which, taking it as measuring a cubic millimetre (1·6 minim), would contain just *twenty-five trillions* of molecules. We need not, therefore, be astonished at the magnifying power that even bacilli require for their revelation.

THE publication of Sir Henry Thompson's "Diseases of the Urinary Organs" in a cheap form, to which we referred in our last issue, has been seized by one or two correspondents to this and other medical journals as a pretext for the demand for cheap medical literature. They complain of the costliness of medical as compared with other works, and of the poverty of the majority of the profession combined, as precluding the possibility of their purchase. This is one side of the question, and the facts cannot be disputed, but deplored. There are, however, other points which force themselves irresistibly to the notice of all whose experience has brought them face to face with the cost of production, as a set-off against the demand for cheapness. True, Sir Henry Thompson has reduced his half-a-guinea book to half-a-crown, but then Sir Henry Thompson would hardly be placed in the category of "poor authors," and an actual loss upon the sale of his work would probably not deter him issuing the next edition at even a lower price, or announcing that "members of the profession could obtain copies gratuitously on presentation of their cards." But this is an exceptional case, and in dealing with the subject as a whole we must take the ordinary author and publisher into consideration.

WE will take first the author who has, or thinks he has, something to write about, and who wishes to bring out a book. If he be an honourable man, and takes into consideration his chances of sale among the profession alone, he is met with the fact that he has but a small constituency to appeal to, and that on an average not more than one in fifty can be expected to purchase his work. Should illustrations be required, their expense is extremely heavy, and must be

provided for. He takes his work to a publisher, who, if he be unknown as an author, will probably decline to issue the work except at the author's risk. The latter cannot afford to publish with the prospect of a heavy loss, and thus perforce a moderately high price is placed upon the book in order to meet a probable deficiency. On the other hand, we will suppose the publisher to issue the work at his own risk; he has to take the same objective chances into consideration—the cost of advertising, and the knowledge that the very large majority of medical works do not pay the cost of production. He lives by the profit on the sale of these works, and he calculates logically that the sale of 500 copies of a book at five shillings will pay him a larger profit in proportion than 1,000 copies at two shillings; and that the sale of 2,000 copies at one shilling will result in actual loss. Can we wonder at the course he elects to follow? The matter is different with general literature, where the masses are considered, or with school books, where issues of 100,000 copies are not uncommon, and successive editions are printed from stereotyped plates. There is no scope for this in medical literature, and we therefore cannot anticipate a change.

* *

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, July 26th:—*The Laws Relating to Medical Men*, by James Greenwood, barrister, and L. S. Forbes Winslow, M.R.C.P. Lond. Therapeutical Remembrancer, by J. Mayne, M.D. (2nd edition). Reports of the Metropolitan Asylums Board for the Deptford and Fulham Hospitals. Proceedings of the Liverpool Medical Institution, Vol. III. *The Chemistry of Foods*, by A. Wynter Blyth, M.R.C.S. A Manual of Gynaecology, by Drs. Hart and Barbour. Hospitals: their History, Construction, and Hygiene, by J. F. Sutherland, M.D. The Army Medical Report for 1880. Remarks on Climate in Regard to Organic Nature, by Surgeon-General Gordon, M.D., C.B.

IRISH POOR-LAW SUPERANNUATION.

THE sittings of the Select Committee on this Bill were suspended on Saturday week, it being obviously hopeless to pass the Bill this session. It was, therefore, resolved to report the evidence to the House of Commons, with an official statement that the Government and Irish Local Government accepted the principle of the amendments to the Bill put forward by Mr. Meldon, M.P., on behalf of the Irish Medical Association and Union Officers' Association. This decision pledges the Government to support *compulsory* superannuation at the Civil Service rate of pension, and we entertain a sanguine hope that the Bill will become law early in next session. The evidence is in print, but we are obliged to refrain from publishing it until it is presented to Parliament.

Correspondence.

MIDWIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your leader in your issue for August 9th and Dr. Peirson's letter in same bring to my memory the thought that I had intended in July, at your provocation, to publish my experiences of this branch of professional questions, but a family bereavement and professional demands upon my time prevented me doing so till now.

There lived in this neighbourhood until some sixteen years ago an old lady whose boast it was that she had attended in her time almost all the child-bearing women (some 200 or 300) in her parish. Many of those she had attended in at least six or seven *accouchements*, and some of them she enumerated as having been "brought into the world" themselves by her "and their mothers before them." She claimed to have received proper professional training from

a male *accoucheur*, and this appears to have been a reasonable claim, for her services were often sought to give an enema, or to pass the catheter upon a male.

Casting up her professional career, she might be called a "lucky woman," as well as a "handy" or wise one, as the mortality in her cases for a period of thirty years was almost nil. Once, some thirty years ago, she had a case of inverted uterus, but possessing more knowledge or more fear than the person who, under similar circumstances, took a knife and cut off the strange or "foreign" body, a young Scotch doctor from a neighbouring town was brought, and he replaced the organ. The woman who happened to meet with this accident, in her second and last confinement, still lives, but the "Scotch doctor" is some years defunct. The narration of the above history brings to my mind the memory of some similar accidents. Some years ago there came to reside in the old midwife's hamlet a male *accoucheur*, and he was so expert at using forceps that he had recourse to them in at least a fifth of his cases. And he "aired" or "plumed" himself on his ability in this so much, that he is alleged to have abounded the "instruments" to some working youths, and demonstrated to them how he used them. Once a patient of his on whom the "instruments" were used was so unfortunate as to have an inverted uterus; but she lives not, nor did she live many days after the misfortune.

Within the last week I have heard of a case where the unqualified assistant of a somewhat "big gun" is alleged to have told the mother of a woman whom he had "accouched" that she was a very weak woman, as a piece of her womb had come away in his hand. It is to be hoped the news is not true; but some untoward accident must have occurred, as neither master nor man could succeed in passing the female catheter upon the patient after delivery. In the course of a few days Nature relieved the woman, and the urine came dribbling away. Since that, the woman is reported as progressing, and I hope that news is true.

Such a history as the above proves the need of information among the public, and the need for duly qualified practitioners of all kinds—male and female.

My lowest fee for midwifery is a guinea (in a case of distress, and the parish doctor not available, my fee would be nil); but I will undertake to educate any number of intelligent, respectable women for a fee of two guineas, to practise midwifery, and my action in such an affair is, I consider, honest and professional.

I am, Sir, yours respectfully,

Aug. 16th, 1882.

HOMO.

THE DEBATE ON ALCOHOL IN THE HEALTH SECTION AT WORCESTER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have seen no reference in your esteemed journal to the very remarkable debate on alcohol which took place in the Section of Public Health on the occasion of a paper read by Dr. Norman Kerr in that section a week ago. Dr. Kerr brought forward what seemed to me a most conclusive set of statistics, to prove that in all climates, whether at home or in India or Norway, the longevity of total abstainers from alcoholic drinks was very considerably greater than that of even moderate drinkers of beer, wine, and spirits. No one explained away these facts.

It has often been stated by actuaries that such life offices as make a distinction between policies which are granted to total abstainers and others, find a considerably greater risk in granting insurances to even those who style themselves "moderate drinkers." For instance, the United Kingdom Temperance and General Provident Institution is a life assurance office which insures members in two sections, one in which all are total abstainers, and in the other are "moderate drinkers," all intemperate persons being, of course, excluded. These two sections are exactly alike in every other respect, about 20,000 lives being insured in the General Section, and 10,000 in the Temperance Section. Returns of the expected and actual claims on these sections have been accurately drawn up and published; and from them it appears that from 1866 to 1879 inclusive, in the General Section 3,450 claims were expected, according to the tables of mortality, and 3,444 were actually made. In the Temperance Section, however, 2,002 deaths were expected, but only 1,433 took place; that is to say, the deaths

among the abstainers were 29 per cent. less than among the moderate drinkers. And the quinquennial bonuses in the Temperance Section were $17\frac{1}{2}$ per cent. greater than those given in the General Section.

Under such considerations as these, and similar ones mentioned by Dr. N. Kerr and others in this debate, I am sometimes puzzled when I go out to a dinner where there are many celebrated members of our profession, to see them consuming wine, beer, and spirits pretty nearly as freely as the outside world. Can it be that they are not acquainted with these statistics? I suppose so. It is worth while hearing what anyone has to say in favour of alcohol in their face.

I am, Sir, yours obediently,
London, Aug. 16th, 1882. C. R. DRYSDALE, M.D.

Notices to Correspondents.

65 CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

AN AGGRIEVED STUDENT will find the subject referred to in our "Literary Notes and Gossip" column.

JAMES.—The gossip about His Royal Highness is of the customary nonsensical type, and has no foundation in fact.

MR. HY. MOSS.—The conclusion is logical, and the matter must eventually end as you anticipate. Should it result in his determination to stick to the post at all hazards, we will try to help you out of the difficulty on hearing again.

BICYCLE-RIDING AS A CAUSE OF HERNIA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have at present a patient under my care suffering from inguinal hernia. Presuming his statement that he does not go in for athletics, or lifting weights, to be correct, is it possible that his affliction has been brought about by bicycle-riding, he being an enthusiast in this direction? I shall be glad of the opinion of any of your correspondents with a view to elucidate the question, as I have not before met with a case which could not be explained by other causes.

Yours, &c.,

A PROVINCIAL SURGEON.

VERITAS sends us a letter containing an account of a recent inquest held by Dr. Danford Thomas on a boy who had died within a year of receiving an accident. The medical certificate of death was stopped by the local registrar, and an inquest ordered by the coroner, to whom the facts were communicated. This course is necessary by law, wherever death follows within 566 days of an accident, and the registrar had no option but to lay the facts before the coroner; nor had the latter power to act otherwise than he did in the case. "Veritas" asks how far such inquests are called for, and proceeds to class with them those held in cases of sudden death of old persons and children, which can be readily accounted for. He is hardly right, however, in thus regarding them, for it is only in cases of death from accident that the law insists on a full inquiry. We are quite ready to endorse the view taken by our correspondent that inquests are often held needlessly by borough coroners, and that the *curi sacra fames* is a prime incentive to this course in many instances. He will see, however, that the example cited is scarcely one to the point.

MR. S. DAVIES.—Received, and proof shall be forwarded in due course.

DR. CARTER.—Received. Much obliged for the trouble you have taken.

FAUSTUS.—There is no precedent for such a course.

A DABBLER IN ORIGINAL RESEARCH.—There are several good books. "This's Introduction to Practical Histology" and "Cornil et Ranvier Histology" would best answer your requirements.

SUPERANNUATION.—Medical men should try and bring educated pressure on their representatives. Now is the time.

DR. E. (Sec. Medical Society).—Quite a mistake. What we have done for the Bradford Medico-Chir. Soc. we shall do for you if your papers are of equal interest. We have shown what valuable material may be obtained from provincial societies. If it is lost—well, the fault is not ours.

THE ACADEMIE DE MEDECINE PRIZES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I should feel obliged if you could obtain a list of prizes offered by the French Academy of Medicine, with conditions, for 1883. Dr. Bigelow (Boston, U.S.A.) recently obtained one—£200. It is time one came to this country.

London, Aug. 16th, 1882.

Yours truly,
COMPETITOR.

DOUBTFUL.—You are quite justified in pressing for your fee; the fact of your being absent on your rounds when sent for does not invalidate your claim to the retainer. Your patient should have given you earlier notice, and not waited till the last moment.

DR. H. A. S.—Dr. T. King Chambers is Chairman of the Committee appointed by the Medical Council to inquire into the working of the "Unqualified Assistant System." He will doubtless be glad to receive the information.

MEMBER OF A BRANCH.—It is evident that what you call the provincial agitation has had some effect. The Branch meetings are now acknowledged by the Journal. There is a fairly long report of your annual meetings. The subject was discussed by Committees of Council. It does not alter our position. See reply to Dr. E.

Vacancies.

Dore Union.—Medical Officer. Salary, £70, and £17 as Medical Officer of Health for the same district. Applications to be sent to the Clerk on or before Sept. 5th.

Downpatrick Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to the Resident Medical Superintendent by Sept. 1st. (See Advt.)

General Hospital, Birmingham.—Resident Registrar and Pathologist. Salary, £130, with board and residence. Applications must be sent to the House Governor on or before Aug. 31st.

Longford Union, Killashoe Dispensary District.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, Aug. 29th.

Appointments.

ADCOCK, H., M.R.C.S., Medical Officer for the Corby District of the Kettering Union.

CLAYWORTH, C. C., L.R.C.P.Ed., M.R.C.S., Resident Medical Officer to the Sydney Hospital, Australia.

CLOUGH, M. E., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Hambledon District of the Droxford Union.

DAVISON, J. T. R., M.D., C.M.Ed., Senior Resident House Surgeon to the Royal Southern Hospital.

DURDIN, E. C. G., L.R.C.S., L.K.Q.C.P.I., Medical Officer for the Deaford District of the Market Bosworth Union.

MONTGOMERY, J. W., F.C.S., Public Analyst for the County of Westmoreland.

O'CONNOR, B. M.D., M.R.C.P.Lond., Physician to the Hospital for Consumption and Diseases of the Chest, Mount Vernon, Hampstead.

ROE, E. H., M.R.C.S., L.S.A.Lond., Medical Officer for the Cadishead District of the Barton-on-Irwell Union.

SELLARS, W. H. I., M.B. Edin., M.R.C.S., Second Resident House Surgeon to the Royal Southern Hospital, Liverpool.

SPIGNER, R. H. S., B.Sc.Lond., M.B.C.S., L.S.A.Lond., Resident Medical Officer to St. Mary's Hospital.

SPURGIN, T., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Third District of the Ongar Union.

STEVENSON, R. D., M.B., C.M.Glas., Resident Surgeon to the Daylesford Hospital, Australia.

SYMENS, C. G., M.R.C.S., L.S.A.Lond., Medical Officer for the Bedford District of the Hoxne Union.

WEBB, C. F., F.R.C.P.Ed., M.R.C.S., Public Analyst for the Borough of Basingstoke.

Births.

FINZI.—On the 10th inst., at Sutherland Gardens, the wife of Dr. L. M. Finzi, M.R.C.S., L.R.C.P.Lond., of a daughter.

HUTCHINSON.—On the 10th inst., the wife of S. J. Hutchinson, M.R.C.S. &c., of Brook Street, Grosvenor Square, and Broudesbury, N.W., of a son.

PIERREPOINT.—On the 4th inst., at The Common, Kaling, the wife of Dr. E. Pierrepoint, of a daughter.

POLLOCK.—July 1, at Swatow, China, the wife of John Pollock, L.R.C.S.I., of a daughter.

SMITH.—On the 13th inst., at George Street, Hanover Square, the wife of Eustace Smith, M.D., F.R.C.P., of a son.

Marriages.

BREIBANE-WATSON.—On the 10th inst., at the Presbyterian Church, Colebrooke Row, James Brisbane, M.D., of 21 Park Road, Regent's Park, to Mary Jane, eldest daughter of the late William Watson, Esq., of 30 Highbury Hill, N.

HARRIS-SMITH.—On the 8th inst., at Patterdale Church, by the Rev. W. Pattinson, M.A., Vicar, Alfred Harris, M.B. and C.M., of Dalston, son of the late Anthony Harris, of Middlesborough, to Grace Elizabeth, widow of the late C. E. Smith, M.D.

Deaths.

CHAVASSE.—On the 13th inst., at Duchess Road, Edgbaston, Samuel Chavasse, M.R.C.S., late of Newhall Street, Birmingham.

COOK.—On the 2nd inst., at Abercrombie Villas, Hampstead, William Henry Cook, M.D., aged 57.

MIDDLETON.—August 16, at his residence, Mullingar, suddenly, Wm. Middleton, aged 67.

TENNANT.—On the 11th inst. suddenly, at Lambert Road, Brixton, William D. Tennant, M.R.C.S., youngest son of the late Rev. Sanderson Tennant, M.A., of Kensington, aged 32.

SCIENCE AND ART DEPARTMENT.

NORMAL SCHOOL OF SCIENCE AND ROYAL SCHOOL OF MINES, South Kensington and Jernyn Street. The Session 1882-83 will open on October 2nd, 1882. The Prospectus may be obtained from the Registrar, Normal School of Science, South Kensington, S.W.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 30, 1882.

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A Course of Lectures.

ON

TEMPERAMENT, IDIOSYNCRASY, AND DIATHESIS IN RELATION TO SURGICAL DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1882.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; Professor of Pathology and Surgery, Royal College of Surgeons, England.

LECTURE VI.—(Concluded).

BUT it is not alone in the scrofulous that we encounter risks in connection with catarrh. Those in whom the tissues have undergone senile degeneration, and those, too, who although not old have become seriously enfeebled by other causes, often show an inability to shake off a catarrhal attack, and a similar result is sometimes brought about under the law of habit, when catarrhal attacks have been exceptionally frequent and severe. Apart from the risk of lapsing into chronic disease catarrhal inflammations are in themselves not unfrequently dangerous to life. Many of the forms of acute bronchitis and pneumonia, and some forms of enteritis, peritonitis, and pleurisy, are distinctly catarrhal in their nature—that is, they result from the exposure of an individual to the ordinary causes of a catarrh—and in many of these the popular expression is verified, "he catches his death of cold." Rheumatic fever very often, as is well known, acknowledges a similar cause; and respecting it and the other acute and dangerous catarrhal inflammations, one general statement is true—that if the patient can only live through the attack it will in due course pass off, and pass off completely, leaving him again in good health. This remarkable facility of spontaneous recovery which is a feature of all catarrhal, or, in other words, of all reflex nervous, inflammations has placed physicians in great

difficulty in coming to any satisfactory condition as to the relative merits of different plans of treatment. I will not say that cases of acute pneumonia, or acute rheumatism, or severe catarrh recover as well under one plan as another. I should be going far out of my province to make any such insinuation, and I should be saying, too, that which with my small amount of information I certainly do not believe. This, however, I must repeat, that there is in each and all of the examples of this type of inflammatory attack a natural tendency to recovery at a certain stage, which the student of therapeutics must always keep in mind. Although I have spoken of cold in continuation with damp as if it were the sole cause of catarrh it must by no means be supposed that this is the sole cause. With the changes in temperature there are, doubtless, frequently coincident and very influential certain electric disturbances, of which it is very difficult to take exact appreciation. To these we must refer the great prevalence of catarrhal and catarrho-rheumatic affections at certain seasons, and during the prevalence of certain winds. This prevalence is sometimes such as to suggest, as in the case of influenza, that the air must carry with it the particular and contagious germs. The sum total of what are included in the meteorological conditions termed weather must count as causes of catarrh. We have placed the rheumatic diathesis with the catarrhal and the scrofulous, as one which is universal, and in which all human beings share in some degree. What I have said as regards the laws of catarrhal inflammation apply very closely to those which are rheumatic, for the two are as regards their causes very nearly allied. Rheumatism like catarrh is usually transitory, especially when it occurs in the young. As with catarrh, so with it, when the aged are its subjects there is danger that it may become chronic or even permanent. Like catarrh, it may mix itself with scrofula or be modified by any other influence which disturbs the general health. The effect of malaria upon the system is often seen to much increase the proclivity both to catarrh and rheumatism. One other diathesis so very frequently mixes itself up with rheumatism, and the two in hereditary transmission become so intimately united that it is a matter of con-

siderable difficulty to ascertain how far rheumatism pure can go. We can, however, have little hesitation in admitting that it may be the parent not only of rheumatic fever, of transitory rheumatic pains in joints, fascia, and muscles, but of chronic crippling arthritis, in which almost all the joints are involved, and in senile periods of the slowly destructive arthritis which wears away the cartilage and eburnates the bones. Further, I think we may grant that it is not unfrequently the parent of sciatica and lumbago. All the affections which I have mentioned occur occasionally to those in whom there is no reason to suspect a gout complication; and, what is a still stronger fact, they are met with occasionally in the lower animals. Having said this I must not delay to add that in a great many of the exaggerated and peculiar forms of them which we witness in the human subject, the cause of the peculiarity is an hereditary complication of gout. When this complication exists it shows its power we may suspect by inducing a permanent modification of tissue; and it is to this modification that the peculiarities in the processes are due. Hence the impossibility under many conditions of discriminating between gout and rheumatism. We can for the most part easily tell in any individual case what the causes which have provoked the attack have been, and we can assign them on the one hand to those of rheumatism or on the other to those of gout; but we cannot estimate with any chance of certainty the previously acquired proclivities of the tissues. There is yet another source of fallacy that we are by no means always acquainted with—the condition of the patient's health at the time of the attack. If a patient already predisposed to gout in his kidneys, his tissues, or his blood be exposed to the exciting causes of rheumatism he will have one of those attacks which you yourself, Sir, have so well described, and about the nature of which there has been some controversy. There will be difference as to whether such an attack should be called rheumatic fever or generalised gout; and the solution of the question is, I suspect, to be found in the fact that it is both.

Two sets of causes have been at work, and the result has been a mixed one. When a little white tophus is seen on the ear the merest tyro can read its lesson, and the veriest sceptic dare not refuse its revelation. It is both retrospective and prospective in its significance; we know that the patient's kidneys have become unsound, and that he has failed in the past in the due depuration of his blood. We know that this loaded blood condition must have put him in danger of attacks of arthritis; and that in all probability he has suffered on many occasions from acute and very painful inflammations of some of his smaller joints. We know further that changes have taken place in many of his tissues, and especially that the walls of his blood-vessels have become thickened. Looking into his future we know he is in danger not only of other attacks of arthritis, but that, however carefully he may restrict his diet and manage his mode of life, it is probable that the renal and arterial changes will increase, and bring with them their peculiar inconveniences and risks. We know further that if a man in such a state should have children, they will, in spite of the utmost care in avoiding the dietetic causes which originally produced it, inherit some of the peculiar tendencies which he had acquired. Where the inheritance will stop, how far it is possible for one structural peculiarity to be separated, and to be inherited apart from others, we do not know. There is, however, I would suggest, good reason for believing that in families in which, either by accidentally changed conditions, or by intelligent foresight, several generations have been carefully exempted from the causes of gout, its existence in times long past may still be shown in the perpetuation of one or other more or less isolated tendency to structural disease. It is under such conditions that not a few of the forms of rheumatic gout occur, although of others, and perhaps a large majority, it is rather the fact that the exciting causes of gout have by no means

been wholly suppressed. In this way we may have to recognise as the lineal descendants of gout maladies which occur in those in whom we can by no means prove its existence. I have referred repeatedly to the facts which favour the belief that the hæmorrhagic diathesis itself may, perhaps, belong to this category; and in a former course of lectures I analysed the facts contained in Dr. Wickham Legge's able little monograph on this subject. During the past year some very interesting facts have come under my observation, which serve to give support to it, and to lead to the conclusion that many, if not most, forms of intractable hæmorrhage are in connection with hereditary peculiarity of the arterial system, derived from gouty progenitors. I will mention only three, and very briefly. A gentleman who consulted me a few weeks ago, with cataract and diabetes, told me that he had been most of his life liable to very profuse attacks of hæmorrhage. In early life they had been alarming, and sometimes so frequent as to be almost constant. They were always preceded by a sense of weight and discomfort at the epigastrium; and, provided the hæmorrhage was not too profuse he had usually felt relieved by it. There was a strong inheritance of gout, and he had himself suffered from several attacks. A school-boy was sent to me by Mr. Harrison, of Braintree, on account of repeated and alarming attacks of epistaxis. They had been so profuse and so frequently recurrent that he had lost much of his colour and strength. The point, however, which most caused anxiety was that his elder brother had died of it. In him the liability had commenced at thirteen and a-half years, had persisted for two years, and finally, after continuing for four days, it ended in death. Their paternal grandfather had suffered much from gout, and their father at the age of twenty-two had had severe epistaxis. In the case of a lady, now aged twenty-nine, and much out of health, I had the following history:—She had always suffered from indigestion and rheumatic pains. At the age of seven she had epistaxis to such an extent that the nostrils had to be plugged; and in spite of that measure for three days, it was expected that the attacks would end fatally. She once had bled to an alarming extent in consequence of tooth drawing; and her first menstruation soaked the bed through; and ever since this function had been attended with losses so profuse as to have greatly enfeebled her. There had been much gout on both sides of her family, and she herself had had symptoms very like it. I was unable, when examining this subject last year, to agree with Dr. Wickham Legge in his opinion that cases of remarkable tendency to hæmorrhage, occurring, as it were, spasmodically, should be quite apart from the hæmorrhagic diathesis in which we observe the tendency to prevail in direct descent through many generations. It may be that as a matter of convenience it may be well temporarily to effect this separation, but it must, I think, be with the clear understanding that it is a conventional one. The hereditary cases are those in which the idiosyncrasy has become definite and established; the others show us the idiosyncrasy in connection with its original causes, and, if I may so express it, in process of breeding. The cases of hæmorrhage into the vitreous in young men suffering from constipation which had been collected by Mr. Gales, of Birmingham, and in many of which no history of gout could be obtained, go with other facts to make it probable that tendencies to bleed are sometimes met with in association with other causes. My own experience as to retinitis, hæmorrhagic blood patches in the conjunctiva, cerebral hæmorrhagic epistaxis, and other allied disorders lead me to attach very great importance to the history of inherited gout as their cause.

There is one subject which it is impossible to leave out of the account in our estimation of the diathesis. It does not constitute a diathesis in itself, but it com-

plicates them all. I refer to the changes in the state of the nervous system, or quality of the nerve force which we know as tone. By that word I suppose that we mean the power of producing nervous energy. If we speak of the tone as low and poor, we mean that there is but little vigour in resisting irritation, and that comparatively slight influences will evoke a large amount of disturbance. That vigour depends, no doubt, upon the state of nutrition of the nerve-cells themselves, and it may vary much in different parts. Thus, the tone may be diminished in one nerve district and yet be good in others, whilst in some instances it is reduced in all, simultaneously. A condition of great general exhaustion is by no means, however, always equivalent with a state of low tone; it is necessary that the enfeeblement should pertain to the nervous system especially, in order that that term should become applicable. Perhaps it is further true that in most of the conditions in which derangement of tone is in question, the disturbance or enfeeblement has reference chiefly to that part of the nervous system which controls the circulation. Whenever the circulation is specially liable to reflex derangement and congestions, or their opposite occur with unusual facility, we are safe in declaring that the tone is low. It is part of the business of the nervous system to duly regulate the supply of blood to various parts to prevent local arterial spasm, and under the varying conditions of daily life to maintain the normal balance of circulation. When this power is deficient the various causes of disease act with greatly increased effect. In many cases loss of tone may be so long continued and so great that we cannot but suspect that it depends upon degenerative and permanent changes in the nerve cells. Not only may loss of tone aggravate the diathesis, but many of these act very efficiently in producing loss of tone. Thus the influence of malaria is very definite in this direction, and is felt through very long periods. But I cannot for the present dwell longer on this part of my subject.

The present is, perhaps, the most suitable place for me to interpolate two emendations in former lectures. In my first lecture I adverted to the want for purposes of estimation of the relative frequency of the different complexions in the British population. In doing so, I omitted to mention the excellent work accomplished some years ago by Dr. Beddoes, of Bristol. I had intended to mention it, and should certainly have done so if I had remembered its extent and value. In a subsequent lecture I urged the importance of life records, which should be kept in advance, ready to be produced to any medical man who may be first consulted, and especially comprising mention of idiosyncrasies of the individual, and the diseases which have been passed through by the individual. In making this suggestion, which has long occupied my thoughts, I was not aware that the Collective Investigation Committee of the British Medical Association already has in hand a scheme for its realisation. I have since with great pleasure been informed that such is the fact.

It is time that I should bring this lecture to a close, and with it will end my present course. In doing this, I desire, gentlemen, to thank you most sincerely for the very courteous attention with which you have listened to what I have advanced. Permit me at the same time to attempt a very brief *résumé* of the principal arguments.

We began by a glance at the very praiseworthy and to some extent successful attempts made by our forefathers by looking into a man's face to determine therefrom his physical peculiarities and his liabilities to disease. On examining the facts supposed to indicate temperament I was obliged to conclude that part of them were merely the characteristics of different races; and another fact, merely the products of past disease—personal or inherited. Thus it seemed that if race took its share of disease that which legitimately belonged to it, there was very little left to be classed

under the head of temperament. As regards disease, I suggested that the plan most likely to be productive of good results is to classify the chief groups of morbid influences, and to endeavour then to associate with each the separate maladies and tendencies which are dependent upon them. To this object our last three lectures have been devoted. We had previously endeavoured to clear the ground somewhat by placing in a separate category a large number of symptoms and of morbid manifestations which take their origin in individual peculiarity, quite apart from any recognisable tendency to disease. I insisted that the domain of mere idiosyncrasy is very large, and that these peculiarities may have had their origin remotely in disease. They have often existed for many generations in complete freedom from any such association. Whether I have succeeded in convincing you that it would be a convenience in medical teaching and practice to revive the old doctrines of diathesis I do not know. To my own mind it does appear, I may confess, that the states to which I have sought to apply that name are realities which it is very desirable to recognise. It seems to me, also, that the habit of naming diseases as if they constituted separate and complete studies has often a narrowing effect upon our conception of pathology, and leads to the overlooking of special causes. My endeavour has been to look at diseases not exclusively from before, but, so to speak, to get behind it and trace its origin. Classification should surely depend not upon external similarity, but relationship in cause. We should seek to place diseases in natural groups in connection with their ancestral descent. The attempt to do this has, I fear, sometimes led me into speculations as to the genesis of the different forms of diathesis which have seemed somewhat transcendental, and possibly a little wearisome. I can only plead that I have done my best to avoid these faults, and I have been endeavouring to thread my way through the mazes of a most complicated topic. The main conclusions as to the diathesis which I have suggested for your acceptance are these:—That there are three great universal diatheses dependent upon the very commonest causes of disease by which man, and not man only, has been assailed from the most primeval times. Close to these come others of far less importance, but of parallel nature, because they comprise us all in their range of liability; the diathesis of senile degeneration and the diathesis of malignant new growths. Next we have certain very important ones which are widely spread, but by no means universal, since they depend upon local exposure or personal habits. In this class we have the ague or malarial diathesis, the diathesis of rickets, those of bronchocele, scurvy, leprosy, pellagra, and gout. Respecting the diathesis due to malaria, I have some doubts whether it ought not to be admitted to the dignity of a primary or universal diathesis. If we go far enough back, probably the whole human race has been submitted to its influence, and not less probably has some impression from it been stamped upon us all. It may even be doubted whether now, in our advanced stage of civilisation, those who are apparently not exempt from all possibility of influence from marsh miasm may not still, in some minor degree, suffer from it. It is very possible that, although the severity be far below what is needed to produce an intermittent, yet that the well-recognised ill-effects of certain winds quite disproportionate to their chilly power may be due to slight impregnation with malarial poison. As to the diathesis of gout, I have suggested that it is but rarely of pure breed. Very often it builds on the foundations laid by other maladies, and however much it may boast itself the *dominus morborum morbus dominorum*, it is, if we can see it aright, very often merely a complication of plebeian rheumatism. Other diatheses have been mentioned which it is difficult to place in any definite arrangement. That in which there is remarkable tendency to hæmorrhage I have associated, for the most

part, either directly or remotely with the disease of the arterial system induced by gout. That which is characterised by failure of nerve tone I have linked in a like manner—not invariably, but still very commonly—with the influence of the sexual system upon the general health. So also of the state characterised by undue mobility of nerve force or emotional susceptibility known as hysteria. That there are hereditary diatheses which are characterised by peculiarities in the state of the different viscera, or of specialised systems, has also been suggested. In this category we have the hepatic diathesis, the diathesis denoted by chilblains, and that in which the vascular system generally is very feeble; and there results the liability to venous congestion in exposed and distant parts—even to gangrene of the extremities. I made no attempt at completeness in the enumeration of the diatheses, for it is clear that a little ingenuity might subdivide or define them to an almost endless extent. The description of a fresh diathesis is, in fact, almost as easy as the discovery of a new nerve centre, and perhaps much easier than the revelation of a new bacterium. Let me not be thought to speak in the least slightly of modern investigations in the two latter directions. I simply couple them with the attempts made to classify morbid phenomena, and to say of them all that they are, for the present, tentative, and that the experience of the profession in the future must assign their real value.

Finally, I think I may claim in all that I have said as to idiosyncrasy and diathesis, that I have done my best to recognise the power of hereditary transmission, and to insist that we ought to study disease as being, not of recent origin, or in dependence solely upon existing influences, but rather seek truthfully to "read the record of its long descent."

Again I must beg pardon, as I have already once done, for the fact that I have doubtless often appeared to be stating as somewhat novel things which were well known and almost commonplace. I could not possibly, from the nature of my subject, have avoided this, nor, indeed, have I made much attempt to do so. It is abundantly sufficient for my ambition if, availing myself most thankfully, so far as my knowledge extended, of the labours of those who have gone before me, I have succeeded in any degree in making opinion more definite, and giving emphasis to that which is true.

A CASE OF COMPOUND RE-FRACTURE OF THE PATELLA, IN WHICH THE FRAGMENTS HAD BEEN ALREADY SUTURED. (a)

By WILLIAM THOMSON, A.M., F.R.C.S.I.,
Surgeon to the Richmond Hospital, Dublin; lately Examiner in Surgery, Queen's University, Ireland; Member of the Surgical Court of Examiners, Royal College of Surgeons, Ireland, &c.

THERE are few subjects in surgery over which more battles have been fought than the treatment of fracture of the patella. The ambition of many surgeons is directed to the attainment of bony union, which they deem an absolute necessity in such cases. Apparatus, great and small, complicated and simple, have had their inventors and upholders; but all, it must be confessed, have had pretty much the same result—failure. Transverse fracture of the patella is an obstinate accident; it steadily resents interference, until not a few have come to believe in the treatment which is practically summed up in leaving matters alone. Within the past few years, however, the subject has taken a new development; and now we are not unaccustomed to hear of suture of the fragments with silver wire—not only as a proceeding suitable in cases which have resisted other treatment, but as justifiable immediately after the accident.

(a) Read before the British Medical Association at Worcester, August, 1892.

It may help to throw some light upon a difficult subject, if I submit the sequel history of a case in which such an operation was performed—the first, I think, in which we are able to examine the actual parts involved in what was regarded as a successful surgical proceeding.

I was sent for to my hospital, late one evening, to see a man who had just been brought in, and who was the subject of a very remarkable accident. He was aged about thirty-six, and had filled the position of first officer in a large foreign going ship. I found him lying in bed, suffering from an extensive rupture of the knee-joint. There was a great gaping wound running directly across the knee, extending from condyle to condyle of the femur, with edges as sharply defined as if they had been made by a surgeon's knife. The patella was broken transversely; and, as the patient could not extend the limb, and the thigh and the leg lay at about right angles to each other, the condyles of the femur and the articular surface of the tibia were fully exposed. There was considerable oozing. As the case was one requiring very careful consideration, I determined to consult my colleagues next morning; and meanwhile dressed the wound with thymol gauze, &c.

The history I received from the patient was an interesting one. He had been operated upon by the late Mr. Amphlett, of Charing Cross Hospital, London, about a year previously. I subsequently wrote to that gentleman, not long before his lamented death, and received from him a letter, of which what follows is a portion.

"T. G. came under my care last autumn, while I was taking charge of the Seamen's Hospital, Greenwich, during Mr. Johnson Smith's absence from home. He had, about three weeks previously, fractured the left patella, for which he was treated at a foreign hospital (Amsterdam). When he came under my care, there was a very wide separation of the fragments, and the patient experienced the very greatest difficulty in locomotion on this account; and, as it did not seem to be a case at all suitable for help by means of any mechanical appliance, I (after consultation with my colleague, Mr. Davies-Colley) determined to make a resection of the broken fragments of the patella. This I accomplished, drilling the ends and passing stout silver wire. I effected drainage by means of two tubes passed right through the joint. The patient did very well—the temperature only rising to 100° 3'. Some time afterwards, the wires were removed, and the fragments appeared to be united by bone. The joint, however, remained stiff."

Mr. Amphlett further said he had notes of the case, which he asked me to supplement; but I regret that his sad death disarranged our designs.

The patient stated that, after he left Greenwich, he gradually improved; but the joint had hardly any motion. It was slightly flexed, so as to cause him to walk on the anterior part of the foot, and he was unable to pursue his occupation. On the evening of the accident, he was leaving a shop; and when stepping down to the pavement, his toe caught some obstacle; the limb was violently flexed as he tried to save himself from falling. He at once felt something snap, and an examination showed what terrible mischief had been done.

After a full consideration of the case, we believed that excision offered a fair chance of success. This was accordingly at once performed. The fragments of the patella, and thin sections of the femur and tibia, were removed; and the limb was put up in a thymol dressing and in a plaster-of-Paris splint. The subsequent history may briefly be told. There was a good deal of suppuration, but there were no serious symptoms at the time; and the patient left hospital in eleven weeks, with the wound perfectly healed, a limb about three-quarters of an inch short, and much more useful than before the accident. I have seen him frequently since. He was able to lay aside artificial support soon after he left the

hospital, and he walks so well that his lameness is hardly perceptible.

The fragments which were removed are now upon the table. They consist of the fractured patella and sections of the femur and the tibia. The latter two present examples of fracture *par écartement*. On the tibia, just at the termination of the anterior arm of the external semilunar cartilage, is a thin plate of bone about the size of a sixpence, which has been torn out of a corresponding depression in the inner margin of the external condyle of the femur. The piece of bone is movable, and is attached to the tibia by a short fibrous structure. Just in front of the spine of the tibia is another minute piece: and along the inner margin of the articulate surface, and somewhat anteriorly, is a strip about three-quarters of an inch in length and a quarter of an inch wide, from which bone has been torn. Finally, on the femur, about midway between the condyles, is a nodule of bone on a fibrous stump, torn from a depression half an inch in front of the spine of the tibia. The articular cartilages are smooth and healthy. The external inter-articular cartilage is perfect; but the inner one has disappeared altogether.

The patella itself is in two fragments. The fracture has taken place nearly in the line of the old injury; but there can be no doubt that osseous union existed in the bone after the original operation. Four holes remain (two above and two below the line of fracture) to indicate the position of the wire sutures. Union had taken place for about two-thirds of the distance across. Beyond that is a separation between the portions of the patella amounting to one-third of an inch. The fracture was almost extra-articular, only encroaching on the line of cartilage to the extent of half a line. The cartilage has nearly altogether disappeared, except round the margins.

This case presents many interesting features, and suggests some questions which it will be of advantage to consider. The character and the extent of the injury are remarkable. The fracture was not produced in the ordinary fashion, by muscular contraction, but very much in the same way that a long bone may be broken in its shaft by some violence applied at its distal parts. The difference I make is that here the patella was fixed by the adhesions which had been set up after the operation, and entered into the formation of the practically ankylosed articulation. The whole joint was fractured; and the patella, as a constituent part of it, yielded to the same force, but not to the contraction of the quadriceps extensor muscle. The extent of the wound was also remarkable, for it reached from condyle to condyle; so that, when I came to excise the parts, I found it unnecessary to enlarge it in that direction, and had simply to convert it into an H by making an incision at each extremity of it. The rupture of the soft structures in this way was due to the previous operation. The integument had become adherent to the patella and other parts; it was very tense over the slightly flexed joint; and, when that flexure was increased, there was no possibility of the already much stretched skin resisting the sudden strain.

I am not aware of any case precisely similar to this; that is to say, of compound fracture of the patella (or rupture of the knee-joint) after bony union has been attained in the same bone for a previous fracture. This bursting of the knee-joint has occurred, however, on a few occasions, under somewhat different circumstances.

The late Mr. Poland, of Guy's Hospital, London, records a case in which a man had a wound on the patella about three inches and a half long, exposing the bone. The case progressed favourably, and the wound was nearly cicatrised, when, eight weeks after the first accident, he fell, tearing open the wound and fracturing the patella, so that the joint was opened. An attempt was made to save the limb by bringing the parts together, but pyæmia followed, and ultimately the

patient was saved by amputation (*México-Chirurgical Transactions*, 1870).

Mr. Poland says he has only found one case in the practice of Pelletan bearing a strict analogy to the foregoing. There was, first, a wound, which was healed; and three months afterwards the patella was broken, and the newly cicatrised wound torn open. The parts were brought together; but gangrene threatened—there was delirium—and the patient died on the twentieth day, no opportunity for amputation having offered (*Clin. Chirurg.*, tome ii, p. 155).

In Sir Charles Bell's case there was fibrous union of a fractured patella, then rupture, laying open the joint. Immediate amputation followed (*Operative Surgery*, by Sir C. Bell, vol. ii., p. 204, pl. v.).

Dr. Croker King mentions a similar case. There the patient refused secondary amputation and recovered (*Medical Press*, December 8th, 1847, p. 353).

Cases of compound fracture of the patella, from whatever cause arising, are fortunately of comparative rarity, for the mortality is at least 25 per cent.; and as to the rest, very few indeed recover with perfectly useful joints. Mr. Poland, in the paper already referred to, has collected sixty-nine cases of this injury, including gunshot wounds. In twenty, the fragments of the patella were removed at once, with three fatal results; there was one secondary resection of the joint; four primary amputations, with two recoveries; and five secondary amputations, with four recoveries. Several recovered with stiff joints, after passing through long periods of suppuration.

The treatment pursued in this case may be questioned, especially by those who believe that, under the conditions of antiseptic surgery, wounded joints are not of serious moment. But we had here to weigh the probabilities of recovery by a treatment which would have consisted in bringing the fragments together and waiting for repair, or by the removal of the articular portions and the bringing together of vivified surfaces of bone, as in excision. Between these I had no doubt as to the course to be pursued. The joint was already a disabled one; it had lost its natural movement; it had been freely exposed to septic influences; and the result at best would have been ankylosis in the flexed position. But that ankylosis would have been reached through the tedious process of exfoliation of the cartilages, with all the attendant dangers of suppuration. The shock to the patient was but very slightly increased by removing the ends of bones already fully exposed, while the probability of speedy recovery, with a sound and healthy ankylosis was rendered more sure.

But another and more important question is suggested by this case, and that is, as to the treatment of transversely fractured patellæ by cutting down upon the fragments, and directly suturing them by silver wire. This method of dealing with such accidents appears to have been first practised by Professor Cooper, of San Francisco. In the *Medical Times and Gazette* of November 2, 1861, he writes:—"Our method of treating transverse fractures of the patella, and one which has thus far been invariably successful, is as follows. Make a longitudinal incision of sufficient length to expose the fragments; drill the anterior margins of them with a drill one line in diameter; then pass a silver wire through the holes thus made, and, by crossing the ends and pulling stoutly upon them, bring the separated parts together. A knot is then made by twisting the ends of the ligature together, which holds the fractured portions of the patella in apposition, by which a bony union always takes place." As essential to success, he insists that the wound be healed by granulation, and not by first intention. Lint should be placed in the wound, and the limb tightly bandaged from the toes to the middle of the thigh. The wires are removed about the sixth or eighth week.

Dr. Hector Cameron, of Glasgow, was the first in this

kingdom to perform the operation, protecting it by all the safeguards of the Listerian method, and he has since been followed by many surgeons not only here, but on the Continent and in America.

Now we have arrived at a time when suture of the patella is advocated and practised not only in cases of non-union, but in every instance as a regular treatment. But when we come to look at the results which have been obtained, we are not impressed by the magnitude of the success. It is true that the patients generally recover, but some of them narrowly escaped death, and such a risk would demand a very considerable advantage as its reward. In the cases reported by Henry Smith (*Lancet*, August, 1878), Rose (*Lancet*, November 22nd, 1879), Royes Bell (*Lancet*, November 1st, 1878), Holmes (*St. George's Hospital Reports*, vol. x., 495) Lister (*British Medical Journal*, June 11, 1881), movement of the joint was retained in a few instances, but it was not apparently free, and patients are described as walking with a slight limp, using a stick, and so on.

Is a fractured patella, united by ligamentous bonds, which afterwards stretch, so great a misfortune after all? I have never seen a case of osseous union in a living subject, and I have never seen a case in which a patient was disabled to any great degree by his fractured patella. Every surgeon has met with cases which get on very well without bony union, and without any special apparatus. I do not mean to say that in no instance ought this operation to be done, but I think it ought only to be recommended where the injury has become an absolute impediment to the patient's progression. In the present case, at all events, the man's position was not improved. He had a too flexible joint before the operation and a stiff flexed one after it, a condition which might have been practically secured by a properly adjusted knee-cap. Moreover, I think we render these persons so operated upon often liable to such an accident as is here reported; for we may have, instead of movement, a spurious insecure ankylosis, with a joint covered by cicatrised and tightened integuments, liable to rupture on very slight provocation.

If, however, the operation in such cases should be rarely resorted to, it seems to me that it cannot be justified in recent accidents. Experience shows us every day the admirable results which may be attained by simple methods, and the facility with which persons with broken patellæ may pursue their avocations. Is it to be laid down as a rule that we are to wipe out such probabilities altogether, and to lay open a man's joint at once? If we could be assured of perfect motion with perfect union the justification would be strong, but who can assure us? Passive motion is always late and limited, because we cannot disturb the uniting fragments; and, meanwhile, changes are being effected in the synovial membrane, the cartilages and the ligaments generally, which may end in giving us a much worse joint than if we had left it alone. I am quite conscious of the great advances in operative work which the Listerian method has allowed to be made; but, thorough believer as I am in its efficacy and its complete safety where accurately carried out, there are risks which will always surround it, as they surround every scientific method. It has enabled us to do great things, but even with its help I cannot believe that we are justified in attempting to do what is unnecessary, when that proceeding is attended not only with danger to limb but to life also.

ACCORDING to the last official weekly return, the death rate was higher in New York than in any other large city in the world; reaching the very high figure of 46 per 1,000 of its inhabitants. This excess was mainly attributable to diarrhoeal diseases amongst children, and not to the epidemics of diphtheria and scarlet fever, which have now happily passed away.

OUT-DOOR VERSUS IN-DOOR MATERNITY CHARITIES.

By J. E. BURTON, L.R.C.P. Lond., M.R.C.S.,
Physician-Accoucheur to the Liverpool Lying-in Hospital.

(Concluded from page 152.)

Now we have seen that there is a vast difference between the results obtained in outdoor and indoor maternity charities, we may inquire into the causes for it. Mr. Owthwaite, the secretary of the City of London Lying-in Hospital, has mentioned most of them.

First and second may be comprised under the heading accuracy of records. This has already been disposed of in the case of the four institutions mentioned just now.

3rd. Greater proportion of primiparæ in hospital cases.

4th. Greater proportion of difficult cases in hospitals.

To these I would add (5) Greater proportion of innuptæ in some hospitals.

6th. Propagation of infectious or contagious disease.

Now, such charities as those already mentioned—the Newcastle, Manchester, Birmingham, and Royal Maternity—must take all the cases that come. If they send their primiparæ and difficult cases into hospital they do not get rid of them, and they still run the risk of having their death-rate raised by them, so that a comparison of these charities as a whole with mixed charities, such as the City of London and British Lying-in Hospital, will be a perfectly fair one. The only other maternity charity whose outdoor and indoor results would be useful in making such a comparison is that of Glasgow, but this institution is not available for the purpose, as a most important element would make the comparison misleading. This institution takes in unmarried women, and the destitute of all kinds, so that a comparison with those whose "charity" (†) is only extended to the "moral" is obviously out of place.

The two charities selected give us a total of cases of labour amounting to 11,194, and the deaths number 77. This gives a death-rate of 1 in 145, against 1 in 364 in institutions treating exactly the same classes of cases, and whose statistics are thoroughly reliable. Lest it may be argued that labour is a less dangerous process in the north of England, and that the comparison is valueless as showing the relative safety in home and hospital confinements on that account, we may compare these 11,194 deliveries and 77 deaths with the 13,515 deliveries and 45 deaths of the Royal Maternity Charity, bearing in mind that the institution showing the better results has no advantage of time or locality, for these are the same in both.

The influence of illegitimacy in raising the maternal death-rate is difficult to measure. All writers on obstetrics who have mentioned the subject seem to agree in considering illegitimacy as constituting an element of danger during the puerperal processes. This would lead us to expect that those hospitals that admit such women would have a higher death-rate than those that exclude this class of unfortunates. The hospitals that admit such women are the General Lying-in Hospital in York Road (after investigation by the Charity Organisation Society), Queen Charlotte (women with their first child), the Glasgow and Edinburgh Maternity Hospitals, the Rotunda Hospital, Dublin, and the Coombe Hospital. The four last named seem to think that "the quality of mercy is not strained," or should not be. This is the highest charity, in that it falls like the rain, on the just and on the unjust.

The number of labours, then, in the hospitals admitting single women was 7,841, and the deaths were 150, or 1 in 52, whilst the number of labours in hospitals admitting married women only amounted to 4,654, and the deaths numbered 77, or 1 in 58. These two death-rates show a difference between them of nearly 5 per 1,000. A perusal of the reports of some of the charities would lead to the conclusion that seduction had a powerful influence over the issue of the course of labour and childbed. Thus, in the Rotunda Hospital in the year 1875, out of 27 deaths 9, or one-third, were in cases of seduction. The fact, then, that single women are treated in so many lying-in hospitals

should be taken into account in a comparison of the two classes of charities, for although some of the outdoor maternities may treat single women, only very few of them do, viz., the General, Queen Charlotte, the Rotunda, and the Glasgow Maternity Charity. [Of course I am speaking here of those maternities only that are mentioned in the above tables.] The number of cases reported from these four maternities, of which we have returns, is but trifling, as from three of them the returns of one year only have reached us. Unmarried, moreover, having no home, would naturally be admitted, as a rule, into hospital rather than be attended by the extern department.

We have now considered briefly most of the reasons why indoor maternity charities, as a whole, may be expected to have higher maternal death-rates than outdoor maternities.

The first and second, as has been already stated, may be comprised under the head of greater accuracy of records.

3rd. Greater proportion of primiparæ in hospital cases.

4th. Greater proportion of difficult cases in hospital.

5th. Greater proportion of single women in hospitals.

But we have not yet considered (6) the greater danger from propagation of infectious or contagious disease, comprised under the head "Hospitalism," or aggregation.

Before commencing this part of the subject, I should like to throw out a suggestion, which, if acted on, would, in a few years, put us in a position in which we should be able to arrive at much more definite and certain conclusions with regard to the various points in connection with childbed maternal mortality than we possess at present.

In looking over the returns of the different charities it is bewildering to notice the various modes in which the results are notified. Each charity follows its own particular plan, or, but too frequently, no plan at all, so that, taken as a whole, the result is both exasperating and disappointing. My suggestion is this: That the Obstetrical Society of London, or that of Dublin, or both in conjunction, should devise and publish a plan, and that all the officers of the different maternities whose duty it is to record the statistics should be requested to do so after the method of the plan approved of. Our charities would then be assisting in a great work, and be in some measure giving some scientific return for the time, trouble, and money expended on them.

In trying to estimate the importance of "aggregation" in determining the maternal death-rate in childbed, I shall compare the statistics of charities as nearly as possible similar, that is, each class shall take its own bad and difficult cases and its own primiparæ. Those that take in single women will have to be left out, as there are, alas! no outdoor maternity charities treating single women with which to compare them. From this comparison the General Lying-in Hospital must be excluded, not because its figures are so good, and because I shall consequently be afraid to make use of them lest they should mar the result I expect to arrive at, but because the figures are for one very exceptional year only. To prove that the figures are exceptional, I have only to state that in 1880 there were 3 deaths, and that the hospital was closed during the greater part of the year 1879. St. John's House, Chelsea, and the Birkenhead Lying-in Hospitals must also be omitted, as in the former there can be no aggregation of cases, as every patient has a separate room, whilst in the Birkenhead Hospital the cases are so few that, taking the average length of stay of the patient in hospital to be ten days, there will be four days out of every fortnight during which there will be but one patient in the house. The only institutions remaining, then, for comparison are the City of London Lying-in Hospital, the British Lying-in Hospital, and the Belfast Lying-in Hospital, on the one side (Group 1), and the Birmingham Maternity, the Newcastle-on-Tyne Hospital and Charity, the Royal Maternity Charity, and the Manchester St. Mary's Hospital Maternity on the other (Group 2). In the former group we find a total of 11,413 labours and 77 deaths, or 1 in 148; in the latter group, 29,520 cases of labour and 79 deaths, or 1 in 373. I do not think there is anything unfair in this com-

parison; it is simply one between a group of maternity charities that does not aggregate cases, and another group that does. The maternal death-rate in the one group is 2½ times as great as it is in the other! This great difference cannot in this case be explained away as is so often done by saying the figures are not correct, for it has been shown that in the case of the four charities forming group 2 the statistics are thoroughly reliable. Neither can the difference be explained away by attributing it to the greater proportion of difficult or dangerous labours in group 1, for each group treats the whole of its own difficult and dangerous cases. Neither will the explanation that group 1 has a greater proportion of primiparæ serve, so that at last we have to fall back on "aggregation," or "hospitalism," as the cause of the excess.

It matters not how this excess arises; the fact that the maternal death-rates in hospital have, on the whole, been excessive hitherto, ought to be faced, and not shirked nor explained away. The excess undoubtedly has been there, and at present we have no proof whatever that it has vanished.

I had intended to discuss the subject on another side, namely, by dividing the causes of maternal deaths in childbed into three classes—1. Puerperal causes, pure and simple; 2. Septic puerperal causes; and, 3. Strictly non-puerperal causes, and then ascertaining the ratio that class 2 bears to the whole number of labours in each group, but I have no data to work upon.

Enough has been said to show, however, that there is, and has been, a very great disproportion between the maternal death-rates of charities that do not aggregate their maternity cases and those that do. There has been a very great disposition shown on the part of physicians to these institutions to minimise and explain away everything that makes an unfavourable show. If the death-rate has been high, as it almost always has, the utmost pains have been taken, pages upon pages have been written, the health records of the whole town have been ransacked to show *what the cause was not!* that the high death-rate did not arise from contagion or infection, and that, consequently, the hospital was not to blame. But this is not enough; they must prove that such a high death-rate does not exist. If they cannot prove this, their first endeavour should be to find out what is the cause of it, instead of what is *not*.

I am perfectly ready to admit that the maternal death-rate has been considerably diminished in some hospitals during the past few years, and that others have for many years enjoyed a remarkable immunity from contagious and infectious diseases. As an instance of the former, I may mention the Charité Krankenhaus, Berlin, of which Gusserow is the director. In the years 1859-60 the maternal mortality in this hospital was 16 per cent. In 1874, when the antiseptic method of treatment was first adopted, it fell to 4.1 per cent., and in 1878, when Gusserow first took office, it was 2.6 per cent. In 1879 the mortality was reduced to 2 per cent.; in 1880 to 1.6 per cent.; and in 1881 to .9 per cent. This is not only gratifying, but encouraging, and it is to be hoped that the talented physician to the hospital will not be content to let the rate of maternal mortality stand at 1 in 111, the point now reached, but that it will approximate yet nearer to the rate prevailing in outdoor maternity charities.

As instances of lying-in hospitals that have enjoyed a remarkable immunity from contagious and infectious diseases, I know of none more striking than the lying-in wards of the Liverpool workhouse and the Belfast Lying-in Hospital. It is true that the Liverpool workhouse is not a maternity charity, but it is an institution in which maternity cases are aggregated, and some attempt to ascertain the causes of the good results arrived at may be instructive as well as interesting.

For the last eight years about 300 patients per annum have been confined in the lying-in wards of the hospital, and during this period the death-rate has been 1 in 300. The causes that are supposed to have helped in attaining

these good results are briefly as follows :—Every woman on admission into hospital, unless too far advanced in labour, is put into a warm bath, and afterwards clothed in hospital garments. If the labour has already advanced so far that the bath cannot be made use of she is still washed all over and clothed in hospital garments. Such as are not actually in labour are admitted into a "waiting" ward, which serves as a place of quarantine. If any infectious disease is present it will probably show itself, and measures can be taken accordingly. Again, whether the woman is admitted into the "waiting" ward or not, she is a pauper, and as such has been visited by the relieving officer, and it will be known to a certainty whether there is infectious disease in the house in which she has been residing or not. In these two ways the risk of introducing infectious disease into the labour wards is reduced to a minimum. Again, every woman on being admitted into the labour ward, whether she comes in from the waiting ward or direct from the outside, is placed on a new straw bed, one that has never been lain on before, so that she cannot be brought into contact with the putrid or putrefying discharges of any other person. Twenty-four hours after completion of the labour her linen is changed throughout, she is placed on a second new bed, and then removed into the lying-in ward. After remaining in this ward a week, her linen is again changed; she is then placed on a third new bed and moved into the convalescent ward. The greatest stress is laid by Dr. Alexander, the popular visiting surgeon to the hospital, on the frequent replacing of the used beds by new ones. Although upholding the necessity of thoroughly and frequently disinfecting both walls and floors, he, however, thinks these of secondary importance as compared with the frequent change of beds. For the rest the arrangements are simple. The napkins used are washed in a carbolic solution. The discharges are received on carbolised tow laid on the napkins, whilst these in their turn lie flat on the bed beneath the genitals, and are not, as is usually the case, turned up over the patient's abdomen. This plan ensures a freer exposure to the air, and a consequent more rapid dessication of the discharges. The parts are frequently wiped with dry tow, but vaginal injections are never employed, unless the discharges become offensive. The temperature is carefully recorded night and morning.

If we now turn to the Belfast Lying in Hospital, we find that here the prophylaxis resolves itself into one very simple measure. That the results have been satisfactory is shown by the fact that not only was there no death among the 219 patients confined in it last year, but that during the last five years with an annual average of over 200 cases of labour, only two maternal deaths have occurred, or 1 in 500. As I have already said, the prophylactic measures are extremely simple. The only beds in use are common straw ones. The seam in the ticking runs up the middle of the bed, and on the upper side the seam is left open the length of the middle third. There is thus a large hole here where the straw is visible. This hole is useful in "making" the bed, as the hand can be put in to stir up the straw and make it soft and downy; but the principal object of it is that all the straw can be removed immediately it becomes soiled, and fresh clean straw introduced in its place. By this means no discharges remain too near the person of the lying-in woman. The beds themselves are changed frequently. Having visited this hospital recently, I may say that the wards did not look particularly bright nor fresh; the air in them was decidedly stuffy. On inquiry, I learned that carbolic acid was rarely used—I suppose because it was rarely required.

These two—the lying in wards of the Liverpool workhouse and the Belfast Lying-in Hospital—are two remarkable exceptions to the rule that wherever labour cases are aggregated there will be found a high maternal death-rate; they can in no way be looked upon as apologies for lying-in hospitals in general.

In conclusion, then, I think I have shown (1) that

in out-door maternity charities in the United Kingdom, certainly in England, the maternal mortality since the year 1875 has been very low, much lower than has been generally supposed; (2) That the maternal mortality in lying-in hospitals, on the contrary, has been high during the same period; and (3) That the difference between the two death-rates has not been due altogether or even mainly to any difference in the classes of cases treated—*e.g.*, unequal distribution of primiparae, difficult cases, &c.—but that it has been caused in some way or other by "hospitalism" or "aggregation."

If these conclusions are correct, it then behoves physicians to lying-in hospitals to find out the causes of the high death-rates, and apply the remedy in such a way that the death rates shall be reduced to the level met with in such out-door institutions as the Royal Maternity Charity, the Birmingham Charity, or the Manchester St. Mary's Hospital Maternity. If this is found to be impossible, there will then be but one course to adopt. If, on the other hand, it is found to be practicable, I venture to predict that the successful issue will be arrived at rather on lines suggested by the results of Liverpool and Belfast than by wholesale vaginal injections of carbolic solutions or delivery under the spray!

I wish to render my best thanks to all those officials of the charities mentioned in this paper who have kindly forwarded reports or otherwise supplied me with information.

Clinical Records.

RETENTION OF PLACENTA FOR FOURTEEN WEEKS AFTER ABORTION.

By J. E. BURTON, L.R.C.P. Lond.,
Obstetric Physician, Lying-in Hospital, Liverpool.

On the 21st of June last I was requested to visit Mrs. G., who was said to be very ill from protracted and copious flooding. On my arrival I learned that about the 4th of March, being then 4½ months pregnant, a discharge came on, which culminated about one week later in flooding and the expulsion of a foetus that moved. The flooding was so alarming that the medical attendant ("a homeopath") was called in, who examined the cast-off ovum, but as to his utterances thereupon I know nothing. The hæmorrhage subsided, but not completely—in fact, it never completely ceased till I saw her. It was at times very free, especially at the menstrual periods, and on several occasions, but not constantly, purulent and offensive. From a friend of the patient's I learned some more interesting (?) particulars. It appears that the lady was very averse from having a family, and during the course of a previous pregnancy had tasked her ingenuity to bring on a miscarriage. It seemed likely to her that violent movements and concussions might have the desired effect, and in order to test the soundness of her views she engaged in dancing and jumping exercises, jumping from chairs, &c., in her fond endeavours to rid herself of her plague. Finding these efforts unavailing, she went further, and finally got on the top of a chest of drawers and jumped down. But all was in vain; she could not dislodge the offender by these means, and she went her full term, and at last was delivered of what is now a beautiful boy, who rejoices in a poetic name. Towards the end of last year menstruation ceased, and for four months all her efforts to procure abortion were in vain. She, however, had that inestimable treasure—a female friend, to whom she confided her troubles and breathed her longings. "A friend in need is a friend indeed." (A quotation). This friend was the wife, or rather "grass widow," of a medical man, her husband living apart from her abroad. Acting on the instructions of her adviser, Mrs. G. now procured a long crochet needle and passed it up the vagina (this is her story—my own belief is that the "friend" did it), and some discharge came away. A day or two after the "lady friend" again called, and, being of a pious and heavenly-minded disposition, she devoutly knelt down by the patient's bedside and offered up "a most beautiful prayer" for her recovery. As has been already stated, one month after the "operation" the foetus

came away alive, but with its back "all mortified." The mother mentioned this little circumstance of the back of the victim being mortified quite complacently, and as being rather curious, but apparently without the slightest consciousness that in doing as she did she herself had been guilty of infanticide. But to return to the case. The hemorrhage had been so alarming that a neighbouring medical man had been already called in temporarily, who had checked the excessive flow. On examination I found an enlarged uterus, with a patulous os, and high up I could distinguish a spongy substance, having the feel of what is generally called a "mole." Not being able to remove it at the moment, I plugged the cervix with iodized phenol, and gave a subcutaneous injection of ergotine. In the afternoon a friend accompanied me and administered chloroform, when I first detached the intra-uterine growth from its site of adhesion with my forefinger, and then carefully removed it entirely with the ovum forceps. The substance on removal proved to be of the ordinary spongy trabecular structure. Had it been met with without a history of a fetus, or had the fetus died so early that it had become so nearly dissolved in its own liquor amnii as to have escaped unnoticed, most likely it would have been christened "molar" pregnancy. The case presented nothing further of interest.

Special.

BRITISH DENTAL ASSOCIATION.

THE second annual meeting of this Association has just been brought to a successful conclusion at Liverpool, after a two days' meeting, Friday and Saturday, August 25th and 26th. The Association, as many of our readers are aware, was established on the model of the British Medical Association, and with the object of watching over and promoting the working of the Dentists' Act. Although only two years old, the Association already numbers upwards of five hundred members, including the great majority of dental licentiates and surgeons practising dentistry. The meetings were held in the rooms of the Liverpool Medical Institution, which were kindly lent by the Council for the purpose. A large number of members were present, including most of the leading practitioners. In the absence of Mr. J. Tomes, F.R.S., President, owing to the illness of a relative, the chair was taken at the opening of the meeting by Mr. T. Underwood, Vice-President. Mr. Champion, M.R.C.S., of Manchester, the President-elect, was duly installed in the chair. The annual report, as well as the valedictory address of the retiring President, contained a vigorous protest against the conduct of the General Medical Council. It was pointed out that the Dentists' Act clearly indicated that the duty of the Council was to expurgate the Dentists' Register, and to strike off the names of the 400 totally unqualified practitioners who, in consequence of the lax administration of the Act, had been allowed falsely to register themselves. The Association had furnished the Council with the highest legal opinions to the effect that the names were illegally registered, and that it was the duty of the Council to erase them; but the Council had chosen to entirely renounce the judicial powers conferred upon it by the Act, and had refused even to consider further the correction of the Dentists' Register. A resolution expressing the regret of the Association at the attitude of the Council was carried. This business of the Association being concluded, and Mr. Spence Bate, F.R.S., having been elected President for next year, the scientific work was begun. Addresses were delivered by Mr. Charles Tomes, M.A., F.R.S., on Some of the Scientific Problems of Dental Surgery; by Mr. Henry Sewill, M.R.C.S., L.D.S., on the Etiology and Pathology of Dental Diseases; and by Mr. Norman Macleod, on Mechanical Dentistry. Other papers

were contributed by Mr. Coleman, F.R.C.S., Mr. F. Canton, M.R.C.S., and Mr. Oakley Coles, L.D.S.

On the evening of Friday the members dined together. Among the guests were the Mayor of the city and the principal local medical men, besides several of the leading practitioners from Manchester.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TREATMENT OF DIABETES BY BROMIDE OF POTASSIUM.—

Before the meeting of the Académie de Médecine a member read a paper on the treatment of diabetes by bromide of potassium. For the last six years the author has made this disease the object of his researches, and during that period he treated fifteen cases. He ignored entirely the classic *régime* of gluten bread, &c., being of the opinion that the disease consisted, not in the presence of sugar in the urine, but in the disorder of the organism, which produced the sugar in excess. Having had a patient who was diabetic, but who consulted him for certain nervous affections, he observed that under the influence of the bromide of potassium, of which he prescribed a drachm a day, the former disease yielded. This case gave him the idea to make experiments on rabbits, in which he produced artificially diabetes in touching the floor of the fourth ventricle, according to the method of Claude Bernard. Four grains of the drug injected into the veins caused the sugar to disappear in each case. Consequently, ever since the author has entirely adopted this drug in the treatment of the disease in question and always with good results. The author further insisted on the necessity of employing muscular exercise of every kind. The use of alkalies, and of iron, arsenic, quinine, according to their several indications, form part of the general treatment. There is one point worthy of remark in the above communication, and that is the complete disregard as to *régime*, which must be beneficial to the patient, in that he is relieved from the irksomeness of observing a certain imposed diet, which soon disgusts him, and what is more grave, keeps him continually dwelling on the affection from which he suffers, a fact which often leads to another malady, which, though less formidable, is not without producing a deleterious effect on the constitution, already weakened by the primitive disease, hypochondria. If further researches verify the efficacy of the observations of the learned author, the treatment of this grave affection will have made a *pas en avant*.

ABSCESS OF THE BRAIN.—Trepanning is an operation to-day almost entirely disregarded amongst French surgeons as being dangerous, and giving but rarely satisfactory results. However, M. Polaillon, at the last meeting of the Société de Chirurgie, related the case of a man on whom he practised the operation for an abscess of the brain. A man entered La Pitié on the 18th April last, aged 40, ill for a fortnight previously, and suffering from an intense nocturnal headache with parietal tumefaction. A medical practitioner saw the man before his entry into hospital, and diagnosed a meningoenkephalitis. The pulse was 40, and the pupils dilated. The surgeon opened a purulent collection situated over the fronto-parietal suture on the right side. The bone was denuded, and the probe penetrated through a small opening in the skull an inch and a quarter. On entering, the patient was in a position closely allied to stupor, the answers to questions were slowly given but precise, the memory was weakened, and there was hemiplegia of the face and members of the left side; sensibility was obtuse, but persistent. Swelling was still observed

over the suture already mentioned, and the patient was able to state that some days previously he received a blow in that region. Two days afterwards the position of the patient aggravated, symptoms of compression were evident, and coma threatening. M. Polaillon applied the trepan, which gave exit to about three ounces of pus; two days afterwards the trepan was applied a second time, giving issue to two ounces of a very thick matter; the probe penetrated an inch and a half into the cerebral substance. A drainage tube was placed, and the wound was continually washed with a solution of phenic acid. Two or three days afterwards the family of the patient came and took him away. He died on the 5th May, or ten days after the operation. The autopsy was not permitted.

HYSTERIA.—For some days past the daily journals have been full of a singular case of hysteria that is now the object of attention in the hospital Beaujon. It appears that one night the police found a young girl, aged 20, in an insensible state, lying on one of the seats of the boulevards. Not receiving any answer to the many questions asked, they brought her to the station, where she was examined by the police surgeon, who ordered her removal to the hospital. For several days after her entry she lay in a sort of stupor, taking no nourishment, and seemingly insensible to everything around her. A curious part of the affair is that she was *enceinte*, and before waking out of her lethargy, she gave birth, unconsciously, as she afterwards affirmed, to the child. Many medical men came to see her, and thinking that she was imposing, spoke in her hearing of police, &c., but she did not flinch; pins and needles were passed through her arms and legs, but she gave no sign of sensation. After repeated attempts to make her speak the charm was at last broken, when she answered the questions rationally, but soon got tired and relapsed into complete mutism. She said she did not remember anything of what happened, and was surprised to find herself in an hospital, as she was alone in Paris, her parents residing in the country. Accordingly, her parents were telegraphed for, and she will be given over to their care. The medical report on the peculiarities of the case has not yet been issued, but to the disappointment of some who thought that it was a miracle divinely given to the pagan city and to others who expected to have another edition of the "fasting girl" the verdict will not fail to be hysteria.

TREATMENT OF CHOREA.—Dr. Bouchut's treatment *par excellence* of chorea consists in the administration of hydrate of chloral in large hypnotic doses, even for children. He orders for a child of six years thirty grains in *one dose*, the dose to be repeated every day and increased if necessary to forty or even sixty grains. The effect of this dose is six or eight hours' profound sleep, during which the child does not stir. After a couple of days the disease abates, and in about a fortnight the cure is obtained.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Bombay 20, Madras 29; Paris 25; Geneva 13; Brussels 25; Amsterdam 19; Rotterdam 22, The Hague 22; Copenhagen 28; Stockholm 28; Christiania 32; St. Petersburg 44; Berlin 37; Hamburg 26; Dresden 31, Breslau 32, Munich 28, Vienna 21, Prague 24, Budapesth, 35, Trieste 37, Rome 25, Turin 23, Venice 30, New York 46, Brooklyn 37, Philadelphia 31, and Baltimore 30.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 6d. Post free, 5d.

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IF PAID IN ADVANCE 1 1 0

* Post-office Orders and Cheques to be drawn in favour of—

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 30, 1882.

UNCERTIFIED CRIME.

THE large amount of consideration that is being given to the question of unqualified practice and the many evils that arise out of it, is gradually bringing to the front opinions which, though they may have been for a long time generally held, have never received such attention as is at the present moment accorded to them on every side. It is a remarkable fact, too, that in the discussion just now going on, conclusions apparently the same are arrived at along very different paths; and in illustration of this, no more remarkable instance has been afforded than is contained in comparison of the utterances, almost simultaneous, of two officials, the one coroner for the city of Manchester, the other holding a similar position in the borough of Leeds.

Mr. Edward Herford, city coroner for Manchester, recently addressed a letter to the President of the Poor-law Board in which he requests that gentleman to express his opinion to the Registrar General on the duty of avoiding "such encouragement to murder," as is offered by the acceptance of certificates of death granted by medical men in cases of which they can really know nothing, "where they have not even viewed the body after death, or where they have seen the deceased perhaps only for a few moments *in extremis*, and where they have every reason to believe the death has or may have been caused by violent or not natural causes." Mr. Herford

further goes on to state that "these medical certificates are too often acted on by the registrar, and thereby the legal investigation avoided, and thus impunity and encouragement given to secret murder."

According to Mr. Malcolm, the Leeds borough coroner, also, there is "a great amount of undiscovered crime in Leeds," but unlike Mr. Herford, he draws the conclusion that the circumstances which encourage it lead also to the holding of a large number of *unnecessary* inquests. In 1881 he himself passed no fewer than 189 deaths which had not been certified by medical men, and in the first part of 1882 he had passed in the same way 88 such cases. "*If certificates in such cases were given the jury would not have to be summoned, nor the expense incurred.*"

Here we have two highly responsible public servants commenting on the same acknowledged abuse, but in an exactly opposite manner; the one contending that inquests are held too unfrequently, the other that they are too numerous; both, however, agree in assuming that crime is encouraged by the custom which leads to an offence or to a desirable consummation, according to the point of view from which each regards it. It is perhaps something in the way of explanation to know that neither of the coroners referred to is a member of the medical profession, so that it would be unfair to expect them to appreciate the full importance of the facts on which they dwell. Mr. Malcolm, indeed, hurls well-merited censure on the employment of unqualified assistants, and rightly insists that "if people would only employ qualified medical men, and pay cash for their services, such cases would not arise, because a proper certificate of death would always be forthcoming." But then this proceeding on the part of the people is just that which it would be unreasonable to expect so long as the universal authority on all matters medical, the General Council, regards the sins of unqualified practitioners and those who abet them, with the vicious leniency it so persistently exhibits; and it will be vain for any voice to raise itself in condemnation of the grievous injury done to the public and the profession by quacks and pretenders of all descriptions, so long as the Council pursues its present course of masterly inactivity.

The question now to be considered, however, is of too great importance to be relegated to other hands than those of the profession as a whole; and in one way or other it must receive the attention it demands, and be settled on a basis that shall rescue it from the palsied grasp of incompetent legislators. When two independent officials feel urged to speak on a subject they are fully capable to register an opinion upon, in terms so decisive as those ascribed to the coroners of Leeds and Manchester, we need no further testimony to the vital interests involved in its complete discussion. Unless they had ample reason to feel convinced of the truth of their suspicions, they would not, we may be assured, have ventured on the plan they have adopted to give them publicity; and it becomes a matter of more than local importance to sift the evidence on which these convictions are founded, and to adopt defensive measures against the spread of an evil which threatens the foundations of civilised life. Unfortunately, the subject is surrounded with other complications than those already mentioned. The holding of

inquests is a delicate matter in those places where, as happens in most non-metropolitan districts, the emoluments of coroners are dependent on the number of inquiries over which they preside; and in connection with this aspect of it will have to be considered the protests raised by independent witnesses against needless investigations ordered with a view to the distribution of fees. We cannot now discuss this side of the question, although there is at this moment before us a communication which refers directly to it; what presses at once for solution is the problem how far crime is cloaked and assisted by the method of granting and withholding certificates of death adopted in this country. It will be noticed that Mr. Herford regards the *giving* of certificates as the *fons et origo mali*, while Mr. Malcolm ascribes the same influence to their being *withheld*. The former asserts that medical men grant a certificate in cases concerning which they can have no reliable information to guide their diagnosis; the latter, that because doubtful deaths are not certified, because they have not occurred subsequently to attendance by a duly qualified medical practitioner, that therefore they are of necessity passed by the registrar in spite of being often most unsatisfactorily accounted for. Different, therefore, as the premises of the two coroners are, the conclusion to which they point is the same, viz., that every person who is ill *ought* to be attended by a registered practitioner throughout the duration of illness, and, when death occurs, that it should be formally and conscientiously certified by such practitioner. No one can deny the desirability of such a happy realisation of idealists' dreams, but who can foresee it unless a much more vigorous and able body of guardians is entrusted with the care of medico-legal affairs than has ever yet assumed their control? Whether or not we harbour the gloomy presentiment of ill—and that we must do so is hardly possible to deny—there are still innumerable abuses that call for remedy under any scheme of reform devised for the protection of the public and the better ordering of the medical profession. If crimes are committed, and pass undetected solely because of deficiencies in the mode of registering deaths, it is surely a duty of the Government to assist all earnest endeavours to abate the evil; and though we might be disposed to wish for a closer agreement between the arguments adopted in proof of the charge brought by the two gentlemen who have most recently re-introduced it, we cannot fail to be grateful to them for adding force, by whatever means, to what we have been consistently urging for years. We have shown that the ultimate end is the same, and we cordially wish success to the endeavour now made to bring it more nearly to hand.

THE SCOTCH LICENSING AND IRISH GRINDING TRADES.

THE Report of the evidence given before the Royal Commission on the Medical Acts which has just been issued contains an immense fund of interesting and valuable information upon subjects which are of supreme interest to the profession, but none of the witnesses whose testimony is printed in the report were able to

offer to the Commission evidence so valuable to the cause of medico-educational reform in Ireland as Dr. William Stoker, of Dublin. Dr. Stoker was invited to appear before the Commission as *facile princeps*, the witness who knew best how to dodge an ignorant or idle student through the portals of the profession and to circumvent the efforts of the medico-educational purists who are exercising their ingenuity to keep such persons out of medical practice.

Scores of such *ignorami* have been thus licensed to practise on the unhappy public, and, though it is somewhat late for the discovery, the light thrown upon the Scotch diploma trade and the medical licences of the Irish Apothecaries' Hall is at this juncture invaluable. The courage which Dr. Stoker has shown in coming forward to make a clean breast of these matters and in defying the resultant unpopularity deserves our best thanks and unqualified admiration, and we are glad to have the opportunity of corroborating to the fullest extent every word of those portions of his evidence of which we have any means of judging. In fact, the accuracy of Dr. Stoker's statements is notorious in Ireland, and the only regret we feel in connection with their being made public arises from the fact that Dr. Stoker was not questioned respecting the open sale in Dublin for the last twenty years of certificates of "diligent" attendance on lectures and hospital to students being employed all day long in other business, had never entered the lecture-room or hospital during any moment of the period for which the certificate of "diligent" attendance was granted. The following is as full an abstract of Dr. Stoker's evidence as our space permits us to give:—

Dr. WILLIAM STOKER, of Dublin, examined.

How many pupils have you prepared during last year, 1880?—I can only say that I have prepared over 184. I have 184 names on my book.

Could you from your notes give us any idea of the number that you have prepared for the different examinations in the United Kingdom?—I have taken down a note of 56 that I have prepared for the Royal College of Surgeons in Ireland, 48 for the Queen's University, 32 for the King and Queen's College of Physicians in Ireland, 26 for the Scottish licences, 13 for the Royal College of Surgeons, England, about 5 for the London University, 3 for the London College of Physicians, and I think about 9 for the Apothecaries' Hall in Dublin; and many of those would be repetitions of the names of the 26 prepared for the Scottish licences. I would take them for the Scottish licence, and might send them for the half of the Apothecaries' Hall examination in Dublin.

Why do you send them for the first half to the Apothecaries' Hall in Dublin and the second to the license in Scotland?—For two reasons, expense and easiness of the examination.

Do you think that it is the cheapest and easiest mode of getting a person on the Register for him to go to the Apothecaries' Hall in Ireland for the previous examination, and to pass him for the second part in Scotland?—Easiest, yes; cheapest, no.

Why not the cheapest?—The Queen's University would be cheaper; but it is much cheaper for the Irish student to take the half of the Apothecaries' Hall than it is for him to go over to Edinburgh or Glasgow.

Will you explain what you mean by "facility"?—Easiness of the examination.

A less degree of knowledge, in fact?—Yes. There are two factors in it. The simple one is that the examination is much easier; and the second factor is that a man can utilise his knowledge doubly. The subject considered most important in the examination of the Apothecaries' Hall is *materia medica*. This is there a part of the First Half. In Edinburgh, on the other hand, it forms part of the Final

examination. If, then, a candidate know *materia medica* well, it serves him doubly, balancing weakness in the scientific subjects in Dublin, and in the practical subjects in Edinburgh. I mean the licences of the Scottish corporations as contrasted with the degrees.

Do you think that there is a very marked inequality amongst the various examinations which admit young men to the Medical Register?—A very marked inequality indeed.

You, as a private teacher, make it the study of your life, I presume, to get your pupils through those examinations?—I do. It is my one aim.

What fee would you charge for putting a young man into the London University?—Thirty guineas.

What would be the cheapest rate at which you could prepare a pupil to pass one of the inferior examinations to get his name upon the Register?—Ten guineas. It would be more profitable to pass men for the easier examinations at ten guineas than London University at thirty. I consider the London University examination to be the most difficult, and I think that the Apothecaries' Hall of Dublin is the easiest.

Does the cost very greatly differ?—It does; the cost varies considerably.

Will you give the Commission some information upon that subject?—The cost divides itself into the cost of the diploma fee and the cost of certificates. The diploma fee varies between 16s. and £28. The cost of certificates varies from £45 to £150. By certificates I mean the certificates of attendance on lectures and clinical instruction at hospitals required from candidates by all licensing bodies prior to their admission to examination. This variation in cost results in part from the great differences in curriculum among our licensing bodies, but also from the difference in cost of the same certificate at different schools.

What curriculum would be covered by £45?—That of the Queen's University of Ireland, if taken out at Belfast, Cork, or Galway, would cost about that sum. If the same curriculum were taken out in Dublin it would cost at least twice as much. The Chairs at the Queen's Colleges being endowed by the State, permits of the certificates being issued at much lower fees than is possible in Dublin.

Can you give me any instance of an examination in anatomy which is very cheap, and which is inefficient on account of the attempt to make it cheap by not having a fee to pay for subjects?—I do not think it possible for the Apothecaries' Hall of Dublin to examine men for sixteen shillings.

Is there much variation in the time required by the various licensing bodies in order to obtain degrees?—Very great variation. Some licences are obtainable in a minimum time of two years and five months. In some the Medical Council's suggestions of four years is, I believe, rigidly carried out. The ideal time in most of them is four years. I say "ideal" because in some cases the modes recognised as the commencement of medical work, are so numerous and elastic under slight strain as to be practically valueless.

Would you yourself personally think it a good thing for medical education that that suggestion of the Medical Council with respect to the four years should be carried out?—In some respects, yes, subject to the proviso that means were taken to secure the candidate working for the greater portion of that four years.

You have made it the business of your life—I may say for a good many years—to study the difficulty and the variation of the degrees of difficulty?—His contract with his pupil is to teach him just so much above the standard of the examination he is required to pass as may obviate the possible ill-effects of chance.

If an examiner is a good long time on a Court of Examiners, you make a study of his questions?—I do; and a very close study.

Are there any examiners on the various boards for which you prepare your men nearly all of whose questions you know?—There is one examiner, I think, all of whose questions I know.

You make it a study to try and find out as many of their questions as you can?—I do; that is the great object of my life.

Will you tell us how you set about it?—I closely watch the whole business. I have two things to find out, first the questions and next the answers. As regards the questions I examine the man's previous papers very closely. I

exclude the questions which have recently been asked by this gentleman. I very carefully consider the questions which he has asked for a considerable interval.

You adopt the negative and positive mode in fact of ascertaining the information?—Yes, I could give you cases both ways. You asked me did I know of any case of rapid repetition; and I may say that there is one respected gentleman who happens to be alive, I am glad to say, and his number of questions is something under 50. The students all say 40, but that is not accurate. He repeats those 50 questions; that is to say, he takes a section of those 50 questions from time to time; he does not repeat the previous paper.

Are those written questions or are they generally oral?—I think they include the whole of this gentleman's questions. The written questions are used for *viva voce* at the next examination, and *vice versa*. Examiners have an enormous inclination toward that. If I hear that a man has given *viva voce* at any given place, that *viva voce* is very carefully considered for his next paper. I am pretty sure that in his subsequent examination he starts with a few fresh subjects, and then when he is tired, towards the end of the day, he will have got over his first selection, and he will think of what he will ask, and the probability is that he will drop on to the last examination paper because he has considered it deeply and has brooded over the answers.

Will you now tell us the negative method by which you arrive at it?—The negative is by no means equally applicable. There is one gentleman, an examiner, whose examinations have extended, I think, over 16 years. I have a *précis* of 14 years of his examinations, and the total of his repetitions is under a dozen. I speak in this case of printed papers.

Therefore you exclude those subjects with him?—Yes, certainly, I am perfectly safe in doing so.

Do you yourself personally approve of the professors themselves examining their own pupils, and how do you deal in those cases?—I do not approve of the professors examining their own pupils; such an examination is never a fair one. The members of a professor's class have exceptional opportunities of calculating the questions which are most probable, they further have opportunities of learning the answers which are most probable, they further have opportunities of learning the answers which this professor requires.

What do you think the principal effect of visitation by the Medical Council has been upon your own pupils?—The rejection rate has been much higher at that examination at which the visitation took place.

Has it continued, do you think, to exercise the same influence?—It has not. The next examination was unaltered. The rejection rate is very much higher at the visited examination, and the students all believe the sole reason for that is the increased difficulty in the examination. So much is that true, that a number of men withdrew when even the rumour of a Medical Council visitation reaches the place. If it were known in sufficient time beforehand that such visitation would take place, the class presenting themselves would be enormously reduced.

The visitation, therefore, seems to make the element of chance enter more largely into the examination?—It would be a temporary element of disturbance. I may add that the nervous excitement of the candidate bears a part in this result, they think they will be slaughtered. I am perfectly satisfied that the examiners are not themselves conscious of any change in the mode of examination.

Of your own pupils educated in Ireland do many of them go to Scotland to pass?—Yes, a fair number do.

Do many of them go to Scotland after having been rejected in Ireland?—Yes.

From what body?—From the Queen's University.

Where do they go to?—To Edinburgh.

Do they prefer Edinburgh or Glasgow?—Edinburgh.

Of your own pupils do a large majority of those rejected at the Queen's University go to Edinburgh to pass?—All who do not remain to re-present themselves for examination at the Queen's University.

They do not as a rule try any of the corporations in Ireland?—No, they could not do so.

Why is it that young gentlemen rejected at the Queen's University do not present themselves to our College of Surgeons or to our College of Physicians?—They have not the necessary certificates to do so.

The curriculum of the Queen's University suits them in fact for Edinburgh, but would not suit them for Dublin?—Yes, that is so. The previous examination of the Queen's University is one of those accepted by Edinburgh in lieu of their own previous examination; but the College of Surgeons of Ireland will not accept any previous examination in lieu of their own. Thus a disappointed Queen's University candidate, disappointed either through having presented himself and being rejected, or disappointed from being informed that he has no chance of passing, goes to Edinburgh, where he simply has to pass the final examination of the corporations, he having already passed the previous examination at the Queen's University.

You are aware, are you not, that some corporations require that the candidate before presenting himself shall sign an engagement that he has not been rejected at any place else for three months before?—I am.

Can you tell the Commission how that regulation is evaded?—A candidate, dreading the result of the examination to which he has presented himself, or to which he is about to present himself, would send in an application to the other licensing body to be admitted to examination. He says, "I am in for one examination; I am afraid I shall be rejected, and I now send in an application to another licensing body, which may make this restriction, and I state that I have not been rejected for the past three months by any licensing body."

Do you know of your own personal knowledge of that having occurred?—Yes, clearly.

Is it your experience that by certain portals men pass on to the Register with very imperfect qualifications?—It is my belief.

May I ask if in Dublin it is the practice of the students before presenting themselves for examination to go to yourself, or to some other gentleman acting as you do as a private teacher?—All, save the poorest of them do.

Take the College of Surgeons of Ireland, for instance, would any student present himself without going to a private coach?—Yes, but very few. I would say about one in six or eight.

With regard to the system of candidates passing say the early examination at one board, and then going to a second board for the final examination, do you think that that system is one which leads to much abuse?—I do.

So that a candidate may appear with the diploma of a particular body when he has not gone through the whole series of examinations of that body?—Yes, and he frequently does so.

You look upon a system of that kind as not a good system?—It is open to abuse, but it is a very convenient system.

Are we to understand that one great reason of university students going to Scotland is because the curriculum of the Scottish corporations closely approximates to that of the Queen's Colleges?—Yes.

And that therefore a course of study pursued in the Queen's Colleges fits a man for examination at the Scottish corporations when it does not fit him for examination before the Irish College of Surgeons?—Yes.

And do you look upon this then as one great reason why a number of young men educated in Ireland do go to Scotland?—I hold it to be the reason that disappointed Queen's University candidates go to Scotland. Irish candidates who go to Scotland mainly are made up—First of Belfast students; with them the qualification of the Scottish corporations is often a primary choice. The communications between Belfast and Edinburgh are at least as close as those between Belfast and Dublin. It is easy for a Belfast man, and it costs him less to go and live in Edinburgh for a sufficient time for examination than to come up to Dublin and live there; so that an Edinburgh qualification may be regarded as a home qualification. The second class would be the rejected Queen's University candidates. The third, Queen's University aspirants who are advised not to present themselves for examination. These two last classes go to Edinburgh as a secondary choice. They go because their certificates will not admit them to examination elsewhere. The fourth class are poor Dublin students who cannot afford the extra cost of the Royal College of Surgeons, the certificates required by Edinburgh being much less costly than those required by Dublin.

You have referred to the visitation of examinations by visitors appointed by the General Medical Council, have you any reason to think that the standard of examination has on

the whole been improved by that system of visitation?—I do not know of its being influenced by it permanently.

Excepting at the particular examination at which the visitors happen to be present?—Yes. I believe there is an increased difficulty in the examination at the time of that particular examination. I further believe that that increased difficulty is not so great as the students universally believe it to be.

That is to say the examiners do not purposely make an examination which is being visited more difficult than an ordinary examination.—No, they do not.

THE ASPECT OF PHARMACY.

If for nothing more than the address delivered before it by the President of the year, the nineteenth annual meeting of the Pharmaceutical Conference, held last week at Southampton, must rank high in importance. We were entitled to expect that Professor Attfield would acquit himself in this capacity in a way to ensure attention to the suggestions contained in his address; and now, with it before us, we can confidently congratulate him and the members of the Pharmaceutical Conference on the excellent advice reflected in the Presidential speech. To medical men it is interesting, not only on account of its dealing with a subject intimately allied to the practice of medicine, but also because of the necessary warnings it contains respecting the injurious custom of amateur doctoring fostered by irresponsible trading in secret remedies. Nor is it only "patent" medicines that are thus distributed wholesale to the public, for in numerous instances the vending of drugs is undertaken by persons who cannot by any possibility claim to rank as druggists. Injury is done in this direction, of a two fold kind; firstly through the ignorance of retailers, who cannot, without special education, be judges of the goods they sell; and secondly, by establishing risks of accidental or intentional mischief arising out of administration, by unskilled hands, of poisonous substances thus indiscriminately sold.

The remedy for existing irregularities is unquestionably the one Professor Attfield proposes, and consists in limiting the distribution of drugs to druggists, such druggists being compounders as well as distributors of the drugs with which they deal. And this desirable change will, he concludes, be brought about internally by education, externally by legislation.

Another most salutary improvement foreseen by Prof. Attfield, and as earnestly anticipated by every reformer in the medical profession, is the substitution of open recommendation of simple remedies by pharmacists for the secret preparations which now rule paramount with so large a section of the general public. It is assumed, also, that such simple remedies will be compounded by pharmacists who are themselves manufacturers of the components, and thus able to guarantee their trustworthiness, a proceeding that has been all but banished through the influence exerted by certain "wholesale manufacturing druggists." It is satisfactory to find, however, that Prof. Attfield has been careful to impress on his hearers the necessity for disabusing themselves of the notion that they are to assume the proper functions of the medical adviser, though from the earlier part of his advice this might have presented

itself to them. He insists that improved pharmaceutical education will suffice for the changes he hopes to see inaugurated, and that only. "Let there be no pretence," he continues, "of professional medical treatment mixed up with pharmacy. Let the druggist's recommendation of simple remedies be founded on that knowledge and experience which comes of much pharmaceutical familiarity with remedies, and on that common sense and perception in all that pertains to drugs with which a properly and specially educated pharmacist may be credited." We need not say how cordially we endorse this admirable recommendation; but, much as we may wish to see it adopted, it is not, in our opinion, a wholly certain consequence.

We cannot go over the whole of the ground covered by Prof. Attfield's address. In turn he discussed the collection, preparation, and distribution of drugs; and as well as exposing existing defects, laid down well-considered and excellent suggestions for future amendment. It is not too much to hope, perhaps, that, coming from a source so authoritative and influential, the proposals contained in the address may become something more productive than paper propositions.

Notes on Current Topics.

The Electric Light at the Post Office.

THE vast advantages of the electric light over gas in rooms where large numbers of people are employed at work were incontestably demonstrated last week at the General Post Office, St. Martin's-le-Grand. In the top room of the telegraph department, that large block of buildings on the western side, about 1,200 persons are engaged, the whole of the upper floor being apportioned to them. For a long time the authorities have had in view the desirability of replacing the gas lights by which this important department has been illuminated, with electricity; and at last the improvement has been carried into effect, with most manifest addition to the comfort of the *employees*. The system of lighting adopted is Edison's, and the power is supplied from the offices of the Edison Electric Lighting Co., on Holborn Viaduct, distant from the post office over one-third of a mile. This is a greater length than the light has yet been carried from any one point, and the success attending the experiment has been most gratifying. The large room is supplied with fifty-nine of the lamps familiar to every passenger by night along the Holborn Viaduct, and the marked change in the atmosphere of the apartment since the substitution of them for the gas burners in use up to the present adds very materially to the comfort, as it most undoubtedly must tend to preserve the health, of those who work under it. The light, moreover, is eminently fitted for the purpose of enabling the work done in the room to be effectually carried out, being evenly distributed over the tables, without shadow; and in every way it is a marked improvement.

THE Russian physician, Dr. Yavorski, who was in attendance on the late Ameer Shere Ali, will shortly publish an account of his journey in Central Asia.

The Fever Epidemic at Acorington.

IN consequence of an outbreak of scarlet fever in Acorington, extensive measures have been adopted with a view to checking its spread within the township, the chief of these being compulsory closing of all the schools. This was first ordered to be done about four weeks ago; but, in spite of the precautions thus taken, it was announced at a largely-attended meeting of school managers, held on Friday evening last, that during the week there had been five deaths from scarlet fever and thirty-eight new cases. These figures, unfortunately, exhibit a considerable increase on those for the week preceding, but the type of fever is described as being generally milder than was the case a fortnight since. In view of all the circumstances, however, a decision was arrived at not only to continue to keep the day schools closed, but to apply the same measure to Sunday schools also. This proceeding will commend itself to the thoughtful, and will, it is to be hoped, result in complete banishment of the dreaded disease from the town.

Professor Pasteur's Researches.

A SUM of 50,000 francs has been placed at the disposal of M. Pasteur by the French Minister of Agriculture, with the full approval of the Budget Committee. The money is designed to assist the researches M. Pasteur is conducting on the causes and nature of contagious diseases among animals, and is the third sum granted to him for this purpose. A similar amount was voted in 1880, and 40,000 francs in 1881. The French mind, it would appear, is capable of appreciating the importance of scientific work of this kind, and of encouraging its continuation.

Vaccination Opponents.

AN inquiry has for some days recently been in progress at Norwich on behalf of the Local Government Board respecting the alleged deaths of children through vaccination. Among those who were called in evidence on Friday last was a Mr. Samuel Matthews, described as a "surgeon accoucheur," and who appeared to have seen, in a professional capacity, some of the deceased children. He had "been consulted by about twenty mothers with regard to children who had been vaccinated. About ten or twelve came from the country, and the others from various parts of Norwich. The children were greatly suffering from erysipelas. He was not an advocate of vaccination." After this intelligence, it is not surprising that the information should have been elicited from him that "his name was not on the Medical Register, and he was not qualified to be placed on it." It might be as well for the population of Norwich, perhaps, that a little further investigation should be made by a competent authority into this gentleman's claims to be entitled "surgeon-accoucheur" or to practice in a capacity he manifestly has no right to fill. We shall refer to the inquiry and its result again when it has been finally completed.

A FUND has been opened at the Mansion House by the Lord Mayor on behalf of the sufferers by the famine prevailing in Iceland. Fodder or provisions may be sent to the depôt of the fund, at 134 Southwark Street, and will be as acceptable as money.

The British Association.

THE British Association held its annual meeting for 1882 last week, at Southampton, under the presidency of Mr. C. W. Siemens, F.R.S. The address delivered by Mr. Siemens dealt chiefly with matters of general engineering interest, and especially with the subject of electrical developments. Among the sectional addresses the most important in a medical sense was undoubtedly that of Dr. Arthur Gamgee, in Section D, Biology. Its title is "The Growth of our Knowledge of the Function of Secretion," and commences with a sketch of the writings of the late Professor F. M. Balfour. Dr. Gamgee presents a complete historical view of the subject, but naturally dwells in greatest detail on the researches inaugurated by Johannes Muller and our own Goodair. The conclusions arrived at at the end of the address are mainly to exalt the importance and dignity of the individual cell, the process of secretion appearing to be the result of the combined work of a large number of such units. "Each, after the manner of an independent organism, uses oxygen, forms CO₂, evolves heat, and derives its nutriment from the medium in which it lives, and performs chemical operations of which the results only are imperfectly known to us, and which depend upon the peculiar endowments of the cell protoplasm, of which the causes are hidden from us."

Fluctuations in the Cost of Irish Workhouse Relief.

DURING the past year there has been in Ireland an increase of £28,463 in "out-door relief," an increase of £1,982 in "salaries and rations of officers," and an increase of £21,149 in "all other expenses," making a total increase of £51,594, from which is to be deducted a decrease of £16,212 in "in-maintenance and clothing," and a decrease of £221 in the cost of relief for "deaf, dumb, and blind," being a total decrease of £16,433, leaving a net increase of £35,161.

The Two Societies for the Abolition of Vivisection

HAVE been having a big flare-up at Willis's Rooms. The annual meeting of these combined associations was assembled in a large room capable of accommodating some 100 persons. The worthy chairman waited some considerable time before opening the proceedings to an annual gathering of sixteen. There were present the Rev. Mr. Grove, Mr. Jesse (the energetic and irrepressible secretary), three men, four women, a little girl, and four members of the Press. A report was read, in which it was stated that the financial position of the two societies was flourishing. Reference was made to the fact of the Royal Commission upon Vivisection, the merit of procuring which was claimed for the older society. What work had been done by the one with the vicious title we are not informed. The Rev. Mr. Grove, after proposing his own re-election as President, and that of Mr. Jesse as Hon. Secretary, proceeded to deliver a few remarks, mainly, we understand, on the *lucus a non lucendo* principle. Mr. Grove condescended to express it as his opinion that vivisection had never been productive of any good.

"Nurses" for Soldiers in War.

WE learn that, profiting by experience in the Transvaal and Zululand, the authorities have selected a very strong staff of nurses for the seat of war. Including a contingent from the National Aid Society, twenty-five of these ladies are now under orders, a portion of whom will, we believe, be drafted to Malta and Cyprus to look after the sick and wounded who will arrive there from Egypt, whilst the rest will proceed to the seat of operations. A few will remain on board the *Carthage*, where, we doubt not, their services will be invaluable. The vast utility of the scheme of the National Aid Society, whereby a staff of nurses maintained at its expense were trained in military hospitals, is now evident, as at least seven of the nurses going out are supplied from that source. But a word of warning appears to be necessary on this head. Sentiment is good, provided only it be limited to matters of sentiment. But if, we take into account the material of which the rank and file of our army is composed, there is no reason whatever to anticipate that in the midst of that material the position of "nurses" will be any more appropriate now than it has proved to be on very many previous occasions. Neither do the utmost roughs and realities of war come at all within the sphere of sentiment. It is not at the seat of military operations that ladies are at all likely to be useful. Gallantry alone prevents us from questioning the advisability of their presence there on any grounds whatever. What really is required under such circumstances is a staff of well trained, *elderly*, and experienced soldier-orderlies, by whatever term designated. But, unfortunately, the short service system militates against this very essential requirement, nor can it be expected that any number of "nurses" will compensate for this important drawback.

Workhouse Relief in Ireland.

IN their lately issued report, the Local Government Board for Ireland state that the number of persons who received relief had been increasing in each successive year since 1877, and reached the maximum in the year ended February, 1881, when the average daily number of persons relieved in the workhouses during the year amounted to 53,796, and the average daily number on out-door relief to 60,883; but the Board is now able to report a change in the other direction, the average daily number of workhouse inmates in the last year, ended February, 1882, having been less by 1,024 than in the previous year, and the average daily number on out-door relief having diminished by 687.

IN the year ending the 31st of March, the excise duty on medicine vendors was net £4,688 15s., in addition to the stamp duty on patent medicines of £144,883 9s. 6d.

THE Editor of the *Irish Medical Directory* will feel greatly obliged if those gentlemen who have not yet returned their corrected statement of qualifications, &c., for insertion in the *Directory* for 1883 will do so at once. He also solicits information as to inaccuracies, either of omission or commission, in last year's issue, as, in consequence of the difficulty of eliciting replies, he finds it almost impossible to eliminate all errors.

The Coffee Tavern Movement.

THE Commissioners of Inland Revenue, in their report on the present year, ending in March, 1882, write of the beer duty:—

"The duty on beer, however, fell short of our estimate. This deficiency appears to have been due to a slight falling off in the consumption of beer. This may be accounted for in several ways, but principally, we think, by the improved habits of the people. This movement has been greatly encouraged and promoted by the erection of coffee-taverns; and when we mention that between thirty and forty limited liability companies for carrying on coffee-taverns have been formed in various places during the past year, and that over one hundred new establishments have been opened in the metropolis, some of them on an extensive and expensive scale, it will be seen that the success of such enterprises must sensibly lessen the consumption of alcoholic drinks. The manufacture of temperance drinks has also been exceedingly brisk; and whether from a prevailing demand for such beverages, or from a love of novelty on the part of the public, an unprecedented number of them has been advertised."

This is a report most encouraging to the philanthropist. We would, however, use the occasion to remind temperance organisers that they cannot reasonably hope to induce the average working man to use non-alcoholic drink unless they provide him with something to drink which will not cost him much more than his beer. Looking at temperance from its practical aspect, we know that in accordance with present custom, the working man *must* "stand a drink" in his turn, and must drink something himself when offered it. To do so is a matter of business, and the artisan cannot afford to be eccentric in such an affair; but he cannot be always imbibing zoedone, or any of the rival "dones" at 5d. a drink; nor can he constantly be swilling coffee; so that he finds it exceedingly difficult to interchange bibulous hospitalities without falling back on the inexpensive beer. We should suppose it possible to produce some wholesome, palatable, and clean-looking liquor at a low price, and we advise temperance reformers to make an effort in this direction. It is bad diplomacy to expect the artisan to be too heroic; and whoever devises the best method of enabling him to appear to drink without really imbibing alcoholic liquor will be the most useful common-sense temperance reformer of his day.

The Health of Irish Workhouse Inmates.

THE Irish Poor-law Commissioners report that, in the year just passed a decrease of 6,604 has taken place in the total number admitted to workhouses in sickness, the decrease in the number suffering from fever and other dangerous diseases having been 1,806, but that there was an increase of 2,934 in the number admitted who were not sick. Deaths by fever were 552, as against 758; by lung disease, 2,317, as against 2,323; and deaths by small-pox 64, as against 97 in last year.

DR. H. SLADE, retired fleet surgeon, R.N., committed suicide at Bodmin by severing some of the arteries in his right thigh.

The Multitude of American Diploma Shops.

THE profession in the "old country" is now intent on perfecting a means of dealing with the abuses arising out of the shop competition of nineteen licensing bodies, and, as a part of the project of law which is to set these abuses right, there is also a proposal that all colonial and foreign diplomas are to be registered and admitted as qualifications to practise in this country under certain restrictions.

We should like to know how this is to be done, or how a satisfactory choice is to be made, considering that the number of licensing bodies in the States is now almost incredible. A report of a committee on medical legislation was read before the Medical Society of Pennsylvania at its last meeting, from which it appears that in the State of Pennsylvania alone 6,492 practitioners are registered, besides 500 licensed practitioners who have not sent in their names. There are also registered within the State 838 practitioners who have no licence. These 7,830 persons hold their qualifications from the following number of licensing bodies:—

From the State of Pennsylvania	...	22
From other American States	...	100
From Europe and other foreign countries	...	50

Total diploma-granting bodies ... 172

The bodies whose licences are recognised by the State of Pennsylvania include eight avowedly homœopathic, three "hygeo-therapeutic," and several eclectic colleges, besides a multitude of unknown bodies. It is proposed, we believe, that the General Medical Council shall investigate the educational and examinational requirements of foreign licensing bodies before admitting their *alumni* to practise in Great Britain? May we inquire how it is proposed to proceed to examine into the title of these 172 licensing bodies in case they apply, as many of them assuredly will?

Poisonous Bullets.

M. GROS, of Paris, with regard to the complaints which were made of the use of poisoned bullets, explains that the construction of the modern breech-loading arms causes the bullet to convey with it a portion of the hydrocyanic acid which the explosion of the powder has caused to be accumulated in the barrel. Even if poisoning to a mortal extent does not take place, it is remarked that the healing of wounds is materially retarded by this circumstance.

Proposed Notification of Infectious Diseases in Switzerland.

THE *Times* informs us that the Swiss Parliament has just rejected a project of law which, unfortunately, included compulsory vaccination, "because of its inquisitorial provisions touching the isolation and treatment of patients suffering from infectious diseases."

THE old Carmichael School of Medicine, which adjoins the House of Industry Hospitals, Dublin, and which has been disused since the opening of the new School in Aungier Street, at the south side of the Liffey, has been sold to the Guardians of the North Dublin Union for £2,500, to be refitted as a Dispensary and Workhouse School.

Kolpokleisis for Vesico-Vaginal Fistula.

DR. R. LOMER, of Leipzig, in a reprint from Langenbeck's *Archives*, Bd. xxvii., 3, reports a series of thirteen cases of urinary fistula met with in the clinic at Heidelberg. Two of these cases operated on terminated unfavourably. In the first of the two, after every method of operation had been tried in vain, that of "Episio-plastik" was tried. This was an attempt to close the vaginal orifice by flaps brought from the thigh. The operation was only a partial success, union not being complete. The second was a case in which there was complete absence of vesico-vaginal septum and part of the urethra. The cure in this case was attempted by kolpokleisis, after the formation of a recto-vaginal fistula upon the sphincter ani. After repeated attempts the closure of the vagina was not only not effected but the urine still dribbled away. But what was worse, feces and wind found their way through into the vagina, so that the artificial fistula had to be closed, and the patient was finally fain to depart unrelieved.

Quackery in Germany.

MANY people think they do these things better in Germany—that there a paternal Government, vigilant and strict, takes the greatest care of the interests of all its subjects, and that it keeps a sharp look-out that quacks and mountebanks do not pursue their unholy calling to the prejudice of the health of such good but weakly-minded Germans as would be inclined to employ them, as well as to the legitimists in medicine. Quackery (*Kurpfuscherei*) is not unknown in Germany. If Dr. C. Kanzow, Regierungs and Medizinal Rath, is to be believed, it actually flourishes after a fashion even in such departments as that of Potsdam, under the shadow as it were of the throne. In his last official report, 1882, "Das öffentliche Gesundheitswesen im Regierungsbezirke Potsdam, 1875-1880," he first falls foul of midwives, who, he says, take too much on themselves at confinements, are guilty of provocatio abortus and drunkenness. He then goes on to say that "quackery flourishes, from the male attendant who has overstepped his authority to the village schoolmaster who has to keep a horse and carriage to enable him to attend to his out-door 'homœopathic' practice, every species is represented, and the business is carried on more or less unblushingly, whilst here and there it happens that even a professor of the healing art is engaged as 'Kassenarzt,' or medical officer to an institution or society." If quackery is such a hardy plant that it will grow even in the uncongenial soil of Germany, what wonder that it becomes rank and overgrown in our favourable soil!

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:— Birkenhead 16; Wolverhampton, Brighton, Derby 17; Edinburgh 18; Bristol 19; Plymouth, London, Dublin, Bradford 20; Oldham, Glasgow 21; Blackburn, Preston, Portsmouth 23; Norwich 24; Halifax, Birmingham, Cardiff 25; Manchester, Huddersfield, 26; Liverpool, Sheffield 27; Leicester 28; Newcastle-on-Tyne, Hull, Leeds, Salford, Sunderland 30; Nottingham 33.

German Naturalists and Physicians.

THE 55th Meeting of German Naturalists and Physicians will be held at Eisenach from the 18th to the 21st of September. Besides the general and sectional meetings, there will be *réunions*, and excursions to places of interest in the neighbourhood. On Friday, the 22nd, there will be an excursion to Kissengen, a reception in the Konversationsaal in that place, a breakfast *à la fourchette* with wine, then a visit to the drinking wells. Dinner at 4 o'clock, and in the evening an illumination of the gardens, a *réunion* in the Casino of the Aktienbad, with supper and a ball. As Eisenach was one of the places in which Luther was at school, the interest will naturally be heightened by Lutheran associations, and the Wartburg, hard by, in which the great reformer spent a considerable period in secret and almost compulsory retirement after his departure from the Diet of Augsburg, and which will be one of the places visited, will not fail to add its quota to the interest and enjoyment, scientific and historic, afforded by the meeting of the Association in the good old town of Eisenach—a town that may be said to belong to antiquity: for tradition says that it was a *berühmte stadt* in the time of the *Völkerwanderung*, i.e., in the 4th century, the first incursion of the Huns taking place, as is supposed, in the year 375.

Tickets of membership, or for attendance as sympathisers, for gentleman and lady, cost 12s., and can be procured through Herr Kaufmann Gustav Döbner, Karlsplatz No. 8, to whom applications may also be sent for lodgings not later than Sept. 10th.

The Treatment of Delicate Children.

HOLIDAY colonies and asylums for children are strongly advocated in the *Deutsch. Med. Zeitung* by Dr. Mettenheimer, of Seumerin. By the former he means the "boarding out" of delicate or sickly children in seaside resorts, and by the latter the reception of the same class of children into permanent institutions. As the alternative of boarding out (and to him it appears preferable), he suggests the erection of wooden dormitories that shall serve for the one season only. He cites an example worthy alike of being seconded and followed. His own words are as follows:—"This spring I had the great joy of learning that a family of distinction residing on the Baltic coast had decided to receive two delicate girls, the children of poor parents, for the summer months, and to provide the baths as ordered by the medical attendant. The family who, in this manner, gave so brilliant an example of pure philanthropy, turned to me in confidence with the request that I should point out two such children. I succeeded in finding two children—one, a girl from Mecklenburg, and one from the Prussian province of Saxony, children whose parents could not think of carrying out themselves the bath and air treatment recommended by the medical attendant. May this proceeding on the part of that family which, I am sorry to say, I should not be justified in distinguishing more closely, find many imitators!" What blessings could be dispensed in this manner both from a physical and spiritual point of view! for in no more noble manner can the bond that unites man to man be strengthened.

WE greatly regret to learn that Dr. Moore, of Adee, co. Louth, who gave such valuable evidence before the Select Committee on Irish Poor-law Superannuation, is dangerously ill with typhus fever.

At a meeting of the various public bodies of the town and county of Aberdeen held last week, it was resolved to appoint deputies to appear at the Southampton meeting of the British Association to urge the claims of Aberdeen as the place of meeting for 1884. Oxford is said to be, owing to some unknown cause, unable to carry out arrangements for the meeting which was to be held there in 1883.

OFFICIAL despatches have been received from the Philippine Islands confirming the reported increase of cholera. Hitherto only natives had been attacked, but the deaths of several Europeans are now reported. The Government have adopted most stringent measures regarding vessels arriving from the East. Four thousand natives are said to have died of cholera.

A DEATH under chloroform took place in London last week at University College Hospital. Deceased, a man named Stimson, was placed under its influence for the removal of a cancer of the tongue, and died before the operation. An inquest was held on Saturday, at which it was shown that the usual precautions had been observed, and that, had deceased not died thus, he could only have lived possibly a few days. The jury, adopting this view, cast no blame upon the hospital surgeons, but gave a verdict of "Death by misadventure."

THE annual death-rate per 1,000 from diarrhoea in the large towns which had been equal to 2.4 and 2.7 per 1,000 in the two preceding weeks, further rose to 4.1 last week, but was still below the average for the season; the rate in the several towns ranged upwards from 0.6 both in Derby and Birkenhead, to 9.1 in Preston, 9.6 in Cardiff, and 10.0 in Nottingham. The highest annual rates from whooping-cough were 1.3 in Sunderland and 1.5 in Blackburn; from scarlet fever, 1.2 in Portsmouth and 2.3 in Hull; from measles, 4.4 in Huddersfield; and from fever, 1.1 in Liverpool and Preston, and 1.2 in Portsmouth. Small-pox caused 5 deaths in London and its suburban districts, 3 in Birmingham, one in Wolverhampton, one in Nottingham, and one in Newcastle-upon-Tyne.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE EXTRA-MURAL SCHOOL, EDINBURGH.—Owing to the jealousy felt by the Surgeons' Hall division of the school at the popularity of Minto House, there will be no introductory lecture this year. The honour of opening the session has been eagerly sought after by the junior members of the school, and for years the introductory lecture was attended by one or other of the Presidents of the Colleges. This year the functions of orator for the session fell to Dr. Craig, who unfortunately happened to lecture at Minto House, and this fact alone accounts for the discontinuance of the time-honoured

custom of opening the session. We also learn that Dr. C. Watson Macgillivray is to lecture on "Systematic Surgery" during the ensuing winter session, and rumour also states that he is to take the place of his uncle, Dr. Heron Watson. With the exception of Dr. John Duncan the Extra-Mural School, since the promotion of Mr. Chiens to the Professorship, has become especially weak with regard to the teaching of surgery. Considerable interest is, therefore, felt in the new lecturer, who, however, comes to his task well prepared and fortified by the experience gained in his uncle's class, which he has frequently had to conduct. Dr. Macgillivray is also a candidate for the post of Assistant-surgeon to the Royal Infirmary, for which he appears to be especially fitted.

ABERDEEN UNIVERSITY.—RETIREMENT OF PROFESSOR PIRRIE.—At a meeting of the University Court, held on the 23rd inst.—Dr. Alexander Bain, Lord Rector, presiding—a letter was read from Dr. William Pirrie, Professor of Surgery in Aberdeen University, requesting to be allowed to retire from his chair, on the ground of age and infirmity, and on the provision as to retiring allowance sanctioned by the University Ordinances. The Court agreed to report to the Queen and Council that Dr. Pirrie is, by reason of declining years, incapable of discharging efficiently the duties of his office, and that he ought to be permitted to retire. The Court also agreed to recommend, in the special circumstances, and considering Dr. Pirrie's long and successful services, extending over a period of fifty-two years, that an increase of ordinary retiring allowance should be granted. The Lord Rector, Principal Pirrie, and others present expressed sympathy with the retiring Professor.

THE CHAIR OF SURGERY IN ABERDEEN.—Expectation is rife as to the future successor to Professor Pirrie, and considerable activity is already evinced by the candidates, among whom are mentioned Dr. Alexander Ogston and Dr. Ogilvie Will. Of the two, Dr. Ogston is certainly the best known out of Aberdeen, and in the town itself has, we believe, been for some time suggested as the future successor to the chair of surgery. We know nothing of his capabilities as a lecturer—a point far too frequently ignored in the selection of professors, and which is of considerable importance in a Scotch University where the student is frequently inflicted with five months of attempts to impart knowledge by "vain repetitions" and unutterable stammering. The selection of either candidate will confer honour on this ancient seat of learning.

THE ATTACK ON DR. WHITELAW, OF KIRKINTILLOCH.—Some time ago we reported the brutal and cowardly attack on Dr. William Whitelaw, of Kirkintilloch, who was lured at midnight from his residence by a woman representing that his services were required for an urgent case. On the way he was attacked by the same woman and two men lying in ambush, robbed, and brutally ill-treated, so that his life was despaired of. In connection with this case, a man and woman were apprehended, and after trial they were last week sentenced at Stirling, by Lord Mure, the man to eight years' penal servitude, and the woman to five. We are glad to be able to report that Dr. Whitelaw is rapidly improving, though still unable to use his limbs thoroughly.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 19th inst., the mortality of Edinburgh was 72, and the death-rate 16 per 1,000. Under one year there were 17 deaths, and 13 above 60, of which 1 was above 80. Seven deaths were reported from zymotic causes, 1 measles, 1 whooping cough, 1 diphtheria, 1 typhoid fever, and 3 scarlet fever.

GLASGOW DEATH-RATE.—The death-rate of Glasgow for the week ending with Saturday, the 19th inst., was at the rate of 22 per 1,000 per annum of the population, as compared with 21 per 1,000 for the previous week. For the corresponding weeks in 1881, 1880, and 1879, a death-rate of 20, 23, and 19 was recorded respectively.

Literature.

RINGWORM. (a)

We have here a monograph of 150 pages on a special subject, by one who has had considerable opportunities of observing the disease in question. The reader will, therefore, expect to find a good deal of information about the disease in question—its varieties, diagnosis, prognosis, and treatment. He will not be disappointed. Ringworm of the body is scarcely mentioned, the book being almost entirely devoted to ringworm of the scalp, but of this there is a very complete account. The different appearances it may present are carefully described. The author states that in the scurfy condition of the scalp, often described as following ringworm, the disease is often still present, and, though not receiving specific treatment, may thus be frequently communicated to others. He particularly emphasises the importance in all cases of preventing the spread of the disease, and urges the necessity of a careful medical examination of the scalp before the return of children to school. Were this regularly and efficiently performed, we have no doubt that epidemics of ringworm in schools would become a tradition of the past. Dr. Alder Smith states that he has constantly seen cases in which children have been sent back to a school with a medical certificate, and the disease has, on examination, been found to be still uncured and highly contagious.

In a special treatise it is somewhat disappointing to have no account of the parasite. There are several good illustrations in the plates, but no account of its natural history.

DISEASES OF THE SKIN. (b)

In the present volume we have, within a compass of 800 pages, a concise and readable account of cutaneous affections. The work is, on the whole, well written and fairly up to date. We notice some omissions. We have looked in vain for any account of pellagra, acrodynia, or piedra. Flea-bites, when very numerous, may lead to an erroneous diagnosis, but we do not find any reference to the bites of fleas or any other insects, or of the effects produced by lodgment in the skin of harvest-bugs or the West Indian chigoes.

The chapter on statistics is disappointing. It occupies only seven pages, and consists simply of an enumeration under each disease of the number of patients of either sex who have been under the observation of Dr. Bulkley in private and public practice respectively. The information thus conveyed is certainly not very excessive, and does not fulfil the expectations raised by the sub-title.

In spite of these drawbacks, we can commend the book as a whole. Many useful hints will be found scattered through its pages. The chapter on diet and hygiene is especially good. Under ringworm, the author very properly refers to the benefit sometimes derived from the internal administration of tonics in addition to local treatment. He adds a caution as to the use of sulphurous acid, viz., that it should be fresh, as the sulphuric acid formed by oxidation is useless to destroy the parasite, and only irritating to the skin. We are glad to see a mention of the use of iodoform internally in the later affections of syphilis.

An Anonymous Donation to Stratford-on-Avon.—At the annual meeting of the Governors of the Stratford-on-Avon Infirmary on Monday, the senior physician, Dr. Kingsley, announced a donation of £6,000, and a site for the proposed new building, the bequest of a gentleman whose name was not divulged.

Sir Erasmus Wilson's Munificent Gift to Margate.—At a meeting of the Governors of the Margate Royal Sea Bathing Infirmary on Monday, Sir Erasmus Wilson, F.R.S., handed over the key of the magnificent new wing of the infirmary, to be named the Erasmus Wilson wing, which he has built at an estimated cost of over £30,000. The wing includes two large day-rooms and four dormitories, each to contain sixteen beds, with a swimming-bath capable of containing 15,000 gallons of sea water.

(a) "Ringworm: its Diagnosis and Treatment." By Alder Smith, M.B. Lond., F.R.C.S. Second Edition. London: H. K. Lewis. 1882.
(b) "Manual of Diseases of the Skin." By L. Duncan Bulkley, A.M., M.D. London: J. and A. Churchill. 1882.

Correspondence.

SEA-SIDE CAUTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your recent leaderette with the above title has caused in me a mixed feeling of agreement and disagreement with your views. Your second and third injunctions as to sea-bathing, viz. not to remain in the water long enough to feel numbed, and to take a brisk walk immediately after dressing, seem unexceptional; but I beg leave to doubt the wisdom, as a general practice, of your first rule, viz., to take some light refreshment before bathing.

I am not referring to invalids, or to those women weakened in their nerve power in varied functions and parts, by, e.g., the strain which bearing a large family often induces, or to women of middle age, who have had, in shops, &c., a long life of indoor and foul air depressing influences; but I refer to the average type of English people of the middle class, from six years of age to forty. My very strong impression is that such, when they go to the seaside in July or August, should rise at 6 a.m., walk in a cheerful mood to the beach or rocks, and plunge in whilst warm from the walk on an empty stomach.

I seem to see good reason, in women, for example, who suffer the neuroses of epigastric sinking, or spasms, or headache, taking a small cup of good coffee or tea before they go out for such an early walk and dip; indeed, I believe such stimulant would enable a very great number of women who, when at the seaside, injuriously spend the glorious morning hours in bed, to rise and to spend two hours in bathing and exercise, and to their own immense good. But if you mean by "refreshment" anything approaching even a light meal, I should venture to differ from you.

Viewed theoretically, if food be taken into the stomach, the nerve "energy" of the system must be diverted to that organ, and to the "work" thus there imposed on it. Of course, I am aware that certain states, such, e.g., as the epigastric sinking which some suffer from in the middle of the night, may be relieved by a mere crib of biscuit or crust just as effectually as by a *lot* of some stimulating drink; but I assume that a drop of tea or coffee at 6 a.m. does not draw vital "energy" to the stomach in particular in the same way as food would do.

We desire that the bather plunges into the water whilst yet in a glow, and with vigorous circulation. I think this end is likely to be promoted by the hot drink, and to be retarded by the food.

But theoretical ground, Sir, is very slippery! Will you allow me, therefore, to state my experience, which is to the effect that for persons of average health, from eight years of age to forty, the early morning sea-bath, *on an empty stomach*, and carrying out your second and third rules, is a most safe and commendable habit. In an English climate the habit must be practised in the summer months only. I have never any fear of children bathing in the sea on gloomy or wet days, provided always that they have a place in which to keep their clothes perfectly dry; and I should be most particular in the case of females that the bathing dress be not only dry, but "thoroughly aired," even if within sixty seconds after, the bather will be as wet as a "header" can make her!

During some years past I have induced a great number of somewhat delicate young people (girls mostly), from ten years upwards, to bathe in the sea before breakfast. I have never heard of injury in any case. I have always been under the impression that after a night's sleep the conservative vital "energy" of the body is at its highest; on awakening, our best ideas and thoughts return unbidden; some of the organic vital functions, e.g., the sexual, are in high state of polarity. The labourer who lives in a natural mode of life goes to his two hours' work without inconvenience, and I believe that a mighty good, and no danger, would accrue to the British Philistines who crowd our most frequented watering-places if they "turned out" at 6 a.m., and after a brisk walk, went through some active exertion in the sea, followed, as you suggest, by a brisk walk. Two hours of such practice on an empty stomach before breakfast would restore the vigour and health of the great army of British Philistines of both sexes. To some of us who have travelled much, and seen Biddy from Cork do her four hours' washing before breakfast, or seen the Bengalee boatmen paddle their dingy from 4 a.m. to 10 a.m. without tasting food, taking only an occasional draw of the hooka (pipe), or seen the labourers in the Demerara sugar-patch

work for hours before breakfast, &c., it is to us a very humiliating contrast to view the pampered follies which increasingly grow up among respectable people of this country?

I must venture to differ from you also, on the dangers of wettings from salt water. I have been some thirty times around the world, in the latitudes south of Capes Good Hope and Horn, in charge of thousands of people: I do not think that I ever saw illness caused by drenchings in sea-water. Personally, I became indifferent to being drenched by the great seas breaking over the ship: sometimes I would change clothing, but as a general rule, I would not take that trouble, but remain wet and re-wetted. The top of a mighty wave would come on board and drench a crowd of people. I never myself took cold, and this same immunity extended almost as fully to the people.

As illustrating the seemingly slight circumstances on which health and disease depend, I may mention that, having always worn American cotton twill trousers, and being in Madras when the heat was great, I ordered a stock of brown holland trousers, as being cooler. I tried them over and over again, but always suffered in consequence—chills, or diarrhoea, or aching in the limbs. So marked and curious did this seem, that I used to speculate whether or not the linen texture had some special conducting power of the hypothetical vital conservative "energy" of the body! Be this as it may, of the facts of the danger of linen, and the safety of cotton, I was forced to believe, as I was also of the absolute safety of a wetting from sea-water, and of the great danger of a wetting from a mere shower in Bengal or Guiana.

These reminiscences may be of value practically, or suggestive of the exquisite delicacy of those physical and vitophysical correlations which the living body has with Existences, and on which its normal states, or health, and its deviated states, or diseases, depend. Pray pardon any seeming dogmatism in the tone of this letter. Those of us who strain our powers for more light will always feel, when groping with the most seemingly simple phenomena of the organic world, the infinite depth of the wisdom of the poet—

"There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy."

Yours truly,

Plymouth.

WILLIAM H. PEARSE, M.D.

CONSULTANTS AND PROFESSIONAL ETIQUETTE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I would thank you to let me know what you think of the conduct of a consultant whose behaviour was as follows:—

I was in attendance on a lady residing within a quarter of a mile of me, and in my district; and the case being an anxious one, the friends naturally desired a consultation. Dr. A—, of D—, was accordingly called in. I met him, and we agreed as to the nature of the case and its treatment. A second consultation was arranged for the following day, and we met again, with similar results. I continued to attend my patient regularly twice a day afterwards; and in about a week after our last meeting I was informed that Dr. A— had visited my patient, independently of me, on two separate occasions, on one of which occasions he altered the treatment. As I write I receive a letter from Dr. A—, informing me that he saw the patient last evening, and prescribed for her, and asking me to meet him this evening in consultation.

This seems to me to be a most extraordinary course for a consultant to pursue; and, indeed, I look upon his conduct as a violation of all professional etiquette.

I am, dear Sir, yours faithfully,

RICHARD CRONIN, M.D., &c.,

Dist. Med. Officer.

Conyngham Lodge, Slane, Co. Meath.

19th August, 1882.

P.S.—I should mention that Dr. A— lives at a distance of seven miles from the patient's house.—R. C.

[If A—, being a consultant, visited the patient without letting the medical attendant know of his intention to do so, or of his having done so, he acted very improperly in our judgment. It may be, however, that being in the patient's neighbourhood he paid a running visit, which

might be excused. If he visited and received fees as a medical adviser when he had been called only as a consultant, he was guilty of a serious breach of etiquette.—
Ed. M. P. & C.]

SUPERVISION IN LUNATIC ASYLUMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I hope you will excuse me if I make a few comments on your editorial remarks respecting the case of sudden death at the Waterford Asylum. I quite agree with you that the case should have been more thoroughly sifted, for the cause of all such accidents in asylums should be placed beyond doubt; but how "the presence of other eyes within the asylum besides those of the administrative officers" could have prevented such an accident I am at a loss to know. In Waterford Asylum, as in every other in Ireland, there is a visiting physician attending daily. What assistance was he in this case? The *Medical Press* occasionally, when advocating the necessity for visiting physicians in asylums, has endeavoured to make little of the resident medical officers. To my mind visiting physicians as consultants, when required, are most useful, but as daily visitors to satisfy the public that "other eyes besides those of the administrative officers are within the asylum," they are not only useless, but a needless expense. I do not question that as a matter of comfort it is better for a superintendent to have a daily visiting physician. All responsibility is thus divided, and no one officer is responsible; but for the efficient working of an asylum, an assistant medical officer is far more needed. Post-mortem examinations should be more frequently held. I have no doubt patients are now not infrequently buried with undiscovered injuries. In English asylums, where post-mortem examinations are the rule, fractured ribs and other injuries never suspected during life are often found.

Yours truly,
M.B.

August 10th, 1882.

Obituary.

JOHN PATERSON, M.A., M.R.C.S.

MR. JOHN PATERSON, one of the oldest members of the profession in Aberdeen, passed away on August 24th, at the ripe age of 85 years. Deceased was born and educated in Aberdeen. He had always shown himself courageous and sympathetic in the discharge of his duty. Evidence of the possession of these qualities, as well as of his ability, was given by Mr. Paterson many years ago, when cholera was making sad havoc among the fishing communities along the coast to the eastward of Aberdeen, as well as in the Footdee district. He laboured incessantly for many weeks at that period, his cheery manner and his warm-hearted kindness doing much to sustain the spirit alike of those who were suffering and of their relatives. As a result of his labours during the epidemic, he published his "Observations on Cholera: its Non-Contagious and Non-Infectious Qualities," besides contributing largely on the subject to the Government reports of the period. He also wrote a pamphlet on "The Principles and Practice of Midwifery, and on Flooding after Labour," betokening at once his great knowledge of that subject and his literary skill. In the city he has been Medical Officer of the Dispensary and of the Oldmachar Parochial Board, and his services to the poor were rendered in no grudging spirit. Mr. Paterson was greatly esteemed, and those who knew him best loved him most.

PASS LISTS.

University of London.—The following candidates have just passed the Intermediate Examination in Medicine for Honours (Anatomy):—

<i>First Class.</i>	
Anderson, G. E. C. (Exhibition and Gold Medal), Guy's Hosp.	Innes, C. B. (Gold Medal), St. Bart's Hosp.
<i>Second Class.</i>	
Robinson, H. B., St. Thomas's Hosp.	Brock, J. H. E., University College.
<i>Third Class.</i>	
Flannery, P., University Coll.	Watson, W. I. B., Guy's Hosp.
Carr, J. W., University Coll.	Cooper, H. C. E., Guy's Hosp.

The following passed the Materia Medica and Pharmaceutical Chemistry Examination:—

<i>First Class.</i>	
Carr, J. W. (Exhibition and Gold Medal), University College.	Innes, C. B., St. Bart's Hosp.
	Woolbert, H. R., University Coll.
	Flannery, P., University Coll.
<i>Second Class.</i>	
Whitcombe, F. P., St. Mary's Hospital.	
<i>Third Class.</i>	
Brock, J. H. E., University Coll.	Hayman, W. S., King's Coll.
	Randell, E. M. H., Guy's Hosp.

The following passed the Organic Chemistry Examination:—

<i>First Class.</i>	
Innes, C. B. (Exhibition and Gold Medal), St. Bart's Hosp.	(a) Dutt, U. K., B.Sc., St. Mary's Hosp.
(a) Spoug, C. S., B.Sc., Guy's Hosp.	Anderson, G. E. C., Guy's Hosp.
<i>Second Class.</i>	
Elliott, J., B.Sc., Owens Coll.	Brock, J. H. E., University Coll.

The following passed in Physiology and Histology:—

<i>Third Class.</i>	
Anderson, G. E. C., Guy's Hosp.	Cooper, H. C. E., Guy's Hosp.
Tratman, F., Bristol Medical School.	Randell, E. M. H., Guy's Hosp.
Vernon, J. V. D., Guy's Hosp.	Spoug, C. S., Guy's Hospital.
	Bowes, W. H., Guy's Hospital.

N.B.—The bracket denotes equality of merit.

(a) Obtained the number of marks qualifying for a Medal.

University of Aberdeen.—The following candidates having passed the required Examinations, have just received the Degrees of this University:—

Doctors of Medicine

Ackroyd, George Streatham.	Macdonald, Coll. B., Beith.
Atherstone, Edwin, London.	Macdonald, William Inverness.
Blomfield, Arthur Geo., Exeter.	(a) MacWilliam, J. A., London.
Boswell, Alexander, Ashbourne.	McConnell, J. F. P., Calcutta.
Brodie, William H., Aberdeen.	Mukhopadhyay, S. C., Calcutta.
Burgess, Peter, Ballindalloch.	Phillip, J. Allan, Mavisbank.
Campbell, Colin M'Yer, Durham.	Preston, Henry T., Stanningley.
Clark, William, Orrocco.	Purkiss, Arthur, West Brixton.
Davison, Rashell Thomas, Battle.	Reid, William, Aberdeen.
Davy, John, Halifax.	Spence, John Shepherd, Ballater.
Durno, John, Kenney.	Thompson, L. G., Tasmania.
Elliott, Frederick H., Andover.	Thompson, John, Kendal.
Hall, John George, Aberdeen.	Watson, J. C., Sunderland.
Harris, John, Newcastle.	Watt, J. Kinairdy, Huntly.
Leibstein, Herman J., London.	Webb, William E., Burnley.
Lyon, Adam Corbet, Billington.	Welford, C. H., Sunderland.

Bachelor of Medicine and Master in Surgery.

Anderson, Thomas C., Marnoch.	M'Lean, Alexander, Coull.
Brett, John, London.	Middleton, James, Auchindoir.
Blunt, Henry, Brine.	Morrison, Arthur A., Aberdeen.
(a) Brennan, J., Grange, Keith.	Nicoll, James Robert, Rhynie.
(a) Brito, Philip Sebastian, Ceylon.	Petrie, James, Rhynie.
Collie, John William, Aberdeen.	Phillips, Henry, Astley, London.
Collie, Robert John, Aberdeen.	Rennie, A., Chatham, Canada.
(a) Cran, Alexander, Cabrich.	Rattray, John Moysiey, Aberdeen.
Cunningham, Albert G., Bristol.	Reid, Donald.
Davidson, J. M'K., St. Domingo.	Reid, John, Portsoy.
Duncan, Alexander, Torphina.	Rigby, Charles S. A., Preston.
Eddie, Arthur Wm., Aberdeen.	Robinson, F. W., Huddersfield.
(b) Griffith, Thomas W., Aberdeen.	Rose, William Pyle, Aberdeen.
Haig-Brown, C. W., Godalming.	Russell, Alex. Wilson, Insch.
Henderson, David, Watten.	Sarkies, Cerrapiet J., Calcutta.
Hodgson, Joseph W., Brighton.	Scott, Benjamin, Aberdeen.
Holmes, William R., Aberdeen.	Sinclair, William, Nigg.
Jenkyns, John, Aberdeen.	(d) Taylor, John, Stonehaven.
(c) Knight, George David, Skene.	Thomson, Thomas P., Gartly.
Le Motte, George H., Guernsey.	Walker, John, St. Vincent.
Lunan, William S., Aberdeen.	Weir, Richard Rose, Elgin.
Macdonell, James A., Dufftown.	Will, John Kennedy, Cullen.
MacKie, Alfred A., Aberdeen.	(d) Wilson, James, Rhynie.
Maxwell, Chas. M., Tasmania.	Wilson, John Henry, Warwick.
Maxson, John, Banchoory-Ternan.	Woodman, J. D., Wing, Bucks.
M'Arthur, James I., New Deer.	Wright, Martinez J., Colombo.
(d) M'Kinnon, David B., Aberdeen.	

(a) Highly commended for Thesis.

(b) Received highest Academic Honours, and awarded the John Murray Medal and Scholarship.

(c) Received highest Academic Honours.

(d) Honourably distinguished.

At the same time the following were certified as having passed all the examinations, but did not graduate:—

Brown, Henry Herbert.	Leslie, John Tasman Waddell.
Hudson, Francis Joseph.	

Notices to Correspondents.

DR. E. C. E. (Gruyere, Switzerland) will please receive our thanks.

DR. McK. (Stonehaven).—Thanks for the promise.

DR. J. E. S. (Liverpool).—We have perused the local papers sent us, and cannot see that any other verdict could have been arrived at. You were clearly in the wrong, and we regret you did not seek the advice of a disinterested party before going to law.

MR. E. W. TOWN (Derby).—Thanks; the Report would be of little interest to our readers; do not trouble to send it.

A CONSTANT READER (Rathmines).—The French Pharmacopœia gives no formula for "cucumber ointment." For "pommade de concombres," which will probably answer your purpose, the formula is: Axonge, 1,00 grammes; graisse de veau purif., 600 grammes; baume de tolu, 2 grammes; eau distillée (de rose), 10 grammes; suc de concombres, 1,200 grammes.

DR. A. T. THOMSON (Glasgow).—Case received; shall appear in an early number.

A. H. (Edinburgh).—His qualifications were correctly described.

A SUBSCRIBER (Perth).—Two of the three ruffians who attacked Dr. Whitelaw were arrested, and their sentence passed at Stirling last week; the third escaped. You will find reference to this case in our present issue under the head of "Scotland."

DR. S. (Manchester).—Owing to your letter being addressed to a member of the staff personally it was delayed, in consequence of the absence of that gentleman. Kindly address "The Editor" in future in all matters relating to the Journal, thus avoiding delay.

A NOVEL METHOD OF SUICIDE.—An inquest was held on Saturday last at St. Bartholomew's Hospital on the body of a man named Hussey. Deceased had left his wife in consequence of disagreements and suspicions, and had gone as far as the steps of the Hospital, where he filled his mouth with gunpowder and set a light thereto with a match in "the hope of blowing his head off." The procedure was not immediately effectual, but he died soon after being taken into the Hospital, where a jury subsequently passed a verdict of "suicide whilst of unsound mind."

L. M. C.—A curious illustration to the same effect is contained in several of the older works on obstetrics. It may fairly be questioned how far reliance is to be placed on them, however, and it would be decidedly unwise to repose any confidence in the course they recommend on emergency. Consult the last edition of Gant's Surgery for a description of the operation.

DR. JOHNSON (Kilkenny).—The information you seek is contained in a shilling pamphlet published two or three years since by Messrs. Baillière, Tindall, and Cox, entitled "The Mineral Waters of Contrexeville," by Dr. Tamin-Despalles. A map is attached of the route.

MR. G. M. (Falmouth).—Sorry we are unable to accede to your request; it is contrary to our rule; consult any respectable practitioner in your town.

A SUBSCRIBER (Reading).—The death reported in the *British Medical Journal* of August 12th was an error. Mr. Jeston, of Henley, is still living, and we understand, in excellent health.

COMPLAINANT.—The holding of such frequent and unnecessary inquests is to be deplored both from a ratepayer's point of view and the pardonable sentiment associated with the feelings of relatives; but we fear, in the present state of the law, the coroner to whom you refer has not exceeded his legal rights, albeit some of the inquiries smack of "the gold that glitters."

MR. J. HATTON (Coleford).—Will reply to your inquiry in our next.

LUNATIC.—Your letter was inserted and replied to in the Irish Supplement of our last issue.

DR. J. ROGERS will please receive our best thanks.

DR. MURRAY.—From the description you give, we imagine you refer to "Ingluvin." Although a somewhat extravagant value may have been assigned to it, it is undoubtedly sometimes very useful in obstinate cases of sickness; and in the vomiting of pregnancy it has certainly, in our experience, proved useful. We would suggest, as likely to be beneficial to your patient, the malt extract jelly manufactured by Messrs. Brand and Co., by the employment of which, in a somewhat similar case, we recently obtained satisfactory results.

MR. MASON.—The operation is a plastic one, and would hardly be suitable under the circumstances.

H. R. B.—There are many instances on record, and most works on jurisprudence contain several allusions to such monstrosities. It is impossible at present to explain their occurrence, and, as a theory, yours is probably as good as most attempts to account for them. On various grounds, however, it falls short of the full requirements, and we cannot advise you to bring it before the world.

DR. M. S. (Ballycroy), asks:—1. If a ticket issued to one member of a family residing in my dispensary district is cancelled, am I bound to attend that member or any of same family residing in same house on a red or black ticket? 2. If a ticket issued to one member of a family is cancelled, does that include the other members of same family, residing in same house, or am I bound to attend the other members of same family where one of them has been cancelled on a red or black ticket? 3. If a warden issues a ticket for a cancelled person, together with a note stating that the person for whom he has issued ticket is in poor circumstances—although the members of the Dispensary Committee who cancelled the ticket did not consider that person in poor circumstances—am I bound to attend on it? 4. Can I claim my fee of the issuer of a ticket, he knowing it to be cancelled?

[1. If a ticket be cancelled, you need not attend that ticket, but must do so if a new ticket be granted to same person until the new ticket has also been cancelled. 2. The cancelling of a ticket for one individual of a family does not, of course, cancel those tickets granted to others of same family. 3. You must attend on a ticket, no matter to whom it is issued. 4. If a ticket is issued to a person whom the issuer knows not to be a suitable recipient, you may sue him for the fees, and will recover them.—ED.]

CERTIFYING DANGEROUS LUNATICS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly let me know in "Answers to Correspondents" in your next issue of the *Medical Press* how I am to act under the following circumstances:—

A dangerous lunatic residing in the dispensary district of which I am medical officer is brought before two justices of the peace, who call in the aid of a neighbouring dispensary doctor and sign the neces-

sary certificates for committal, quite ignoring my services altogether, at the same time filling up in the blank spaces for particulars that the doctor who examined the lunatic was medical officer of the district in which the lunatic resided, mentioning the name of the district.

Now, as I am the only doctor of the district, I wish to know if I can take any steps to recover the fees I should be legally entitled to, or to prevent a repetition of the injustice? An answer in your next will much oblige.

Yours truly,
SUBSCRIBER.

[You cannot, of course, recover any fee, but the transaction is altogether illegal, and, if you lay the circumstances before the L.G.B. they will probably disallow the payment and prevent a repetition of the transaction.—ED.]

MR. STONE'S RETIREMENT FROM THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly allow me through the medium of the *Medical Press and Circular* to express my best thanks for the very kind letters I am daily receiving from all parts of the country consequent on my retirement from the Royal College of Surgeons, and to state that I will answer them all as soon as possible.

I have also to request that all letters of official nature may be addressed to "The Secretary of the Royal College of Surgeons, Lincoln's Inn Fields, London, W.C.," from whom they will receive every attention.

Felham Road, Wimbledon,
August 20, 1882.

T. M. STONE.

Vacancies.

Bristol Royal Infirmary.—House Physician. Salary, £100, with apartments, &c. Applications to be addressed to the Secretary on or before Sept. 7th.

Chichester Infirmary.—House Surgeon and Secretary. Salary, £100, with board and lodging. Applications to be sent to the Secretary on or before Sept. 9th.

Dore Union.—Medical Officer. Salary, £70, and £17 as Medical Officer of Health for the same district. Applications to be sent to the Clerk on or before Sept. 6th.

Downpatrick Union, Portlerry Dispensary District.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Sept. 20th.

Mitchelstown Union, Kildorrery Dispensary District.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Sept. 15th.

Northleach Union.—Medical Officer. Salary, £57 10s., with the usual extra fees. Also Medical Officer of Health. Salary, £100. Applications to be sent to the Clerk not later than Sept. 12th.

Appointments.

ANDERSON, J. W., M.D., C.M.Glas., F.F.P.S., Dispensary Physician to the Royal Infirmary, Glasgow.

BLACK, D. C., M.D.Glas., L.R.C.S.Ed., Extra Dispensary Physician to the Glasgow Royal Infirmary.

BROCK, W. J., M.B., C.M.Ed., Extra Dispensary Physician to the Glasgow Royal Infirmary.

COSGRAVE, E. M.D., L.R.C.Q.C.P.I., Physician to Simpson's Hospital Dublin.

DOUGALL, J., M.D., C.M.Glas., F.F.P.S., Dispensary Physician to the Royal Infirmary, Glasgow.

EDWARDS, O., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Locomotor District and the Workhouse of the Union.

FRASER, B. M.D., F.R.C.P.Ed., Medical Officer for the North and Central Districts of the Darlington Union.

HOLLIES, G., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Southern District of the Wellington Union, Salop.

MANSON, R. T., L.R.C.P.Ed., Medical Officer for the West and North-West Districts of the Darlington Union.

MIDDLEMISS, G., L.R.C.P.Ed., Medical Officer for the South and East Districts of the Darlington Union.

SHAW, W. J., M.B., C.M.Glas., Extra Dispensary Surgeon to the Glasgow Royal Infirmary.

Births.

O'DONNELL.—August 18, at 30 Darlington Street, Wigan, the wife of W. O'Donnell, L.R.C.S.I., of a daughter.

Deaths.

BANNISTER.—August 22, at Great Malvern, Alfred James Bannister, M.D., of 11 Addison Terrace, Notting Hill, aged 48.

DEAN.—August 14, at his residence, Butler Street, Oldham, Octavia Dean, M.R.C.S., aged 48.

EARLE.—August 15, at Haroda, Bombay, Joseph Herbert Earle, Surgeon, Indian Medical Department, aged 28.

GARDNER.—August 22, at Bungay, Suffolk, James Gardner, M.R.C.S., M.R.C.P. Edin., aged 66.

JOHNSON.—August 17, Richard Locke Johnson, M.D., M.R.C.S., of Bury Place, Bloomsbury Square, London.

MOREHEAD.—August 24, very suddenly, at Wilton Castle, Redcar, Charles Morehead, M.D., F.R.C.P., late Bombay Medical Service, aged 75.

PAUL.—August 18, at Torriano Cottages, Camden Road, N.W., Andrew Paul, A.B., M.B., Trin. Coll. Dub., aged 79.

ROBERTSON.—August 25th, at 28 Albany Street, Edinburgh, William Robertson, M.D., F.R.S.E., aged 64.

TIOBHURST.—August 25th, at Lewes, Sussex, Surgeon-Major Tiohburst, late Bombay Medical Department, aged 60.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 6, 1882.

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NOTES ON THE TREATMENT OF ABSCESS IN BONE.

By HENRY MORRIS, M.A., F.R.C.S.,
Surgeon to, and Lecturer on Surgery at, the Middlesex Hospital.

In 1787, John Hunter, after stating that abscess in bone may find its way to the surface, added, "the crown of the trephine is often necessary in order to get at the seat of abscess." It would thus appear that trephining or drilling for circumscribed abscess in bone was practised by the great master in surgery more than a century ago. It is, however, only since the publication of Sir Benjamin Brodie's paper in the "Medico-Chirurgical Transactions" (1832), just fifty years ago, that the operation has become the almost universally approved treatment of this affection.

It is indeed the only proper treatment; and probably the differences of opinion respecting it nowadays, are confined to the rarity or frequency of the cases which require it, and to the degree of risk attending it. Possibly there are still surgeons who consider, as the late Professor Syme did, that the disease is a very rare one in surgical practice, and that the operation is attended with grave danger. The following six cases, which have occurred in my practice during the last two and half years, point, however, to an opposite conclusion; and seem to indicate that abscess in bone occurs more frequently than is generally supposed; whilst, as regards the consequences of the operation, my personal experience, up to this period, has led me to think that good alone results therefrom in properly recognised cases.

CASE I. Chronic Abscess and Central Necrosis in the Outer Condyle of the Humerus.—Sigismund H., æt. 44, a courier, was admitted on November 17, 1879. Twenty-five years ago he contracted syphilis. For nine years he had suffered from facial rheumatism and facial neuralgia. About ten months ago he had suffered pain in the right shoulder, and pain and stiffness in the right elbow. The

pain in the elbow he described as being "like a pressure of several hundredweight upon the bone." The lower end of the humerus had been enlarged for four months, and for five months he had been unable to straighten his forearm. No treatment had given him any relief.

On admission, there was enlargement of the condylar end of the humerus, especially of the outer condyle; and pressure at one spot on the outer condyle excited pain. He complained of always suffering, but of having frequent paroxysms of great pain, which he described as taking the course of the musculo-spiral nerve to the shoulder.

I propose to trephine the bone at the tender spot, but this he refused until December 10th, when he returned, requesting that the operation should be done. The periosteum, which was greatly thickened, was peeled aside, and the outer condyle pierced with a small drill without result; but, on enlarging the opening thus made with a gouge, a small sequestrum was exposed, surrounded by a few drops of pus. The cavity was large enough to admit the end of the finger; its walls were hard and smooth, but the bone between the cavity and the joint was somewhat softer than natural.

From this time the pain ceased, and on December 20th, he left the hospital before the wound had healed, being able to extend his forearm beyond an angle of 120 deg. After four or five weeks more the wound closed, and he has remained well since.

I saw him on June 25th, 1882, when he described himself as "never better in his life," and he could use his arm quite well; flexion, pronation, and supination were perfect, and extension could be carried to the extent of 148 degrees.

CASE II. Abscess in the Upper End of the Shaft of the Tibia: Fibrous Ankylosis, with Displacement of the Knee.—Francis R., æt. 35, a man of good physique, but having the aspect of much suffering, was admitted in July, 1881. He was deeply pitted with small-pox; had never had syphilis. Seventeen years before admission he struck his right knee against the rung of a ladder, and this injury led to stiffening of the knee and swelling of the bone below the joint. For five or six years an open wound existed over the upper third of the tibia; then it

closed, to break out again and again. At length it finally healed; but throughout the whole of the time since the accident he had suffered pain, sometimes worse than at others, in the tibia. During the last six weeks walking had greatly aggravated the pain.

On admission the right knee was fixed, and the tibia displaced slightly backwards and outwards. The right tibia was much thickened in the upper part of its shaft. The skin over the enlarged bone was natural, except for a supple thin cicatrix. There was tenderness on firm pressure over all the thickened part of the bone, and even slight pressure on one spot gave rise to pain. Of late the pain in the bone had been continuous, allowing him no sleep by night and no rest by day. Many remedies had been tried and failed. I believed there was an abscess in the tibia, and therefore, on August 5th, cut down upon it, and drilled the bone deeply in two places without evacuating pus. The periosteum was much thickened, and the bone was tough and dense. Relief was immediate and complete, and continued for two months; but on October 28th, 1881, about one month after discharge, he returned to the hospital, suffering all the old pains as severely as ever. On November 2nd, I therefore made another incision down to the bone, cutting along the cicatrix of the former wound. There was no difficulty in detecting the places where the drill had been previously introduced; they were filled with soft and ossifying granulations. Along one of these a gouge was worked, and when it had been pushed a little further into the bone than the drill had gone, about three drachms of foetid pus escaped. A steady recovery followed, on December 20th the wound had quite closed, and on January 3rd, 1882, he left the hospital quite well, though his knee was, of course, still stiff. I last saw him on March 1st, 1882, in perfect health, and I should have heard from him had his leg not remained sound and painless.

CASE III. Central Necrosis and Abscess in Lower End of Tibia.—Ferdinand L., *set.* 8, injured his left leg by slipping his foot between some railings. A week afterwards the bone was swollen just above the ankle, and painful enough to keep him awake at night. After four months' treatment without benefit, he was admitted in January, 1882, with uniform expansion of the lower end of the diaphysis, slight redness and heat of the skin over the swelling, and some tenderness on pressure. The fibula was unaffected, and the movements of the ankle were painless and free. He suffered little or no pain after admission, but in about three weeks the soft parts became very red, cedematous, and tender, so that on February 24 I made an incision over the front of the tibia, and peeled back the periosteum, which was a good deal thickened, and partially detached from the bone. Pus at once oozed through a small aperture in the expanded bone, and on enlarging this, between two and three drachms of fluid pus, some inspissated pus, and a small piece of necrosed bone were removed. The cavity was lined by a smooth vascular membrane, which was scraped away. There was but little hæmorrhage. He made an excellent recovery, and in the beginning of May he left the hospital, wearing a temporary steel support for the leg. He has continued well since.

CASE IV. Central Necrosis of Right Fibula: Chronic Abscess in Lower End of Left Femur, giving rise to Suppuration around the Knee.—Joseph B., a fairly healthy-looking lad, was admitted first on October 19th, 1880, when six years old. His family history was good, but he had some slightly enlarged glands in the neck.

About Christmas, 1879, he complained of pain in the right ankle, which became more and more severe, and extended up the leg. Considerable swelling followed in the upper and outer part of the right leg. He limped in walking. Three months before admission, a small piece of bone came away through an opening which had formed over the right fibula. Three weeks before admission, after a fall on his knees, he felt pain in the

lower part of his left thigh, and a little swelling formed above the left knee.

On admission, there was a sinus over the upper third of the shaft of the right fibula leading to necrosed bone, and a day or two after admission a long slender central sequestrum was removed from the fibula. The wound healed rapidly.

On November 27th, between two and three ounces of serous fluid were removed from the swelling over the left femur. It was clearly bursal, and the bursa did not refill. After the removal of the fluid, the lower end of the shaft of the femur was felt to be much expanded. On February 4th the boy was discharged quite well, except that the lower end of the femur was painlessly enlarged.

For eleven months he remained well, but on the 10th of January, 1882, he was re-admitted with extensive suppuration around the lower end of the left femur, and in the popliteal space. All the parts about the left knee were exceedingly tender, and any movement of the knee made the child scream. The joint itself was not, however, affected. On the following day two incisions were made, one above the inner condyle of the femur, and the other at the lower part of the popliteal space, and several ounces of matter were let out. The lower end of the femur could now be felt greatly enlarged. After this, the temperature, which had been 102° , fell to 98.2° , and did not rise above 99° till January 21st; then it rose again, and was frequently as high as 101.6° . The pulse was rapid, the appetite declined, and pain and tenderness about the lower end of the femur and over the knee became very acute. These symptoms, supervening upon a long-standing enlargement of the femur, led me to the opinion that a chronic abscess or central necrosis in the lower part of the femoral diaphysis was the cause of all the mischief. Accordingly, on February 2nd, I made an incision down upon the front of the femur—which was rough as well as expanded—and then peeled off the thickened periosteum with the rest of the soft tissues. A very small opening leading into the interior of the bone was thus exposed, and enlarged by means of a gouge. After going through a considerable thickness of dense, tough, but not very hard bone, an abscess-cavity, as large as a walnut, was laid open, and about half an ounce of laudable pus escaped. More pus was mopped out with pieces of absorbent wool, and the walls of the cavity were well scraped. The patient made a good recovery, lost all pain from the day of the operation, and was discharged well and with a movable knee on May 9th, 1882. There was one inch and a quarter of lengthening of the left limb, due solely to increase in the growth of the femur. The boy remains quite well up to the present time.

CASE V. Abscess in the Lower End of the Tibia.—On February 28th, 1882, Arthur F., *set.* 10, an active and well grown boy, was brought to me on account of a circumscribed swelling of the left tibia, about one inch above the ankle-joint. It came on after jumping from a height, between two and three months before I saw him. The swelling was slowly but steadily increasing. Pain—which for a long time had not been great, and had only been felt at all after walking or standing a good deal—had latterly occurred in paroxysms severe enough to cause him to cry, and keep him awake at night. The attacks of pain sometimes continued many hours, and would then pass off for a week or more. There was tenderness on pressure over the whole of the inner surface of the swelling, but more acute at one spot than elsewhere. I recommended the use of the trephine at the most tender point, and, on March 7th, I removed an egg-spoonful of cheesy-looking semifluid pus from the interior of the lower part of the shaft. After the operation there was no return of the old pain. Within three weeks he was well enough to return home; and I saw him, perfectly recovered, on July 13th.

CASE VI. Central Necrosis of Astragalus.—Frances S., æt. 12, a delicate-looking girl, was admitted on December 18th, 1881. Twelve months before admission, swelling appeared on the outer side of the ankle. Pain, most severe at night, preceded the swelling by some months. Gradually the whole ankle-joint became soft and swollen, like an ordinary white swelling of the ankle. Tenderness on pressure was most marked over the lower end of the fibula. A plaster-of-Paris splint was worn till March 21st, 1882, when she returned to the hospital, feeling no better. In less than a month after removing the plaster-of-Paris, and whilst the limb was still kept fixed, the ankle-joint showed undoubted signs of suppuration; the temperature rose, and rigors set in. On April 17th, an incision was therefore made in front of the inner, and another behind and below the outer, malleolus. On introducing the finger into the outer wound, I felt a small movable fragment of rough bone close to the articular facet for the outer malleolus. This was lodged in a cavity in the astragalus, which was large enough, after the removal of the fragment, to receive the tip of the finger, and was limited by perfectly smooth and uniformly hard walls. The joint was washed out with a solution of tincture of iodine, the wounds covered with terebene and oil on lint, and the limb immovably fixed on a splint. Subsequently the terebene was changed for iodoform, which was dusted over the weak exuberant granulations which had formed. The limb was still kept immovably fixed. No pain has been suffered since the operation; the joint has resumed almost its natural shape, and the wounds are all but cicatrised. I look forward to the patient recovering with a slightly movable joint.

REMARKS.—The operation which was performed in these cases was not, strictly speaking, trephining. In two of them, after dividing the periosteum by a linear incision, and peeling it off for a certain distance, pus was seen to ooze up through a small opening in the bone; and the abscess-cavity was opened up by applying the gouge to this spot.

In three other cases, after dividing and peeling off the periosteum in the same way, a drill was first introduced, and then the drill-hole was enlarged with the gouge. It is not always sufficient to use a drill under the impression that, if a cavity be reached, pus will escape from it along the side of the drill, or through the hole made by it, after its removal; for, as Case I. shows, a little pus with a fragment of necrosed bone may occupy a cavity, but not declare itself by welling up; or the pus may be only semifluid, and too thick to flow, as in Case V. Under either of these conditions, the use of the gouge is needed to expose the abscess.

After emptying it of its contents, the walls of the cavity were in each case well scraped, or rubbed with dry lint, or a fragment of sponge; it was then washed out with iodine solution; and absorbent cotton-wool, or lint soaked in terebene and oil (1 part to 6), was introduced.

In all the cases the limb was immovably fixed in splints; and the subsequent treatment consisted in irrigating the cavity with iodine solution (tincture of iodine, four drachms to the pint of warm water) daily, or every second or third day, according to the amount of discharge; and the application of the terebene and oil on lint.

The situation of the abscess in Case I. was on the epiphysal portion of the humerus, though all the epiphyses had years before become consolidated with the rest of the bone. In the next four cases, one or the other extremity of the diaphysis of a long bone was the seat of disease, though in only one of them was the neighbouring epiphysis consolidated with the shaft. In Case VI. the abscess-cavity was in an irregular, not a long bone. Though this is unusual, it is by no means unique. I have seen the os calcis similarly affected; Mr. Annandale has reported a case in which the lower jaw was the seat of a chronic circumscribed abscess;

and most surgeons have seen the mastoid bone similarly affected from extension of disease from the middle or external ear.

In the case in which the epiphysal end of the humerus was affected, the elbow had become contracted, and the bone between the abscess and the articulating surface was softening down. In all probability, the elbow-joint itself would soon have been disorganised. In three cases in which the ends of the diaphyses were affected, the joints were not involved; but in two of them (Cases III. and IV.) the abscesses, after remaining chronic for some months, took on a more acute form, and led to inflammation of the surrounding soft tissues. In Case IV. it produced extensive suppuration in them, and fistulae were beginning to form; whilst, in Case III., diffused abscess in the leg would certainly have occurred had the disease not been cut short by operation.

It is interesting to note that in both these cases (Cases III. and IV.) little or no pain was suffered for a time prior to the soft parts being affected. This was probably owing to the breaking down, in the course of the disease, of the solid inflammatory products which had for a time limited the abscess. These products, by filling the natural spaces of bone, cause considerable intra-osseous pressure, and excite the severe, dull, and continuous pain which is a usual symptom of chronic abscess in bone.

In Case VI., in which the astragalus was the seat of the disease, the ankle-joint became early involved, and thus in great part, if not entirely, the symptoms of circumscribed bone-abscess, or central necrosis, were marked; at any rate, the cause of the suppuration of the ankle-joint was not suspected until actually ascertained. It no doubt was an exceptional case, for the great majority of chronic bone abscesses are in the long bones. But even in them more is seen, in hospital practice, of cases where the abscess has been overlooked or neglected, and has gone on to extensive disorganisation of the bone which it involves, or of the joint in nearest proximity to it, than of cases in which the abscess, still circumscribed within narrow limits, is the only cause of suffering.

To avoid the very serious sequelæ of this affection, as well as to give relief to the distressing pain which it occasions, the diagnosis of bone-abscess and central necrosis is a matter of great importance. I make no distinction between the cases in which pus alone, and pus with a small sequestrum, is contained in the cavity, because there is an identity in the processes resulting in the formation of such sequestra, and in those producing small sloughs of connective tissue in the acute circumscribed inflammations of soft parts.

The diagnosis, it must be confessed, is often very difficult; chronic periostitis, chronic osteitis, and cysts and solid tumours of bone, need to be distinguished from abscess in bone. Periosteal thickenings more commonly affect the middle parts of the shafts of long bones, and are generally amenable to local medicinal treatment; whereas chronic abscess in bone generally attacks the ends of the diaphyses or the epiphyses, and is not in the least benefited by remedies.

Cysts in bone will be rightly treated by being laid open in the same way as a chronic abscess; and chronic osteitis, of the form which gives rise to severe continuous or neuralgic pain (*the ostéite à forme névralgique* of the French), will be relieved or cured by the use of the trephine; whilst the solid tumours require amputation or excision.

Thus, though an accurate diagnosis is admittedly difficult, if not impossible, in some cases, the possibility of falling into error, in spite of careful deliberation, should not discourage us from making an exploratory operation in doubtful cases of disease of bone.

Indeed, I would venture to say that if we made it a rule to trephine or drill in all cases of chronic enlargement of bone, attended with continuous or paroxysmal pain, and which rest and remedies have failed to cure,

we should have the satisfaction of saving life itself in some instances, and of restoring to ease and usefulness the limb in very many others.

AMPUTATION OF SCROTUM FOR ELEPHANTIASIS ARABUM—EMPLOYMENT OF MACDONOGH'S CLAMP—COMPLETE RECOVERY.

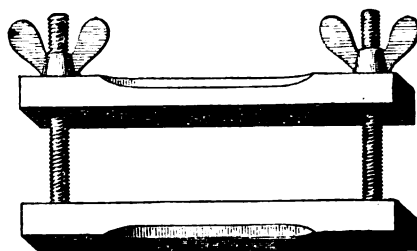
By G. V. MACDONOGH, M.D., D.L.H., R.N.

JUST ten years have elapsed since I visited Apia (the capital of Upolu, one of the Islands of the Samoan group, South Pacific), in H.M.S. *Cossack*, of which ship I was then Fleet Surgeon. Shortly after my arrival, Dr. G. A. Turner, medical missionary belonging to the London Missionary Society, and who had been living at Apia for over four years, called on me and requested that I should visit, professionally with him, the wife of one of his fellow missionaries who was living in one of the islands detached from Upolu, somewhere about twelve miles from Apia. Owing to the distance, I had to remain all night at the mission house and whilst wandering about in company with Dr. Turner, our conversation turned on elephantiasis arabum, a disease very prevalent all over this group of islands; he then proposed that we should visit a native who, I think, was either a native teacher, or had been a servant in the employment of the missionaries for a number of years; this person bore an excellent character, and was much loved and respected by his employers.

Dr. Turner told me that the patient had been the subject of elephantiasis arabum for about thirty years, the disease affecting the scrotum had increased enormously and had rendered him quite incapable of moving about and thereby interfered with the earning of his bread. On visiting him I found him seated on the floor, his legs wide apart, covered from his waist downwards with tappa, or native cloth. As it was nearly dark, I could not see well, but he appeared to me to be about sixty years of age, tall and thin, his features bore the expression of long continued suffering, he was not able to speak English, but Dr. Turner acted as interpreter. On removing the tappa a huge black mass was disclosed, having more the appearance of a turtle of some eighty or ninety pounds weight than of anything else I could call to mind, this occupied the space between his legs, extending from the pubes to his feet. When he stood up it rested on the ground. No trace of the penis was to be seen, but a small orifice occupied the centre of this mass from which he passed his urine, it had somewhat the appearance of the umbilicus in a large fat abdomen; he complained only of the weight and of inconvenience to locomotion. On making pressure over the tumour, I was able to discover the position of the testicles, and to ascertain their size from the peculiar sensation communicated to the patient on pressing the organs; they appeared to be about four inches in length by about two and a half in breadth each, in fact, about the size of a large goose egg. Dr. Turner asked me if I thought it would be safe to amputate the tumour, to which I replied that I feared the man being so old and his strength apparently so reduced it would be very hazardous to do so, the loss of blood would in all probability be very excessive, as no doubt the vessels would be considerably enlarged, and there was no way of controlling the bleeding. Next morning, however, before my departure, I again visited the man with Dr. Turner, but I could see very little hope of being able to remove the tumour without involving such risk of his life as, perhaps, would not be justifiable. Dr. Turner explained this to the man, who was exceedingly anxious to have the tumour removed, and he in reply stated that he was quite prepared to incur all the risks, that life was almost insupportable, in fact, he begged and prayed that we would remove it, however, we left him without determining on anything. On my way back to my ship my thoughts were fully occupied with the poor fellow's case, and it occurred to me that I might devise a clamp to place on the pedicle of the

tumour, and on my arriving on board, I talked the matter over with the chief engineer of the ship, Mr. W. D. Benton, described to him what I wanted done and gave him the measurements, thickness and breadth of the pedicle, he very kindly had the clump made for me. It consisted of two parallel bars of iron; attached to the under bar were two upright male screws, one close to each extremity, these passed through holes in the upper bar and brass thumb-screws were then fitted on.

The accompanying rough sketch will serve to make it better understood.



When completed, I showed it to Mr. Horner, the surgeon of the ship, my assistant, and to Dr. Turner, both of them considered that it was fully capable of controlling the bleeding and well adapted for its purpose. Unfortunately we could find no one who was capable of making tourniquet pads to attach to the bars, so we contented ourselves with wrapping strips of washleather around them. The man was brought in to Apia, he was laid on an ordinary kitchen table in an outhouse belonging to Dr. Turner, a couple of turns of a bandage were taken to a hook in the ceiling, by which means the tumour was kept well elevated for a period of about twenty-four hours previous to operating, his buttocks were brought well to the edge of the table. Chloroform was administered to him and when he was well under its influence the tumour was lowered and supported on a plank which was held by two assistants. The clamp had been previously placed in position. Having first fully satisfied ourselves that there was no hernia present, it was tightly screwed down and incisions were made along the lines previously marked out with ink showing the size and form of the flaps that were to serve as covering for the penis, as I had determined to save that organ if possible, but the man was so old and the testicles so enlarged, we thought it better to remove them, plenty of skin was preserved and dissected up from the surface of the tumour on each side of the penis, as also a small piece inferior to the orifice from whence issued the urine. These were turned back and the posterior surface of the penis dissected out of the body of the mass, cross pieces of skin were also preserved to form a covering for the stump superiorly, then a clean sweep was made, dividing both spermatic cords, which were found very much enlarged, and oedematous, the cremaster was very pale and appeared to have lost its contractile power, as there was no contraction of the cords when divided. Before dividing them, however, a whipcord ligature, which had been previously soaked in carbolic acid and oil, 1 to 5, was passed round them and tied. When cut, the spermatic artery was found to be larger in circumference than the radial, right and left cords were treated alike, all bleeding vessels were tied (of which there were thirty), the screws of the clamp were eased up, but the clamp itself was retained in position lest any secondary hæmorrhage should ensue. The flaps were brought together with silver wire sutures over which was placed lint wet with carbolic acid and water, 1 to 20, and over that again was placed more lint saturated with carbolic acid and oil, 1 to 5. The patient was then moved on to a bed, his buttocks resting on a quantity of finely teased oakum well up between the legs, and another mass was also placed in front so that the entire of the wounded parts were well covered by it. In this state I left him under the care of Dr. Turner as the ship proceeded to sea a few days after the operation.

The tumour, when quite empty of blood, weighed seventy-five pounds.

Three days after the foregoing case I operated on another man, also a native Samoan, but belonging to another island. The tumour which he had was very much smaller, it was not half the size of the other, he was apparently a very much younger man than the other patient, and of much healthier appearance. He could himself define accurately the size of each testicle, which appeared to be about the natural dimensions. The same steps were taken in this case as those which had been adopted in the former, except that both testicles were preserved, being found healthy. A very good scrotum was provided for them; the after treatment was exactly the same as in the former case. The tumour when weighed was found to be twenty-two pounds. It bore the marks of having had portions of it excised by a native surgeon some years previously.

I have been given to understand that the native medicine man makes an agreement with his patient that if he survives the operation he is to receive for his fee so many acres of land, having upon them so many bread-fruit trees, bananas, &c., but should the patient die before the fifth day from the date of the operation, it is open to the friends of the deceased to take the life of the operator. The operation is, I believe, conducted in the following manner. The patient and surgeon retire into the forest, a hole is dug, in which the patient lies down, a slice is then removed from the tumour by the surgeon with a semi-blunt instrument, usually a shell, no effort is made to restrain the bleeding. The patient faints from the loss of blood. The operator clears out and returns in twenty-four hours or so, if his patient is alive he gives him some food, and after a little assists him home. When the wound is quite healed and some time has elapsed the same hideous process is gone through again. If the man is dead the surgeon takes care to put the sea between himself and the friends of the victim until such time as their anger has blown over.

In the pamphlet published by Dr. Turner he says that possibly I got the hint of the clamp from the earlier editions of Dr. Druitt's "Vade Mecum," in answer to that I have only to state that the only edition of that book that I ever possessed or read, and I am not aware that I ever saw any other, is the eighth edition, and in that I can discover no mention of any clamp whatever in connection with the removal of the scrotum on account of elephantiasis arabum. Again, he states that I witnessed the late Dr. O'Farrell, of Dublin, remove a similar tumour whilst a student in Dublin in 1844. It so happens that in that year I was living with my brother in Swords, county Dublin, my first session as a medical student was the one which commenced in November, 1845, so I could not have been present at the operation, though, of course, I had heard and read of it as it caused some stir in Dublin at the time. It is quite possible that in the course of conversation I may have mentioned Dr. O'Farrell's operation to Dr. Turner, and he concludes that I must have been present. In the year 1844 I was but sixteen years of age. Again, Dr. Turner states that the tumours were kept elevated for about an hour before the operation; whereas, in my notes written shortly after the operation I find that I have written down that they were kept elevated for twenty-four hours previous to the operation, as stated in my account of these cases. Again he states that in the second of my cases only the right testicle was preserved, and on my referring to my notes I find that I have written down that both testicles were saved to the man, being found natural in size, and healthy; and again I find a discrepancy between Dr. Turner's published statement, and my notes, as regards the weights of the two tumours I removed; the first and larger one he gives as weighing 77 lbs., and the second as 30 lbs. I find that I noted them down respectively 75 lbs. and 22 lbs. However, these are not of much importance, but I do claim the entire credit of the invention of the clamp, and must in the most emphatic way repel the insinuation thrown out by Dr. Turner when he says, "I subsequently found that the

employment of such a clamp is advised in the earlier editions of Dr. Druitt's 'Vade Mecum,' and possibly Dr. MacDonogh got the hint from that source." Except the assistance I received from Mr. W. D. Beaton, chief engineer of H.M.S. *Cossack*, who kindly had the instrument made for me, I received no suggestion from any one or from the written works of any person, notwithstanding the mention that is made of a clamp in the ninth edition of Dr. Druitt's "Vade Mecum," which up to the present moment I have never seen, and only know of its existence by the quotation made in Dr. Turner's pamphlet, page 9. In fact, whatever merits or demerits it may possess, I claim to be the sole author of the clamp used in my two operations.

In a letter received from Dr. Turner, dated 20th June, 1882, he makes the following statement which, I think, shows the very loose way in which his report is made out. One would at least expect accuracy when the cases of another are reported:—"I had the impression that in your second case one of the testicles was removed, but no doubt my memory has confused that case with one of my own ones." But perhaps this inaccuracy may be accounted for by another of his statements in his letter to me of the 22nd of June, 1882, in which he says, "I found that your name had dropped out of the Medical Directory, and I reluctantly came to the conclusion that you were dead." In neither of my cases had I any difficulty in finding either the penis or testicles; as to the testicles, in all the cases I have seen, the patients themselves were perfectly cognisant of their position in the tumour, and could distinctly mark out their outline. It would have been very interesting to have learned from Dr. Turner if, in those in which the testicles were preserved, virility returned.

It gave me much pleasure to learn from Dr. Turner that in both my cases there were such good recoveries, and that my clamp and example enabled him to mitigate so much suffering amongst the poor afflicted natives of the Samoan group, and I hope and trust now that 138 cases have been operated on, out of which number only two deaths have occurred, and even these cannot be ascribed to the operation, it will be frequently performed and made the means of assuaging the sufferings of thousands. This reflection is my reward.

ON TWO EPIDEMICS OF THE PLAGUE AT KHORASSAN. (a)

By Dr. J. D. THOLOZAN.

It is a fact little appreciated by science that most pandemics have commenced at first by isolated manifestations. From this point of view, the slight outbreaks of plague which have prevailed for some time at intervals in the East are deserving of attention.

In 1870 the plague of Vettianka took place in the Government of Astrakan, the exotic origin of which has not been proved. In 1881 an epidemic of serious bubonic fever was observed in Mesopotamia, a region well known as a centre of disease. This was the sixth attack in fourteen years. Three villages in the north-east of Prussia suffered from one of those slight epidemics, the origin of which is not explained by contagion, as we understand it at the present day. It seems to me worthy of interest to give an account to the Academy of this exceptional fact, Khorassan being cited nowadays as being one of the regions refractory to the plague.

The Canton of Djovein lies at twenty-five kilos to the north of the town of Sebzavar, on the route from Teheran to Méched. It is a spacious and fertile valley of twelve to fifteen kilos, by 110 to 120 kilos, situated between two chains of mountains running from east to west. Its altitude varies from 900 to 1,500 metres. Djovein is cold in winter, and warm in summer. It consists of seventy villages, inhabited by 5,000 families.

(a) Communicated to the Academy of Science.

This population is almost entirely engaged in agriculture and the rearing of sheep. The habitations, which are situated on the plain, or on the slopes of the mountains, do not present any conditions generally recognised as favouring the development of pestilential maladies, and their hygienic state does not differ from that of other districts in the province of Khorassan, which is one of the healthiest parts of Persia. In three villages in this country at Djouloumbran in 1878, and at Bondagabad and Kélate-Arab in 1881, an epidemic prevailed which presented some of the most characteristic and gravest features of the black plague. In the month of January, 1878, the chief of the telegraph department at Sebzevar transmitted to Teheran the following news:—"A strange malady appeared in December, 1877, in the small village of Djouloumbran, a place situated in the mountains to the north of Sebzevar. The sanitary condition was not exceptional; thirty-seven deaths had taken place out of 300 inhabitants. The disease commenced with cephalalgia, pain in the side, cough, followed by bloody expectoration, both taking place on the first or second day, with complete preservation of intelligence up to the last moment. The sanitary medical officer of Sebzevar, sent by my advice to this locality in the month of June last, recognised this epidemic, at the end of 1877, as the plague. Glandular enlargement in the armpits and in the groin were observed a certain number of times. The inhabitants questioned on the invasion of 1877 say, that in the memory of the oldest inhabitant such a disease had never been noticed amongst them or in their neighbourhood. They called it *breast pang*, with *bubo*. Since the end of December, 1877—the date of the extinction of this disease—up to the present, not a single case has been observed at Djouloumbran."

The second outbreak to which I wish to draw attention took place in two villages, near one another, situated in the plain at twenty four kilometres from Djouloumbran, and forty-two kilometres north of Sebzevar. The first news of it reached Teheran on the 17th May last. In several houses in the two villages all the inhabitants died. The first village attacked, Bendagabad, had lost at this date more than half its inhabitants. In the second village, Kélate-Arab, 112 out of 1,000 had been carried off; only seven recovered.

The history of this epidemic shows that at first there was a serious disease, with pulmonary localisation, death taking place in twenty-four or forty-eight hours. Later on axillary and inguinal buboes appeared, either with pulmonary symptoms, or with petechial continued fever in the form of typhus. No similar affection had been observed in the memory of man in these two villages. Contagion from without does not explain its origin. On the 25th June the malady had totally disappeared; its cessation is explained rather by the dispersion of the inhabitants than by attenuation of the morbid poison itself. On the 20th of July the inhabitants of Bendagabad and of Kélate-Arab had not returned to their homes; nine of them were sheltered at Sebzevar. From their account the disease commenced, on the 17th of April, in a young woman with symptoms of serious adynamic pneumonia, death taking place in thirty-six hours. On the day after the father and uncle of this patient had the same symptoms; they died in twenty-four hours. Then the malady appeared in neighbouring houses, and there were thirty-five cases and thirty-four deaths out of sixty inhabitants. In consequence of the immediate dispersion of the terror-stricken inhabitants, the disease only lasted five days at Bondagabad. Buboes were not observed in any of the inhabitants of this village. The disease was carried from Bendagabad to Kélate-Arab, on the 25th of April, by the physician who had charge of the patients. He returned to his home already attacked by the contagion, and he died in forty-eight hours of a disease presenting all the features of that at Bondagabad. Three days after the death of the physician his nephew, his brother,

and his sister fell ill, dying in two days. On the 5th of May the epidemic reigned with intensity at Kélate-Arab. On the 10th axillary and inguinal buboes appeared on almost all the sufferers. At the end of the epidemic, June 25, 240 deaths had taken place out of 1,000 inhabitants.

Before the invasion of this epidemic, typhus, or some analogous continued fever, was observed in the infected localities and their environs. Up to the end of June this fever prevailed with varying intensity in the neighbouring towns, Sebzevar, Damghan, Semnan. No bubonic fever—grave or slight—was observed in these localities; no village near Bondagabad or Kélate-Arab suffered from the plague. I may note that those who fled from the pestiferous localities were not received in neighbouring villages, but their clothing was in neighbouring places, in spite of the sent to severe prophylactic instructions sent from Teheran. The orders given for the destruction of the tainted villages by inundation or fire were only imperfectly carried out. Some houses had been burnt; disinfection of a simple nature was carried out in some of the houses.

On the 29th of August all the inhabitants returned to their homes; not a single suspected case was observed up to November 25th. At this date there existed at Sebzevar and its environs some sporadic cases of typhus. Bovine pest (contagious typhus of horned cattle) prevailed near Sebzevar two months after the pneumobubonic plague above described.

Clinical Records.

NOTES FROM PRIVATE PRACTICE.

Empyema—Recovery.

By JAMES WIGMORE, M.D., Q.U.I.,
Twerton-on-Avon, Bath.

ON February 17th, 1882, I was sent for to see A. F., æt. 13, residing in the country about three miles from my house, when I obtained the following history:—

Began to feel unwell on Feb. 16th, about middle of day; got a severe wetting coming from coal-pit a few days before. First felt pain in left side, was sick, and brought up a large worm, did not notice any rigors, and was very well in the morning; feels very thirsty; no appetite; bowels confined. Pulse, 120; temp., 102°. On examination dullness over base of left lung at back, slight tubular respiration, no crepitus, puerile respiration at apex in front. Ordered beef-tea and milk and expectorant mixture.

Feb. 18th.—Pulse, 132; re.p., 48; temp., 103.8°. Sputa rusty, pain less, tongue furred, great thirst. The temperature, pulse, and respiration continued about the same till the tenth day, when they fell to—pulse, 114; temp., 99.8°; resp., 38. On the seventh day there was slight herpes on left lip; pain in side continues very severe. As the temperature again rose to 101°, I suspected some complication, and as he seemed very prostrate, with a dry tongue and red at tip, he was ordered quina sulph., gr. ij., tinct. ferri mur., ℥xv., every four hours. He continued on till March 8th, seeming a little better one day, the next worse.

On March 8th the pain in left side was so severe, he was ordered liq. opii sed., ℥v., to be repeated if necessary.

9th.—The note taken was—slept a good deal, cough troublesome, upper part of left lung tympanitic, dullness commences about third rib in front, apex beat of heart displaced to right side.

19th.—Had a consultation with Dr. Cole, of Bath, when the apex beat of heart was under right nipple; measurement of both sides of chest equal; vocal fremitus present on both sides; pain very severe on touching back of chest. Left side somewhat duller than right; still there was not the absolute dullness one expects to get in such cases. We both agreed to aspirate.

21st.—Tapped chest with aspirator and drew off 8 oz. of pus. As the aspirator became plugged we saw there was no use in repeating the operation, so we decided to open

the chest and introduce a drainage-tube. A few days after I opened the chest between the fifth and sixth ribs, when more than a pint of pus came away, and inserted a Chassaignac drainage-tube, only one opening being made, as recommended in Bryant's "Surgery," vol. ii., p. 61. Air entered very freely through the opening, but it escaped as freely. The following day I found there was a good deal of discharge through the tube. The tube continued discharging till April 10th, when it became blocked; so I washed out the cavity with a solution of resorcin, 3ss. to Oj. of water. A good deal of discharge came away. I repeated the washing frequently, and the discharge, after a few times, became much thinner and less in quantity. About this time, also, I discovered there was a drain at back of house open, which I had closed; and his sister was also laid up with pneumonia, but got all right in the usual course.

April 18th.—The heart was about mid-sternum, and some tubular breathing might be heard over a great part of left side.

23rd.—Sat up in bed for a short time.

May 2nd.—Tube came away, and the wound was closed before my arrival next day. The percussion sound was clear along back.

11th.—Wound in side recommenced discharging—about 5vj. of pus came away. Put in a drainage-tube and washed out cavity as before for the few days following.

17th.—Wound ceased discharging, and tube came out.

21st.—Sat up in bed for an hour. Wound quite healed up. Appetite good.

June 1st.—Walked down stairs, and after that he progressed favourably.

Remarks.—It will be noticed that in this case a great many of the symptoms we are taught to expect in empyema were absent; in fact, the only diagnostic points about the case were the displacement of the apex beat of the heart and the tympanitic condition of the upper part of the lung. Though the left side of the chest was full of pus, still the vocal fremitus was not entirely lost, neither was the left side absolutely dull, nor were the intercostal spaces bulging, and the measurement of both sides was equal. Pain was a very prominent symptom throughout, and the back of the chest was extremely tender. The change in the character of the discharge after washing out the cavity a few times with the solution of resorcin was very marked. It might also be remarked, that though exposure to wet was a marked cause in this case, there was no such history in the sister's case, and there was a case of some obscure form of fever next door, which seemed to improve on having the drains looked to.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TRAUMATIC TETANUS.—At a meeting of the Société de Chirurgie M. Chauvel read a communication on traumatic tetanus which gave rise to a discussion as to the rôle attributed to the great sympathetic in the affection. A soldier wounded himself severely in the left leg, and being put in a prison which was cold and damp, tetanic spasms set in which refused to be influenced by morphia or chloral (six drachms in the twenty-four hours) or chloroform inhalations. Death supervened forty-eight hours after the first symptoms were observed, and the autopsy showed, besides congestion of the coverings of the spinal cord and the brain ecchymosis of the superior cervical ganglion of the great sympathetic, together with general swelling of the nerve which presented a rosy hue. The author was inclined to think that these phenomena had something to do with the tetanus. M. Després thought that nerve stretching which gave such satisfactory results in other affections should be employed more frequently in tetanus. M. Marchant, on the contrary, believed that nerve stretching was absolutely useless. In a case of his he severed the sciatic nerve, but the patient died in spite of all. M. Verneuil was entirely of the opinion of the last speaker;

surgical treatment had completely failed in this affection. He depended more on chloral, with or without morphia, and, above all, complete immobility. In the case of a wound in the hand he had stretched the median and cubital nerves: there was an abatement in the spasms; but he also gave chloral, and the patient got well. He believed he was saying right and giving the opinion of most of his colleagues when he said that chloral is the only medicine that has succeeded in tetanus.

PNEUMONIA IN CHILDREN.—M. Jules Simon, of the Enfants Malades Hospital, gives the following distinctive characters of pneumonia and pleurisy in children:—Pneumonia commences by a rigor, by vomiting, convulsions, and a violent fever. There is no pain in the side; the respiration is quickened, sometimes reaching 60 in the minute. There is a sort of tickling sensation in the throat, which makes the little patient cough incessantly, a little dry cough. During the first forty-eight hours the physical signs furnished by auscultation and percussion are *nil*, or nearly so. The only thing auscultation discovers in the first two days is the absence of the respiratory murmur, and apnoea more or less pronounced. In pleurisy, on the other hand, there is no violent fever, no vomiting, no convulsions; so that often acute pleurisy remains entirely unsuspected by the parents. They take the malady for a simple cold, and at the end of seven or eight days the child is taken up. It is thus parents bring their children to the consulting-room, little imagining the existence of a pleural effusion. However, there is a sign that is not observed in pneumonia, and that is, pain which is not situated beneath the breast, as in the adult, but from some inexplicable cause, in the flank of the side affected. It is not an intercostal neuralgia, as in the pleurisy of the adult, a pain radiating in some of the nerve filaments of the abdominal wall. In the child attacked with pleurisy there is but slight fever; he sleeps badly, the appetite is diminished, and he complains of a pain in the abdomen, a pain which should immediately direct the attention of the medical man to the probability of the existence of pleurisy. The respiration is but very slightly accelerated, and the cough a little dry, does not present any particular features. Twelve or twenty-four hours afterwards percussion will reveal the existence of dulness, and a certain *bruit de frottement* will be heard by auscultation. The apnoea will be observed to be more or less complete; and when the child cries a veritable broncho-egophony will be perceived. The general condition of the child is so little changed that in most cases he can get up and go about as usual. As to the treatment of this last affection, M. Simon recommends dry cupping at the beginning and poultices. The next day or the following small blisters, left on for three or four hours and, when taken off, another poultice applied and left on for an hour, when the blisters will have arisen, and can be dressed. This revulsive treatment should be continued throughout the whole duration of the disease. As mixture he prescribes the following:—Tinct. scillæ, tinct. digitalis—of each 19 drops; syrup, one ounce; gum water, three ounces. A teaspoonful every two hours. The digitalis and the squills should be suppressed after four or five days. Milk should be freely given, as it acts as a good diuretic.

ACTIONS AGAINST MEDICAL MEN.—Two cases in which medical men played the principal rôle came before the French tribunals last week, and are not without interest, and perhaps something useful may be learned from them. The first was that of a man who broke his leg, and the fracture was complicated with a wound. The doctor of the village was sent for, and treated the case to the end. When he sent his note (£12) for attendance the patient refused to pay, and, being advised by another medical man, set up a

claim for £400 damages against his attendant, basing his claim on "forgetfulness or ignorance of all the rules of art, and in particular on the employment of perchloride of iron to arrest the hæmorrhage." A committee of experts designated by the tribunal composed of medical men drew up a report on the case, and having concluded in favour of their *confrère*, the man offered to pay the bill and withdraw the action; but to this the doctor refused, and brought his client into court for libel, claiming £200 damages. The patient was condemned to pay the original bill and £20 damages, besides having to pay all the expenses of the affair from the beginning to the end. It was a pity that the doctor who made the dastardly attack on his *confrère* under cover was not condemned to pay for his advice. The other case was very peculiar, both the plaintiff and defendant being medical men and both practising in a town famous for its mineral waters. An illiterate patient was sent to this place with a card from a doctor in a neighbouring town recommending him to the care of Dr. A. An omnibus conductor brought him to the house of Dr. B., who kept the card and the patient. A., learning the incident, was naturally little satisfied with the conduct of his *confrère* B., and meeting him in the street, publicly called him very offensive names. B., seeing that his position was compromised, summoned his enemy before the tribunal; but here the tables entirely turned, for B. was condemned to pay £200 damages to A., besides the expenses of the action. Dissatisfied at the issue of his process, B. appealed, but the Court of Appeal pronounced in favour of the judgment given by the inferior court, and thus ended the affair, and, I expect, the practice of Dr. B. in the picturesque town of St. Honoré les Bains.

Special.

OUR TROOPS IN EGYPT.

TELEGRAPHIC and other reports from Egypt during the past week have afforded us a good deal of information as to the conditions, sanitary and otherwise, of our troops engaged against the enemy in that country. It is perhaps in the nature of things that those reports should not be altogether in accord with each other, but such as they are, they enable us to gather the particulars which for the information of our readers we have collected, as follows:—

That in the first rapid advance from Ismailia the troops got ahead of their commissariat and transport was but a matter of course, considering the nature of the service in which they were engaged. For the first twenty-four hours they appear to have been without supplies; the native labourers fled, taking with them their animals. Soon, however, Bedouins brought in two hundred sheep, which they disposed of to the ruthless invaders of their desert home for twelve shillings per head. The neighbouring fields of maize supplied food for the jaded horses, and so all was well. More recently it is stated that there is difficulty in providing the men with tinned meats and with vegetables of good quality; also that the water of the fresh canal is fouled by dead bodies of men and animals. At Ismailia there are vessels on which water is being rapidly condensed. The fresh water canal has moreover been cleaned out, and its banks repaired where they had been injured.

The Sanitary Commission at Suez has already distinguished itself. Some cases—according to one account only two—of cholera having appeared on board ship with troops in the Red Sea, that learned and apparently numerous body held a meeting, with the result that the "doctors" differed among themselves—not by any means an unusual thing—as to the nature

of the measures to be taken. The upshot was that ten voted in favour of all ships from Bombay and Aden being subject to quarantine, and six against that measure. In the minority were one foreign and five English members.

Among the items taken into account as conducing to defence on the side of Arabi, and to the difficulties to be encountered by our forces, climate is enumerated. The fact is recognised that the temperature does not begin to moderate until about the middle of October, and that among the reasons for desiring a speedy end to military operations is the danger of sickness breaking out extensively in the forces engaged. This danger would be enhanced were Arabi to open the sluices of the Nile, but it is pointed out that the results of such a proceeding would cause greater inconvenience to him than to our troops. Not only have our troops to march over heavy desert ground, and to fight under the unfavourable conditions thus indicated, but in the absence of labourers they have also to do all the work of haulage and "navvies." In this they are by this time relieved by men imported from Cyprus.

At the affair of Kassassin, according to estimates formed, the strength of the British force engaged was 2,000; that of the Egyptians 13,000. In one place the men of the latter are described as the "flower of Arabi's army," in another as untrained Felaheen. According to one report the loss on the British side on that occasion was one officer and five men killed, five officers and fifty-six men—according to another, twenty-seven men, wounded. At all events, the circumstance is noteworthy that the officer who was killed was not a *combatant*, but a medical officer. As to the destruction to the enemy, it amounted, according to one account, to "thousands;" according to another, sixty-nine dead bodies were found upon the field of battle.

The accounts of the state of health of the troops vary. At Alexandria it was described as fair; yet endemic fever was on the increase, and one officer had died of dysentery. At Port Said dysentery from bad water is looked upon as more to be dreaded than battles against the Egyptians. At the front cases of sunstroke are said to be numerous, and it is remarked that the attack occurs for the most part in the morning.

At Ismailia the field hospital is established in the palace of the Khedive. After the engagement of Kassassin the patients under treatment included 93 wounded officers and men, 85 cases of sunstroke, besides others from bad water, doubtless dysentery and diarrhoea. Such of the patients as were in a fit state for removal were being "evacuated" to the hospitals afloat. The most recent accounts say that the sick and wounded together amounted to three hundred.

As an agreeable recreation in what would otherwise no doubt be intervals of idleness some "non-combatants" of sporting proclivities appear to indulge in their favourite pastime, their game Bedouins of the desert, their weapons, however, no more deadly than the field telescope with which the men in question are armed. But Bedouins when "stalked" are apt to become dangerous, and when brought to bay have on occasions been known to be somewhat dangerous "quarry." These wild Ishmaelites hover everywhere about the camps and battle-fields; they rob the living and pillage the dead when opportunity offers; perhaps, therefore, it is satisfactory to know that to them, and not to the Egyptian soldiers, are due the indignities to which the dead of both sides are said to have been subjected.

It is asserted (*New York Medical Journal*) that no authenticated case of rabies has ever occurred on the Pacific coast of America.

THE SICKNESS AND MORTALITY AMONG BRITISH TROOPS IN INDIA, AFGHANISTAN, AND BURMAH.

FROM the official reports to hand we have gleaned the following particulars in regard to the rate of sickness and mortality among British troops serving in India in the year 1880, that being the latest period to which published statistics have been brought down. The average strength in the Bengal Presidency was 31,585. Among these the ratios per 1,000 were, admitted 1,813; daily sick 75; death rate 27·73. Compared with 1879, when the death-rate was 29·87, that of 1880 shows a decrease equal to 2·14; but, whereas, in the latter year the death-rate by cholera was only 4·84, it was 8·95 in 1879, hence in 1880, as compared to the year preceding, there was an increase in the mortality rate in Bengal from other causes than cholera. In the Madras Presidency an average strength of 10,319 gave an admission rate equal to 1,868; daily sick 64; deaths 10·18. This extremely low death-rate is exceptional, if indeed, not unprecedented, among our troops in India. The invaliding rate was also only 20 per 1,000; cholera was almost entirely absent, only one death by that disease being recorded, and as indicated by the statistics, the general type of disease was unusually mild. In the Bombay Presidency the strength was 9,903. The ratios of admissions 2,150; daily sick 78; deaths 30·70; invaliding 49; equal to a yearly loss by these combined causes of 79·70, a ratio which must be looked upon as excessive, the more so when all the so-called sanitary and medical improvements of recent years are taken into account. As if to render this death-rate the more remarkable, the white troops in this Presidency were altogether exempt from cholera in 1880. It is observed that the chief factors of this death-rate were dysentery, diarrhoea, fever with bowel complication, or "enteric" fever, as that form of disease is often designated, remittent fever, and heat apoplexy or sunstroke. In Afghanistan the average strength of the Bengal white troops was 7,921. Among them the rates of admission were 1,527; daily sick 65; deaths 51. The rates of admission, and of daily sick are thus shown to have been higher than they were in 1879, but that of deaths is 37·12 less; the decrease being accounted for by the diminished frequency of cholera. Thus, whereas in the earlier year the rate of death among those troops by cholera was 38·42 per 1,000, they were in the later only 1·77; the contrast between those figures indicating the terrible extent to which during the first portion of the campaign, our soldiers suffered. Among the troops occupying the Khyber line from Ali Musjid to Gundamuck the death-rate in 1879 amounted to the enormous figure of 138·13 per 1,000, to which cholera contributed 74·03; and deaths by violence, in other words, casualties in battle, 46·93. In 1880 the rate of mortality in the same force was 71·40, of which a ratio of only 4·78 per 1,000 strength was by cholera, and 6·15 by casualties by violence, so that if these figures be deducted, the death-rate stands at 60·50, or 13·57 per 1,000 higher than in 1879. Among the fatal diseases, were diseases of the respiratory system, dysentery, and fever with bowel complication. In the Kurram Valley the rates of admission were 2,467; daily sick 91; deaths 45·07; of the latter, 3·75 were by violence, but cholera appears to have been entirely absent. The troops in Southern Afghanistan enjoyed better health than either of these columns. The total death-rate for the period of occupation was 49·00 per 1,000; but of this proportion 22·07 were due to casualties in battle, and other kinds of violence, leaving the actual mortality by disease equal to 26·93; cholera was absent during this time. In Burma the deaths among British troops amounted only to

18 in an average strength of 2,734, equal to 6·22 per 1,000. These figures indicate what must be considered to be an even more exceptional state of things than that which has been noticed in regard to Madras. It is right to observe, however, that in 1879 the ratio of deaths per 1,000 troops in Burma was 23·42.

THE EXODUS OF IRISH STUDENTS TO SCOTLAND.

EFFECT OF THE CHEAP AND EASY DIPLOMA COMPETITION.

THE following excerpts from the evidence submitted to the Royal Commission on the Medical Acts throws further light on the Scotch diploma traffic referred to in our issue of last week:—

[DR. ARCHIBALD H. JACOB, of Dublin, examined.]

I WOULD like to ask you whether in your opinion there is not a want of equality in the examinations, the curriculum, and the fees of these various corporations?—There is an excessive want of equality as regards Ireland, which I will illustrate by one or two figures. A person desiring to obtain the M.B. and M.Ch. degrees of the University of Dublin will have to attend thirteen courses of lectures, occupying at least three years in medical study. It will cost him £136 for his medical and surgical qualifications, besides £83 for the arts qualification, which is necessary to his obtaining these as a University student, making a gross total of £219 that that man will have to pay. The lectures are £61, the hospital £44, and the degree fees £31; that makes £136. If the same student desires to obtain the same degrees in the Queen's University he can obtain them upon lectures which may be put in in two years at an expense of £61. This is considerably less than half the expense of even the medical portion of his education in Dublin University, and it is one year less in the way of curriculum. If he desires he can obtain qualifications at the Apothecaries' Hall, with twelve courses of lectures, for £73; but if he wishes to obtain the Dublin double diploma, that is the licence of the College of Surgeons and the College of Physicians, it will cost him in three years £157. So that the expense of obtaining degrees varies in Ireland from £61 to £157; and the length of the curriculum varies from two years to four years.

May I take it that this is your meaning, that the result of inequality in the curriculum and the amount of fees is to drive students away from Ireland to other places at which the curriculum is shorter, and where the fees are lower?—Yes. To drive the students from those bodies which maintain a high curriculum, a high course of study.

A high course of study and a short curriculum, you mean, has that effect?—No, a long curriculum and a high course of study will drive them to other bodies which require a shorter curriculum and a lower course of study, whether those bodies be in Ireland or in Scotland. I took the Medical Students' Register, which is published annually by the Medical Council, for ten years, and I picked out from it all the Irish students, numbering 2,584; I followed those students into the Medical Register of Practitioners for the purpose of ascertaining where they obtained their licences. It will appear that out of 232 surgical diplomas granted by the Edinburgh College to Irish students, 54 were granted to students of the Queen's College, Belfast, 66 to those of the Queen's College, Cork, and 81 to those of the Queen's College, Galway; that is to say, that 151 out of the 232 came from the Queen's Colleges. Now, if you will permit me, I will explain the reason of that. A student attending in a Queen's College may obtain all the lectures necessary for a Queen's University degree, or a Scotch double diploma, in two years, not more than two courses of lectures being required in any subject. That student, if he were to come to Dublin, would be obliged to put in a third year, to attend a third course of lectures, pay for his maintenance in Dublin, and pay his fees. Consequently, he does not come to Dublin; but when he seeks a diploma outside his own University, he goes direct to the Faculty at Glasgow, or to the Colleges of Physicians and Surgeons at Edinburgh for it. Thus it turns out that a very large proportion of the Irish students have within the last fifteen or twenty years taken their qualifications in Glasgow or in

Edinburgh, in consequence of the fact that the curricula there are equal to the curricula of the Queen's Colleges, and below the curricula of the Dublin Colleges. Therefore I use these figures to enunciate the fact that that inequality has been productive of an enormous exodus of Irish students to Scotland; and that if that exodus, or that competition of curricula, is ever to be put a stop to, it can only be put a stop to by, to a certain extent, equalising the curricula, the fees, and the examinations.

Then will you tell me by what means you would propose to stop that inequality?—By the conjoint examination, as proposed by the Bill already before Parliament.

With regard to the number of students who leave Ireland in order to get degrees or diplomas or licences elsewhere, I think you said you had gone over a list of over 2,000?—2,584.

A considerable number, especially of the young men educated at the Queen's University, went to Scotland in order to get their licences?—Yes.

It occurs to one that it may be on account of the lower standard, either of examination or curriculum, or that the fee is lower; is the inducement, in your opinion, in this direction?—I am not in a position to form any judgment as to what the standard of examination is, but I am as regards curriculum and fee; and I believe the cause of the exodus of students is in consequence of the lower curriculum and the cheaper total cost of qualifications obtained in Scotland.

You are led to believe that it is in consequence of shorter curriculum and lighter fee that they go to Scotland?—Quite so.

It would be of great importance to ascertain whether anything of the same kind occurs with regard to any of our Irish institutions; do you know, as a matter of fact, whether any young men come to Ireland from either England or Scotland to pass at any of our licensing bodies?—I am only able to answer, with any degree of certainty, for the College of Surgeons, and I do not know of any young men coming from England or Scotland to pass at the College of Surgeons, except such as have come from England or Scotland and taken their education in Dublin; I do not know of any who have been educated in England or Scotland who have come to Ireland to take their qualification.

Then, in fact, you look for a remedy for this exodus of Irish students to an equalisation of the curriculum?—Yes, I do.

In talking of the reasons for which students go from Ireland to Scotland, you speak of Scotland as having the easier curriculum; that is to say, you believe it to have fewer rigid lecture requirements?—Yes.

And smaller fee?—Yes.

Should you attach very great importance to those matters as inducements?—Yes, certainly.

Should you regard them as vicious or objectionable inducements?—Yes; I certainly should regard the restricted course and the smaller fee as vicious inducements. I should not in the least object to a reduction of the curriculum if it was a universal reduction. My objection is not to the reduction of the curriculum itself, but to the fact that the reduction operates improperly by inducing men to go where they will get a shorter and easier course of study. I mean, shorter, in the sense of being less in extent.

You would, of course, consider it fatal to the public interest, if there were such differences of examination between Dublin and Scotland, that men should be able to go from Dublin and pass an examination in Scotland which might be below the proper requirements of the public?—Certainly I should.

(To be continued.)

THE Editor of the *Irish Medical Directory* will feel greatly obliged if those gentlemen who have not yet returned their corrected statement of qualifications, &c., for insertion in the *Directory* for 1883 will do so at once. He also solicits information as to inaccuracies, either of omission or commission, in last year's issue, as, in consequence of the difficulty of eliciting replies, he finds it almost impossible to eliminate all errors.

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The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, SEPTEMBER 6, 1882.

THE SYMPATHETIC SYSTEM AND DISEASE.

THE vast majority of medical practitioners probably fail to attach all the importance they ought to the influence exercised over the progress of disease by the sympathetic nervous system, and it would be difficult, in the present state of our knowledge concerning the functions of this set of nerves, to fix any great amount of blame on those who do not fully appreciate the necessity of fully weighing the effects attributable to them. For a long time they have been a favourite subject of controversy with physiologists and pathologists; and as in the past most varying views as to their importance have now been urged and now denied, so in the present there exist two opposite schools of belief respecting their functions. In all scientific questions which occupy a debateable position, and which affect the profession, it is eminently desirable that periodical surveys of them should be made by competent inquirers for the benefit of the general practitioner, who cannot, by reason of his occupations, determine for himself amid the theories and statements made on different sides. Hence, as we have often observed, the advantages conferred by the delivery of such lectures as have been wisely provided for by liberal benefactors—lectures of which the Bradshaw Address, recently read before the Royal College of Physicians of London, by Dr. E. Long Fox, is an example—extend far beyond the immediate circle of those who actually hear them.

Their value is of necessity intimately dependent on the competency exhibited by the orators selected to deliver them; but so extensive is the field of choice open to the electors, that it may safely be said the lectures delivered at various times in the halls of the Royal College of Physicians are without rivals in any part of the world, both for the inherent excellence they exhibit, and for the influence they exert over the progress of scientific medicine. In this respect, the latest addition to their number, Dr. Fox's Bradshaw lecture on the "Influence of the Sympathetic on Disease," is a contribution deserving even extravagant praise. Although it is in great part a recapitulation of work already accomplished, yet it is so carefully constructed, and arranged with so much judgment, the facts that support theories, and the theories to which they lend importance, are so judiciously advanced and commented on, that none can fail to derive the utmost instruction from the demonstration Dr. Fox has provided.

Every physician has, some time or other, placed before himself the problem whether the sympathetic is, or is not, an independent system. Puzzled by the progress of a fever case, by the developments of hysteria or of hypochondriasis, or at a loss to account for apparently inexplicable disturbances of gastric or intestinal origin, he refers them, with a sort of hopeless energy, to the "sympathetic;" and it is no reproach to him that in barely one instance out of a thousand is the diagnosis advanced by intelligent understanding of what is involved in it. As Dr. Fox has observed, "the lesions to which the sympathetic is subject are manifold. In a large number of these coarser lesions the influence is not that of the sympathetic on disease, but of disease on the sympathetic;" and though this has apparently the effect of simplifying the matter to the comprehension, it really does not remove any of the complications surrounding it. So far as pathological data lend assistance, however, it must be said that a good deal is known now that was formerly hidden, and from the fact of certain lesions of parts of the sympathetic attending the presence of clinical symptoms, the presumption of a distinct relation between them is set up. Thus, quoting from Dr. Fox's address, "Both in ataxy and in tetanus redness of the semi-lunar ganglia has been observed. Inflammation of the semi-lunar ganglia has been associated with headache, hypochondriasis, vomiting, and death from marasmus; inflammation of the left portion of the solar plexus with pertussis, spasmodic vomiting and convulsions; inflammation of the ninth and tenth thoracic ganglia after retrocession of an exanthematous disease, with opisthotonos; vascularity of the sympathetic nerves in the chest, and of the semi-lunar ganglia, with tetanus; great increase in the size of the lower cervical ganglia, with cretinism, great increase in the size of all the ganglia with idiocy; enlargement of all the abdominal sympathetics and of the splanchnic nerves, with diabetes; increase in size of the semi-lunar ganglia with a case of tuberculous supra-renal capsule; increase of size of the same ganglia with cancer of the stomach." These changes are capable of being referred to the influence of disease on the sympathetic nervous centres, and in the light of

what is common knowledge regarding inflammatory processes it is not difficult to trace such effects to the influence of altered nutrition; while the consequences that follow from the disorganisation of important parts of an organic system like the sympathetic must necessarily be radiated in every direction from the injured centres. Whether we need to accept the theory of an independent activity for the sympathetic may continue to be doubted, but it is scarcely possible to explain all the observed effects attributable to it alone on other grounds. The occasional occurrence of anencephalous monsters, in which the sympathetic is the only nervous system present, is a strong argument in proof of such intrinsic independence; and the lessons of animal morphology afford even stronger indications of the correctness of this view. In a highly complex organism, however, when we find, as additional developments, and possessing superior endowments, a cerebro-spinal nervous system wholly supplementary to the sympathetic, it is not unreasonable to suppose that the latter will, under ordinary circumstances, be dominated by the former; and we may, perhaps, regard such a relation as that persisting under normal conditions of health. Whether, with altered circumstances, a higher degree of spontaneity is exhibited by the sympathetic, will in all probability continue to be a moot point as long as we are at fault in deciphering the nature of those changes which, because we cannot perceive them by any means as yet discovered, we agree to call molecular. Certain it is that secondary derangements do follow on the reception of primary lesions by the sympathetic centres, and that they are of sympathetic origin there is no room to doubt. Dr. Fox cites among such indications, flushing, sweating, tinnitus, headache, faintness, palpitation, constipation, diarrhoea, vascular intestinal congestion, diuresis, &c.

If once the independent action of the sympathetic is conceded so far as to admit that it is "one of the chief factors in inflammatory disease of every organ of the body," and that this is consequent on the influence it holds over nutrition and circulation, it will be difficult to escape the conclusion to which Dr. Fox evidently tends, and which would attribute no unimportant place to the sympathetic in every diseased condition of the body. This logically follows if it be assumed to have a part in the due performance of all the regular functions; but, as we have already hinted, this is by no means a commonly accepted axiom with the profession. That the significance of the sympathetic in health and disease deserves to be more fully considered and more generally regarded, Dr. Fox's lecture may have the effect of convincing the medical world. It can do no harm if his emphatic language excite inquiry and investigation; nay, vast benefits must follow should he be the means of creating distrust of the rough and ready practice that associates the sympathetic with the unknown; and, even though we may not be disposed to accept the full meaning of his utterances, the following portion of his closing remarks cannot be too attentively weighed and tested at every possible opportunity:—

"The influence of the sympathetic touches every normal function of the body, every abnormal disorder.

It is the connecting link for function between all organs ; its close brotherhood, I had almost said cohesion, with the cerebro-spinal nerves and centres brings into association in a thousand ways the purely nervous phenomena with those more primarily sympathetic ; it is frequently the seat of coarse lesions, but where the same symptoms are met with, when these coarse lesions or injuries cannot be recognised, it is only fair to believe in an irritability, a morbid condition of the sympathetic ganglia, the anatomical elements of which may probably present themselves to means of research, as these become more accurate.

"In congestion, in hyperidrosis, in some forms of angina pectoris, in sunstroke, in the regulation of vascular tone, and in its many abnormalities, in vaso-motor neuroses of the extremities, in symmetrical vaso-motor gangrene, in some varieties of aneurism and of albuminuria, in diabetes mellitus, in diabetes insipidus, in hysteria, hypochondriasis, and other forms of neurasthenia, in those Protean disturbances of the economy that are excited by emotion, and lastly in pigmentation, including Addison's disease, the influence of the sympathetic seems primary, and almost, if not wholly, independent. In inflammation, including practically inflammatory disorders of all organs, in fever, in hemiparesis, in exophthalmos, in progressive facial hemiatrophy, and in epilepsy, the part played by this system of nerves is secondary, though important. In most of these, however, as of other ailments, the cardiac phenomena, the conditions of vascular tone, the perspiration and diarrhoea, the marvellous influence of the abdominal nerves and vessels on the distribution of blood in the body, are evidences of collateral and coincident disturbances of the sympathetic.

"This system is far more than a chain of transmission from the higher nervous centres. It often stands alone ; far more often in correlation with the cerebro-spinal system."

THE DUTIES OF A BRANCH MEDICAL COUNCIL.

APPROPOS of the evidence given by Dr. William Stoker, of Dublin, before the Medical Acts Commission, on which we commented in our last issue, we would like to ask a question to which we solicit a reply from any of the representatives on the General Medical Council, either of the University of Dublin, the Queen's University, the College of Surgeons, the College of Physicians, or the Irish Apothecaries' Hall, who constitute the Branch Medical Council for Ireland.

We want to know why it is that not one of these gentlemen, nor any one of the deceased Crown representatives for Ireland ever breathed a word to the Medical Council in reference to the traffic in sham certificates in Dublin ; the tricks perpetrated in Dublin with reference to medical teaching ; or the trade in diplomas worked—as Dr. William Stoker points out—between the Irish Apothecaries Hall and the Scotch Colleges ?

In Dr. Jacob's evidence before the Royal Commission we find the following :—

You state that the Council "has 'recommended' changes for the better, but, lacking the courage to battle with the vested money interests of individual institutions, has permitted its 'recommendations' to be habitually set at nought." Do you still hold to that view ?—I do. As a matter of fact, its recommendations have been habitually set at nought. For instance, it is one of the recommendations of the General Medical Council that not less than four years should be occupied in medical study. It is notorious that two years and nine months has been

occupied in medical study ; and as two years and nine months has been a frequent period for obtaining a medical licence, the recommendation has been disregarded in that respect. I have reason to know that that has been set at nought. Again, it has been one of their recommendations that no man should obtain his qualification before he was twenty-one years of age, and that preliminary examination should always precede medical study. I am aware, as a matter of notoriety, that these recommendations have been in certain cases set at nought.

You have referred to three matters as to which I confess it seems to me that you believe the Medical Council to have virtually connived at an evasion of its regulations in three important particulars ?—I did not desire to imply that the Council as a whole connived at it. I stated that those recommendations were, as a matter of fact, evaded, and that the Medical Council did not enforce them ; but I did not suggest that the Medical Council as a whole was cognisant of it, and notwithstanding such cognisance, permitted the thing to continue.

I think I understood you to say, emphatically, that it was notorious ?—So it is notorious.

And, being notorious, you would expect that the twenty-four members of the medical profession (it being part of their business) should know it ?—I think it would be strange if they did not know it.

There can be no doubt that the word "notorious" used by Dr. Jacob was fully justified. Every medical teacher in Dublin has for years known of the prevalence of the sham certificate system ; the trade in half-diplomas between Dublin and Edinburgh ; the admission of boys to the profession ; the evasion of one of the four years of medical study ; and the admission of students to the study of the profession before either preliminary examination or registration. And yet—except when Dr. Haughton once let drop a chance word about sham certificates which he afterwards flinched from justifying—no whisper of these abuses seems to have ever reached the General Medical Council from any member of the Branch Council.

Nay, more—it is on record on the face of the minutes of the General Medical Council, that when that Branch was forced by an order of the Council to make an appearance of investigating the sham-certificate abuse, and when the true facts came before them, admitted by those responsible, they refrained either from taking any steps or expressing any opinion thereon.

On this subject Dr. John William Moore, representing the Irish Medical Association, gave the following testimony :—

Supposing that the general principle which you were suggesting were acted on, that the licensing bodies should insist strictly and literally upon the corporeal attendance of students at all those lectures, do you think it would be very easy to enforce that rule ?—Your question raises one or two very important points. First of all comes the general question, whether lectures are of any use at all or not ; but what we do feel is this, that so long as the licensing bodies have courses of lectures the attendance on those courses of lectures should be *bona fide*, otherwise the moral effect on the lecturer and on his class is most unfortunate. It is a falsehood, the whole thing from beginning to end. The lecturer enters the names of a number of gentlemen, and gives them their certificates, and those certificates are worded "Mr. So-and-so has attended, or has diligently attended, those lectures." I am a lecturer myself, and I positively refused to sign my name to any such document as that, and my colleagues did the same, so that the result of the action of myself and my colleagues has been to insist upon an absolute *bona fide* attendance at our lectures in the Carmichael

College of Medicine. The required attendance amounts only to half the course, but it is better to have that than none at all, if the lectures are to remain obligatory.

Of what value, we ask, is a Branch Medical Council which deliberately conceals the existence of the grossest abuses from in the General Council? Is it not high time to wipe out the system which tolerates such a condition of things and to substitute for such "representatives" as these some gentlemen who have no interest in concealment, but have the courage to do their duty with respect to abuses.

Notes on Current Topics.

The Fortune of War.

THE medical profession sustained a not inconsiderable loss in connection with the engagement between our troops and the Egyptian rebels at Kassassin, the only fatal injury among officers on that occasion being sustained by Surgeon-Major Shaw of the Army Medical Department. This fact is a somewhat grim commentary on the action which denies to medical officers on service during war any rights except those accorded to non-combatants, and with such information as we have already received concerning the conduct of those who are now in Egypt as medical attendants on the army it is easy to perceive the injustice of withholding the rank proper to men who risk at least as much as any of the actual fighting class. No better proof, for all it is a mournful one, could have been given by the deceased surgeon to show how zealously he performed his duty, and we cannot but regret that his life should have fallen forfeit to his exertions. The late Surgeon-Major was a graduate in medicine of Queen's University, Ireland, and became assistant-surgeon in the army in 1863, surgeon in 1873, surgeon-major in 1876.

As an example of the steady coolness and intrepid bravery exhibited by the medical staff on the field of battle, the *Standard* recounts the following incident of the first bearer company of the Army Hospital Corps at the Kassassin engagement:—Through some movement of the troops the bearer company was isolated, and it became clear that if their safety alone were consulted a change of position would have to be made. As this, however, would have led to interruption in the dressing of the wounded, on which the medical officer in charge was busily engaged, he refused to permit any movement, and his spirit becoming infused into the men, they heartily seconded his determination. In order to make a shelter they filled their haversacks with sand, and then, using the rifles of the wounded, vigorously repelled the enemy's attack, to which they were exposed, until the arrival of the cavalry secured their safety. The name of the medical officer who thus vindicated the reputation of his order is not given in the descriptions hitherto received, but doubtless it will not long remain undiscovered. Whoever it was, he nobly discharged his duty.

It is not improbable that a further staff of female nurses, chosen from amongst those trained at Woolwich and the Royal Victoria Hospital, Netley, will be shortly despatched to the seat of war.

Infectious Hospitals for Kent.

THE importance of providing hospital accommodation for the reception of cases of infectious diseases is becoming much more generally recognised and acted upon now than formerly, and in certain districts considerable energy is displayed in making the needed arrangements to this end. Kent has hitherto been altogether without such institutions, but the first erected for the purpose has just been completed, and is ready for occupation. It is situate at Sittingbourne, and has been erected, at a cost of £5,000, by the united sanitary authorities of the Milton Union. Other hospitals of a similar description have either been commenced, or are in contemplation, at Maidstone, Chatham, and Faversham, and there can be no doubt felt respecting the advantages that will be likely to result from their existence when occasion arises for them.

Prize-fighting.

MUCH as we may be inclined to regret any indications of a falling off in the national devotion to manly athletics, there can be no possible excuse for retaining an institution of so barbarous a nature as prize-fighting. In whatever sense it is regarded, this brutal pastime is eminently degrading; it entails an amount of punishment on the principal actors which is within very "measurable distance" of fatal injury; it is even more destructive of better feeling and humanity than it is of facial beauty; and, prosecuted as it must be, in this country, it is necessarily demoralising to every one who participates as a spectator in the excitement of the battle, inasmuch as they can only do so with the consciousness of breaking both moral and legal statutes. The effects that will surely follow on widespread repetition of the scenes formerly too common in connection with prize-fighting are too serious to be patiently anticipated, and we may be permitted to hope that the disgraceful combats recently entered on may be among the last to be reported. Magistrates undoubtedly, by their lenient sentences, indirectly encourage the spirit which gives rise to such contests. It is surely no punishment to a person of degraded and brutal instincts to require him to find sureties for his good behaviour, or else go to prison for three months—this being the decision recently given by magistrates in a prize-fighting case. We are as much, and possibly very much more, interested than any other profession in the effacement of the spirit which incites to these encounters; and we are fully justified in demanding that, as a matter of public necessity, those who offend against the law, either by fighting or abetting those who fight, shall be brought to punishment of sufficient severity to deter them and others from further wrong-doing in the same direction.

NINETEEN persons were summoned before the Leiceaster magistrates on Friday for non-compliance with the Compulsory Vaccination Act. In almost every case conscientious objections were urged, while in several instances death and injury in the families concerned were alleged through the effects of vaccination. Fines of 10s., or, in default, seven days' imprisonment, were inflicted in eighteen cases, the other being adjourned.

The Spread of Disease.

It is interesting to note that, at the present time, when we have just received the report from the Commission on the Contagious Diseases Acts, the American medical profession is also turning its attention anew to the same subject. The *Boston Medical and Surgical Journal* observes that "it is somewhat singular in this country (*i.e.*, America) there should be carefully exempted from all regulation or repressive measures a single disease, or rather a set of diseases, and this not because of their insignificance, but simply because of their mode of communication. If a man have small-pox he is hurriedly isolated, and all possible danger to his neighbours carefully prevented. If he have a greater disease, he is at liberty to spread it, as his ignorance or wickedness may direct." The same paper goes on to admit that "the difficulties in the way of its regulation are numerous, lying partially in the nature of the subject, but in great measure in the delicate sensibilities of the religious world, which refuses to consider so unsavoury a subject." It then proceeds to note the provision of a proposed Act, to the effect that infected persons might be removed to special hospitals if deemed necessary for the welfare of the State. Such a measure is, however, deemed impracticable; but the *Journal* thinks, and rightly, that some good will flow from discussion of the question every time it is reopened.

The Association for Opposing Compulsory Notification of Infectious Diseases.

As the subject of notification by medical men had been discussed at Worcester by the British Medical Association, it was thought desirable to ascertain whether any change had come over the views of the members of the opposing Association in consequence of that discussion. A meeting was accordingly held in Liverpool last week, and a test resolution put to the vote, declaring that the views of the meeting were the same as those expressed at the meeting held in July last. This was carried by an overwhelming majority, there being but two against it, in a meeting composed of about sixty members. A committee was afterwards appointed for the purpose of conferring with the Liverpool Health Committee as to the best method to adopt to ensure the early notification of infectious disease without saddling the medical profession with this odious task. The conference has not yet taken place; but the Health Committee, the Chairman of which had intended making an effort to apply this year to Parliament for power to adopt the objectionable Act, have been requested to postpone taking any steps until an alternative can be proposed by the Association. The Chairman of the Health Committee, who imagines he has a keen insight into human nature and knows the mind of the profession better than it knows itself, thinks that medical men will be glad to tell all they know, provided only that they get official sanction for doing so, and that their present attitude is put on for appearance's sake only. Being thoroughly convinced of this, he would then, in the most friendly manner possible, force the Act on them, which by a little gentle coercion would be doing for them the very thing they would like to do, only it would not do to let this be known! Query regarding the conference

above mentioned: Is not the Association overstepping its bounds by proposing? It was formed for the purpose of opposing, not proposing.

A Struggle for a Fever Corpses.

A SAD scene, one illustrating the absolute indifference existing among the lowest classes to infection, or how it is spread, occurred at Birkenhead last week, at which place an elderly man named Busede was charged before the borough magistrate with obstructing the health officers in the execution of their duty. From the evidence adduced, it appears that the health officers, in the discharge of their duty, went to remove the body of John Briscoe, who died of typhus fever, from a house in Albion Street, where it had been lying several days, when they found about twenty people in a small room, with the body, eating and drinking. The defendant threw himself on the coffin, and said it should not be removed. His friends supported him, and a struggle ensued, during which the coffin lid was torn off. Ultimately the officers removed the body to the mortuary. The defendant was fined 20s. and costs. We question whether a cat-o'-nine tails would not have been the most fitting punishment for such diabolical conduct.

Notification of Infectious Disease.

THE following is the statement of opinion which was presented by Dr. Jacob at the meeting of the British Medical Association:—

We, the undersigned medical practitioners in Ireland, are of opinion—

1. That the proposal to compel medical men, without any discretion, to report cases of infectious disease either to the custodian of the patient or to the sanitary authorities is an unwise interference with the relations in which such medical men stand with their patients.
2. That the dread of the consequences of notification would be likely often to lead to concealment of disease by the public, and to the exclusion of the medical practitioner with that object, and that, thereby, disease would probably be extensively spread owing to the absence of the precautions which, under the advice of the physician, are now usually adopted.
3. That the imposition of the duty of reporting all infectious cases would be so irksome and prejudicial to the interests of practitioners, that it might probably be frequently evaded, and thus those practitioners who felt it their duty to comply conscientiously with such law might be placed at a disadvantage in the practice of their profession.
4. That any project of law which would place the physician in the position of appearing in the witness-box to testify against his patient ought to be energetically opposed.

We, therefore, are of opinion that in the interests both of the public and the physicians the proposal to compel practitioners to report directly or indirectly all cases of infectious disease to the sanitary authority ought to be resisted by the profession.

Signed by over six hundred Irish medical practitioners.

The Spread of Cholera.

CONSIDERABLE anxiety is felt, not only in foreign countries, but also at home, on account of the serious progress Asiatic cholera is making at various stations. At Manila three hundred deaths from this cause alone occur daily; an outbreak is also reported nearer home, at Tangiers, on the shores of the Mediterranean; and at Alexandria the utmost precaution is now being taken to prevent, if possible, its introduction among our soldiers and sailors in Egypt, cases having been brought to Aden and Camaran on board a vessel from Bombay. Of course quarantine is the measure upon which reliance is placed by the authorities, and this is being rigorously enforced, much to the annoyance and perturbation of ship-owners. Although we do not share in the present freely-expressed fears of its migration so far westward as this country, nor think there is any tangible excuse for panic, those who have the care of shipping should nevertheless assist, rather than growl at the authorities for taking these very necessary precautions, because if an authenticated case found its way to these shores, the present trifling inconveniences would be materially increased by quarantine at all our ports. The last serious visitations to this country were in 1848 and 1856, since which one or two isolated cases only have occurred. Petenkofer's is the latest scientific treatise published on cholera in this country, and on the strength of being forearmed, many will doubtless study this book at the present juncture.

The Status of Queen's University Graduates in the Royal Irish University.

THE following letter has been received by a graduate of the Queen's University in answer to a question and application in reference to the position of Queen's University graduates in the new Royal University of Ireland:—

“Royal University, August 10th, 1882.

“Sir,—We beg to acknowledge the receipt of your letter of the 9th instant. With reference to your question whether graduates of the late Queen's become graduates of this University, we can only quote the words of the Act of Parliament 42 and 43 Vict., c. 65, s. 11: ‘All persons who at the time of the dissolution of the Queen's University are graduates of the Queen's University shall forthwith become graduates of the University constituted under the provisions of the charter mentioned in this Act with corresponding degrees.’ That section has conferred upon all graduates of the late University, degrees in this University corresponding to those they held in the Queen's University. We believe that, according to the opinion of the English law officers, the proper mode in which the medical graduates of the Queen's University shall now appear upon the *Medical Register* would be somewhat as follows: 1875. Jan. 19th. —. Name, —. Address, —. M.D. 1873, Royal University of Ireland; with a note indicating either to each name, or generally to all, marked, say, with an asterisk, that degrees of the Royal University dated prior to February 3rd, 1882, were obtained in the late Queen's University in Ireland. We do not think our Senate would confer the degree M.D. upon a person who has the degree of an earlier date; but,

if you desire to make any formal application on the subject, we will bring before the next meeting any letter you may address to the Senate on the subject.—Yours faithfully, J. C. MEREDITH, D. B. DUNNE, Secretaries.”

Medical Heroism.

WE publish in another column an interesting lecture by Dr. Tholozan, on the Plague. In spite of all the fogs of our own country, the thousand and one grievances of which we complain, Great Britain is a more desirable residence for practitioners than the land rendered familiar to readers of poetry by the beautiful poem of Moore—the “Veiled Prophet of Khorassan.”

“In that delightful province of the Sun
The first of Persian lands he shines upon,
Where all the loveliest children of his beam,
Flow'rets and Fruits blush over every stream.”

There lurks a deadly enemy to man in the shape of the plague. The fate of the physician and of his relatives is a sad family history. His death points out some lessons.—1st. He died at his post, like a hero. No doubt his life was one of labour and self-sacrifice, and some rude cross will alone mark his grave. Hippolyte Fauvel, the brother of Ch. Fauvel, a well-known French practitioner, has written a beautiful poem on the village practitioner. It is so appropriate that we transcribe it without translation:—

C'est le medecin du village,
Obscur, ignoré, méconnu,
Le dévouement est son partage,
Quelqu'un souffrait; il est venu.
Il est nuit, et sur la campagne,
La neige étend son blanc linceul,
Qu'importe! un pâtre l'accompagne,
Les enfants l'attendent au seuil.
Il entre dans l'humble chaumière,
Pas de pain, souvent pas de lit!
Sur un grabat se tord la mère...
Il paraît, console et guérit.

Frère salut à toi, dont la modeste vie
Est un long sacrifice! à toi que l'on oublie,
Et qui trouves toujours dans la fond de ton cœur
Un courage éprouvé pour cet ingrat labeur.
Frère! salut à toi! Tu fus la Providence,
Des pauvres ici-bas! La-haut ta récompense!

2nd. The physician carried the plague to Khelat-Arab from Bendagabad. The second lesson is a serious one. Medical men may become disseminators of disease, as in this case. The obvious conclusion is that, in the case of plague, the medical man should confine his attention to the infected centre, and not visit localities where the disease does not exist. Can this be done? The next point is, the medical man should use strict precautions and antiseptic measures on his own person, so that if he has to visit other families he may not infect them. Change of clothing, washing the hands, &c., are some of the most important precautions. We trust Dr. Tholozan will direct the attention of the authorities at Teheran to this danger, and that a sufficient supply of medical men will be procurable in case of other outbreaks of plague in Khorassan.

ACCORDING to M. Dareste (*Comptes Rendus*) monstrosities may be produced, in birds, by simply prolonging the interval between the laying of the eggs and the commencement of incubation.

Indiscreet Touting.

THAT zeal oftentimes outruns discretion was never more aptly illustrated than when, a few days ago, a house-to-house collection, in aid of the "West Kent General and County Ophthalmic Hospital," was determined upon by the management, Hastings being selected as a most likely field for the experiment. *En passant* we should like a little information as to the whereabouts of the hospital with so grandiloquent a title. And further, provided such a *bonâ fide* institution exists, and is in need of funds, we would ask why a town on the south coast of Sussex should be selected for the polite attention of canvassers for the support of a hospital in West Kent? Hastings is well known for her beneficence in the cause of charity; but Sussex, like every other county, has her own hospitals, none of which are too well off, whilst Kent is sufficiently rich, and has shown herself willing to have the care of her own *bonâ fide* charities. Probably the good people of Hastings also argued thus, as a correspondent informs us that many looked upon the house-to-house visitation in such a cause as a mild joke, whilst others were indignant at the attempt to divert their funds into less legitimate channels. In any case, the house-to-house touting of a large and rich town of 40,000 inhabitants resulted in the attainment of about £4, which, when placed in parallel columns with, perhaps, ten times the amount as expenses, will doubtless exercise a deterrent influence upon the minds of the promoters of the "West Kent General and County Ophthalmic Hospital" when seeking for fresh fields and pastures new.

The Newest Bacillus Discovery.

THE *Detroit Lancet* says that a Wisconsin doctor, in careful observation of his last thirty-six cases of fracture of the legs of railway employes, finds in the trousers of each case a parasite which he claims produces the broken legs. His proof is that he has placed some of the trousers containing the parasite upon the legs of some cats, and subsequently he found the cats in rat traps with their legs broken. The same inoculation of his wife's cows, which pasture in a field through which a railroad runs, resulted in finding many of them with legs broken. The doctor suggests that by cultivating this parasite in cattle and then inoculating men with it we shall be enabled to rid the world of the parasites which produce broken legs. Should it prove that the inoculation of trousers with such parasite will protect against broken legs the name of Buhl will rank with that of Jenner, Pasteur, and Koch.

THE annual death rate in the large towns from diseases of the zymotic class is still much under the average of past years for the season; last week it registered but 4·6 per 1,000; the rate in the several towns ranged upwards from 1·4 and 1·7 in Halifax and Bristol, to 10·2 in Wolverhampton, 10·5 in Nottingham and Hull. The highest annual rates from whooping cough were 2·7 in Oldham, and 2·8 in Plymouth; from scarlet fever, 1·4 in Salford and Oldham, and 1·5 in Blackburn; from measles, 5·6 in Huddersfield; and from fever, 1·0 in Blackburn, and 2·7 in Preston. The deaths from diphtheria included 18 in London, 9 in Glasgow, and 3 in Birmingham. Small-pox caused 2 deaths in Newcastle-upon-Tyne, and one in London.

The late Surgeon-Major Landon.

THE memorial brass to this young medical officer has recently been placed in the Hospital Church of St. Bartholomew-the-Less, and bears the following inscription:—

His Former Medical Contemporaries
at St. Bartholomew's Hospital have set up this Tablet
To keep in Memory the bright example of

ARTHUR JERMYN LANDON,
Surgeon Army Medical Department,
who, while continuing to dress the wounded
amid a shower of bullets in the action on Majuba Hill,
was in turn mortally wounded.

His immediate request to his assistants,
"I am dying; do what you can for the wounded,"
was characteristic of his unselfish disposition.
His habitual life was expressed in the simple grandeur of
his death.

He was born at Brentwood, Essex, 29th June, 1851;
died two days after the action,
at Mount Prospect, South Africa, 1st March, 1881.

The Civic Hospitality to the Medical Congress.

FROM the account of the receipts and expenditure of the Corporation of the City of London for the financial year just published, it appears that the expense of the *conversazione* to the International Medical Congress, last year, amounted to £2,099.

Memorial to Von Grafe.

A MEMORIAL statue of the eminent ophthalmologist, Albrecht von Grafe, was recently unveiled, in the University of Berlin, in the presence of a large assemblage, including several Government officials; the professorial staff of the University; von Grafe's son and daughters; his cousin, Professor Alfred von Grafe of Halle, and other members of his family; and also several ophthalmologists from distant parts, among whom was Professor Arit.

Does Compulsory Notification lower Death-rates?

DR. CARTER, of Liverpool, addresses to the *British Medical Journal* a letter on this subject, in which he observes that in the number of the *Journal* for January 7th, 1882, the "Edinburgh Correspondent" gave the following as the mortalities per 1,000 for that city during the six years 1876 to 1881 inclusive: 19·51, 20·86, 21·53, 19·06, 21·05, 20·06. These figures give an average annual mortality of 20·24 per 1,000 for the four years before the acquisition of compulsory notification, and 20·55 per 1,000 for the two years since. As this reported rise in the general mortality of the city did not seem to him to be the best proof of the "entire success" claimed by Dr. Littlejohn in the Public Medicine Section for the Edinburgh Act, Dr. Carter asked him, at the general meeting on the day following—the 11th instant—if the figures which showed such a result were correct. He categorically denied that they were so, and Dr. Carter now demands that the informant of the *British Medical Journal* will give his authority for the figures and justify his statement.

Query—Touts or Examiners?

THE *Philadelphia Reporter* says that, "in order to facilitate the admission of students and to aid the upward tendency of medical education," the authorities of the University of Pennsylvania have appointed physicians, graduates of that school, in the different prominent cities, remote from Philadelphia, whose duty it shall be to examine candidates for admission into the Medical Department. By this means the applicant is spared the expenditure of time and money necessary to a trip to this city on an uncertainty. Truly considerate towards the student!!!

THE Chair of Natural History in the Queen's College, Cork, is now vacant, in consequence of the death of Professor Leith Adams. The appointment is in the hands of His Excellency the Lord-Lieutenant, and the candidate selected will enter upon his duties about the middle of October.

THE absurdity of the English law against vivisection is well illustrated by a remark of Sir James Paget. He says, "I may pay a rat-catcher to destroy all the rats in my house with any poison he pleases, but I may not myself, unless with a licence from the Home Secretary, poison them with snake-poison."

AN alarming epidemic of dysentery is reported in some parts of Sweden. In Malmö last week there were about 1,000 sick, and the mortality was increasing. The schools are closed in consequence. Quarantine has been established in Copenhagen, and it is expected that it will be ordered in the German seaports of the Baltic.

AN epidemic of diarrhoea is raging with considerable virulence in New York and Brooklyn, where, according to the last official weekly returns, the death rate has risen to the enormous figure of 52 per 1,000 of their populations. During the same period the mortality in London was only 18 per 1,000, Paris 24, Berlin 33, and St. Petersburg, the most unhealthy city in the world, 45.

IT is rumoured that the Government are contemplating the abolition of the Queen's Colleges in Ireland, and that inquiries are being made as to whether the several professors will be willing to compound for a fixed sum, should the institutions to which they belong be closed. We do not believe the Government have ever dreamt of such a movement, and we really do not understand why the idea should enter the 'official' head, unless it seemed good to save the Parliamentary grant by sacrificing these institutions.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Derby 13; Bristol, Edinburgh 16; Halifax, London, 18; Birkenhead, Brighton, Glasgow 19; Cardiff, Norwich, Leicester, Portsmouth 21; Sheffield, Bradford 22; Dublin, Blackburn, Bolton 23; Huddersfield 25; Oldham, Plymouth, Sunderland, Preston 27; Liverpool, Nottingham, Newcastle-on-Tyne, Leeds 28; Manchester, Birmingham, 29; Wolverhampton 31; Salford, 32; Hull 34.

IN the Health Department of the approaching Social Science Congress three special questions have been put down for discussion—viz., 1. How does the employment of mothers in mills and manufactures influence infant mortality, and ought any, and if so what, restrictions to be placed on such employment? 2. What reforms are desirable in the administration of hospitals? 3. What are the advantages of a system of notification of infectious diseases, and what are the best means of carrying the same into execution?

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 21, Bombay 24, Madras 27; Paris 24; Geneva 18; Brussels 25; Amsterdam 23; Rotterdam 18, The Hague 23; Copenhagen 28; Stockholm 27; Christiania 26; St. Petersburg 45; Berlin 33; Hamburg 24; Dresden 27, Breslau 35, Munich 26, Vienna 22, Prague 25, Budapesth, 29, Trieste 32, Rome 24, Naples 34, Turin 23, Venice 23, New York 52, Brooklyn 52, Philadelphia 31, and Baltimore 26.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE EXTRA-MURAL SCHOOL, EDINBURGH.—Dr. Alexander Millar has been elected by the Surgeons' Hall division of the school to take the place of Dr. Heron Watson, who has discontinued lecturing on Surgery. Dr. Macgillivray is to lecture at Minto House in the place of Mr. Chiene. Dr. Angus Macdonald will not again lecture on Midwifery, so that the post of lecturer on that subject during the winter is at present vacant. This want is not so severely felt, as the subject is so ably handled by Dr. Croom in the summer, whose class during last summer numbered over 120 pupils, nearly all of whom were University students, anxious to learn their midwifery from so able a teacher.

A MEDICAL CONTEST FOR WORKMEN'S VOTES.—An appointment of considerable pecuniary value as surgeon to the Blochairn Ironworks is at present vacant, and there is quite a host of eligible candidates. The appointment is by vote of the men, and measures have been adopted to influence this vote, hitherto unknown in medical contests. Placards are displayed in the district, after the manner of municipal and political contests, soliciting votes for given individuals. On one is displayed—"Why vote for ———? Because he is a gentleman." It is not very complimentary to the medical profession that out of forty candidates for an appointment there should seem to be such an absence of this essential qualification. We hope this objectionable form of canvassing is not countenanced by many of the candidates.

STIRLING.—BOY POISONED THROUGH EATING WILD BERRIES.—A boy, about four years of age, died at noon on Saturday, the 26th ult., at Stirling, from poisoning through eating the berries of the "deadly nightshade." The deceased, along with a number of companions, had gone on the previous afternoon to a field to amuse themselves, and seeing the berries, he plucked some and ate them. After reaching home he became sick, and afterwards showed signs of delirium. He was taken to the Infirmary, but nothing could be done for him.

GLASGOW DEATH-RATE.—For the week ending with

Saturday, the 26th ult., the death-rate of Glasgow was 20 per 1,000 per annum of the population, as compared with 22 per 1,000 in the preceding week, and 20, 21, and 19 for the corresponding periods of 1881, 1880, and 1879.

EDINBURGH.—HEALTH OF THE CITY.—The mortality of Edinburgh fell from 72 to 65 during the week ending with Saturday, the 26th ult., being equivalent to an annual death-rate of 15 per 1,000. Under 1 year there were 26 deaths, and above 60 years, 7 deaths. The deaths from zymotic causes comprised 1 from scarlatina, 1 from whooping-cough, and 1 from erysipelas.

DR. LIDDELL, OF THE GOVAN BOARD, ACCUSED OF INHUMANITY.—Doubtless to some extent continual association with suffering and wretchedness begets callousness of heart, but to the credit of the profession, it can be said that such charge is not often justly attributable to medical men. We are sorry, therefore, to observe that such an accusation was preferred recently against the parochial surgeon of the Govan Poorhouse, under the following circumstances, which certainly do not seem to justify the amount of attention bestowed on so trifling an occurrence by the Glasgow newspapers. It appears that an accident occurred to a child outside the Poorhouse of which Dr. Liddell is medical officer, and that Dr. Liddell on being requested to attend the case refused, on the ground that "it was as much as his place was worth" to do so. At a meeting of the House Committee of the Poorhouse, at which Dr. Liddell was present, the matter was brought up before him. He had admitted that he refused to attend the accident, but said he had no idea it was such a severe case, otherwise he would have attended. Of course the House Committee could not control the doctor's movements outside the gates of the establishment, but they told him very distinctly as a mere matter of humanity he might have gone out. It seems clear that, in a crowded locality, consisting principally of tradesmen employed in ship-building yards, if the impression got abroad that the surgeon of the Poorhouse is bound to attend accidents outside the establishment, demands might be made on his time incompatible with the performance of his duties to the establishment, and it should be distinctly understood that, where there are so many surgeons in private practice, only very exceptional circumstances would justify Dr. Liddell's interference. In view of the case as stated by Dr. Liddell, he is to be entirely acquitted of the charge of "medical inhumanity at Govan," and we repeat that the newspapers have, as usual, made too much of a very paltry affair.

Literature.

CHRONIC BRONCHITIS. (a)

THIS little volume deals with a somewhat hackneyed subject and one on which it might be supposed little or nothing fresh could be said. It is, however, very pleasant reading, and the reader may pick up many a useful hint from a perusal of its pages. In successive chapters it deals with the objective and subjective phenomena, pathological relations, forms, and treatment of the disease in question. Dr. Fothergill says that his first experiences of practice (in Westmoreland) brought him much into contact with cases of chronic bronchitis which prevail largely in the damp and cold climate there, and he alludes, in passing, to a curious custom prevalent among the old people—especially the males of that shire—viz., that of betaking themselves to bed at

(a) "Chronic Bronchitis; its Forms and Treatment." By J. Milner Fothergill, M.D. Edin., M.B.C.P., Senior Assistant-Physician to the City of London Hospital for Diseases of the Chest. With numerous illustrations. London: Baillière, Tindall, & Cox, 1882.

the approach of winter and there remaining snugly ensconced until, with the coming of spring, a warmer temperature is ushered in.

In the first few chapters some paragraphs seem in rather doubtful taste. The following is hardly the sort of writing we should expect from a cultivated physician:—"Along the southern coast, as at Ventnor, or Hastings, or Torquay, sheltered from the east winds, may be seen in spring the choleric, high-complexioned old squire, who has left, sorely against his will, his old home and his ancestral acres during the March blasts, taking a constitutional in the sun, and finding fault with most things in this imperfect world, and severely taxing the patience of his spouse by his somewhat acid criticisms, and remarks as acid as his own phlegm." In the following chapter we meet with the remarks:—"Had Walsh's power of reasoning upon his observations been equal to his marvellous power of observation, he would have been one of the grandest teachers in the history of medicine. But to observe facts without carefully reasoning upon them, is a comparatively sterile form of talent: instead of the wide grasp of the trained thinker, it reduces the intellectual powers till the observer is little more than 'the sense-machine which registers observations.'"

Dr. Fothergill enumerates the following varieties of chronic bronchitis:—Dry, asthmatic, catarrhal, cirrhotic, emphysematous, degenerative, mitral, gouty. At page 95 the author somewhat egotistically quotes, from an article in the *American Journal of the Medical Sciences*, a passage in which Dr. Da Costa refers to his (Dr. Fothergill's) brilliant descriptions! The chapter on treatment is perhaps the best. It opens with the significant statement that the first thing is to teach the patient how to cough. To cough efficiently, the lungs must first be filled and vomiting may thus be avoided. The author speaks very strongly of the value of warmth, and very properly condemns the insane practice of coddling all day and then going direct to a cold bed in a cold bedroom. He gives a personal reminiscence to emphasize the point. He also alludes—and not unnecessarily—to the danger of cold water closets. In the section of stimulant expectorants we find, of course, the author's views on strychnia expounded. He says that at the Victoria Park Hospital he finds the following mixture very useful:—

R Ammon carb., gr. v.;
Tr. nucis vom., mx.;
Tr. scillæ, fl. 3ss.;
Inf. serpentariæ, ʒj. t. d. s.

The illustrations are very good, even those which are merely diagrammatic being executed in a tasty manner. The general get-up of the book is very pleasing.

Correspondence.

A PRACTICABLE SYSTEM OF NOTIFICATION OF INFECTIOUS DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Seaton, Medical Officer of Health for Nottingham, writing on this subject in the *British Medical Journal*, says:—

"If I understand Dr. Mahomed's resolution aright, the proposal" (adopted by the meeting of the British Medical Association at Worcester) "is, that the sanitary authorities should be empowered to require every householder to notify ...and no more....I have heard this idea expressed before, but have never known it to be definitely formulated."

For a definite formulation of this idea, I beg to refer Dr. Seaton to the Bill introduced last session into the House of Commons by Mr. Meldoun, M.P., on behalf of the Irish Medical Association and the Dublin Branch of the British Medical Association, of which Bill I have the pleasure to send him and you copies.

I submit that it is the only measure which promises to effect notification without putting the physician in a false position; and I would urge its general adoption as a means of resolving the existing contention between sanitarians and the profession.

The Bill proposes—

a. To make the custodian of the patient, primarily, solely responsible to notify. He shall find out the nature of the disease in any way he pleases (through the family doctor, if he has one—through the parish doctor, if he has not); but he

must cause notification to be made *per alium aut per se*, and shall be answerable to the sanitary authority if he omits to do so.

3. But he may use the doctor as his agent if the doctor *pleases*; and, in that case, the entire responsibility and penalty shifts at once to the doctor's shoulders, who undertakes to notify, and receives the fee.

Let me point out how this system would work. The child of A. falls sick. Thereupon, he sends for the doctor. Why? Because he knows that, whether he does so or not, he himself must notify—that he will not escape sanitary inconveniences by excluding the doctor, but that, on the contrary, the doctor can save him much trouble and publicity by notifying for him. The physician visits, diagnoses the disease, informs A. of its nature, and of his (A.'s) responsibility to notify. This the physician does without hesitation, because he is not thereby adding in the least to his patient's troubles, or involving him in any sanitary inconveniences which do not already rest on him.

With the notification fee in view (supposing him to have no other incentive), the doctor informs A. that he is willing to relieve him of all trouble of notification. I anticipate that in nine cases out of ten A. accepts thankfully the relief; whereupon, the doctor fills up his notification-form, hands one part as a voucher to A., posts a second part to the sanitary authority, and keeps the block as his own record.

But suppose A.—fearful of sanitation or negligent of his duties—does not send for the doctor. The nature of the disease is discovered by the sanitary authority either by registration of death or otherwise, and A. is prosecuted. He can have no defence. No question can arise which will require the doctor to go into the witness-box to prove that he did or did not hand a notification-certificate. If the "voucher" be not forthcoming, A. is at once convicted and punished. On the other hand, suppose the doctor undertakes to notify, but neglects to do so, A. is questioned or prosecuted as before. He produces his "voucher"; the doctor is at once made amenable, and cannot plead doubts as to the nature of the disease, because he has already pinned himself to it on the face of the "voucher."

I submit that this system would meet every possible contingency. It would afford no inducement to A. to exclude the doctor, nor any inducement to the doctor to conceal from A. the nature of the disease. It would not make the physician the server of a process in the sick-room (unless when asked to undertake notification), nor the agent of the sanitary authority for the infliction of sanitary inconveniences. Lastly, it would not call the doctor (as the "indirect" method of notification does) to appear as witness against his patient's custodian in the police-court.

You will observe that I do not argue this question as a matter of medical feelings or interests, though I fully appreciate this aspect of the matter. I insist that, in the public interest, compulsory notification by the physician should be resisted, because it must cause—and I assert has caused—concealment of disease; because (with this object in view), it must cause, and has caused, the exclusion of the physician until the patient is dying; because (for these reasons) it must cause, and has caused, rather an increase than a diminution in the zymotic mortality of those towns to which it has been applied.

Yours, &c.,

ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,
One of the Executive of the Irish Medical Association.

AMPUTATION OF THE SCROTUM FOR ELEPHANTIASIS ARABUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On account of the publication in the *Glasgow Medical Journal* for June, 1882, of a paper read before the Medico-Chirurgical Society of Glasgow, 7th of April, 1882, by George A. Turner, Esq., M.D., C.M., in which he gives an account of 138 cases of amputation of the scrotum for elephantiasis arabum, and since published by him in pamphlet form, I take the liberty of requesting that you will give insertion to the following account (a) of two cases operated on by me in July, 1872, at Apia, Samoa, and which I would have published on my arrival in England in 1873, or soon afterwards, were it not that I could

never learn from Dr. Turner the result, though I wrote to him three or four times. He also promised to have them published but he deferred doing so until now; and it is on account of the discrepancies that exist between his published account and my notes of the two operations as well as his statement impugning the originality of my clamp that causes me to ask this favour from you.

Dr. Turner, in a note I received from him, states that none of my letters ever reached him. That he sent the cases to a friend to have them published, but from some cause or other, they were not published.

He also informs me, in reply to a letter I sent him pointing out these discrepancies, that he can only account for them by the fact that he transcribed his notes into his letter-book, but that the ink became so faded as to make it almost illegible, so that he had to trust a good deal to memory when he wrote out the account of the operation for publication.

I am, Sir, yours, &c.,

G. V. MACDONOUGH, M.D., D.I.H., R.N.

CORONERS AND MEDICAL CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read your article on "Uncertified Crime" in the last number of the *Medical Press* with much interest, and beg to send you herewith a copy of my letter to the *Yorkshire Post* in reply to Mr. Malcolm's remarks, which I shall be glad if you will publish in your columns.

Yours &c.,

EDWARD HERFORD,
H. M. Coroner, City of Manchester.

OFFICE OF CORONER.

TO THE EDITOR OF THE YORKSHIRE POST.

SIR,—The coroner for Leeds appears to have made some remarks upon medical certificates. Though misreported so as to be almost self-contradictory, they are evidently founded in sound misapprehension, which as a coroner of thirty years' standing I trust I may be allowed to remove.

The duty of coroner and those which devolve upon medical practitioners are as clear as common and statute law can make them. The coroner is bound, having no option, on being informed of any case of violent, or non-natural, or sudden, or suspicious death, to summon a jury in order to ascertain, not so much the (medical) "cause" of death, as whether anybody is culpable in connection with it.

By the Registration Act a surgeon who has been in attendance during deceased's last illness, i.e., that of which he died, is bound to give a certificate to the friends, except in those cases which he and every one else knows to be coroner's cases according to the above definition.

The absence of a medical certificate must, therefore, be presumed to be due to the fact that either there was no "medical attendant during the last illness," or that the death was one legally requiring investigation by the coroner. I cannot imagine, therefore, what Mr. Malcolm complains of when surgeons do not certify.

I have been for many years protesting against the system of medical men giving certificates, though they have seen deceased not at all before or since death, or perhaps only once in *extremis*, or when the death is non-natural or out of the course of ordinary disease, in which case the law clearly requires an inquest.

Mr. Malcolm seems to object to the trouble and expense of the performance of his duty as coroner. It would be strange for a stipendiary magistrate to complain of the trouble and expense of dealing with "public house" or "cruelty" cases, often, no doubt, "unnecessary." But the duty of the coroner is also magisterial, clearly defined by law, and therefore not amenable to considerations of trouble or expense.

Mr. Malcolm's complaint is "that unregistered cases take him a great deal of time and trouble to inquire into" unofficially. He has no right *thus* to inquire into any cases which come within the definition of coroner's cases. His duty is only to ascertain that they do come within the rule, and then summon his jury. For a coroner to substitute his own private questioning of witnesses, still less the information he may get from others' private questioning,

(a) The article referred to will be found on page 192 of our present issue.

for the public judicial investigation on oath before a sworn jury cannot be defended, and ought not to be allowed or attempted.

I have shown in a pamphlet I send you that the system of surgeons *certifying* when they ought not to certify cloaks foul play by preventing judicial inquiry. I cannot see how, therefore, the *refusal* to certify or the leaving every case out of the ordinary course of disease to the obligatory inquiry before the coroner can, as Mr. Malcolm seems to suppose, produce "a great amount of undiscovered crime" in Leeds. The giving or refusing to give a medical certificate cannot really affect the coroner's duty in any case.

It is a document given purely for statistical, and not judicial, purposes, and cannot be given in evidence or retained, or often even seen by the coroner.

Yours, &c.,

EDWARD HERFORD.

H.M. Coroner, City of Manchester.

[We have also received a letter from Mr. Malcolm, the Leeds Borough Coroner, in reference to our leading article on "Uncertified Crime" in the last number of the *Medical Press*. Mr. Malcolm explains that the 189 deaths in 1881, and 88 deaths in the first half of this year uncertified by medical men were cases inquired into, but no inquests were held on them, the coroner being satisfied in each case that death occurred from natural causes. But our correspondent continues, "the remark if certificates in such cases were given the jury would not have to be summoned, nor the expense incurred, applied to the case then under inquiry, and others where I had not felt justified in passing them without inquiry on oath in court." As regards the necessity for holding an inquest into every uncertified death, Mr. Malcolm does not agree with his colleague at Manchester, and holds that he is not justified in putting the Borough to the cost, and the family to the annoyance, and the jury to extra labour in cases where there is no reasonable doubt as to a death from natural causes. Such cases occurred in Mr. Malcolm's jurisdiction 143 times in 1877, 154 times in 1878, 174 in 1879, 148 in 1880, and 189 in 1881. The letter concludes with the citation of two instances in which unqualified assistants are employed at dispensaries in Leeds. The points of disagreement between Mr. Malcolm and Mr. Herford are, after all, such as would be completely done away with under a reformed scheme of medical practice; existing irregularities undoubtedly do much to complicate the difficulties under which coroners pursue their duties. A discussion of the subject may lead to good results.—ED.]

THE SCOTCH LICENSING AND IRISH GRINDING TRADES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The Governor and Court of the Apothecaries' Hall will be much obliged by your having the accompanying communication inserted in your next issue.

I am, yours truly,

C. H. LEET, M.D., Sec.

The Apothecaries' Hall of Ireland,

Dublin, 1st September, 1882.

"The Apothecaries' Hall of Ireland,

"Dublin, 1st September, 1882.

"The attention of the Governor and Court of the Apothecaries' Hall of Ireland having been directed to the evidence given by Mr. Stoker before 'The Royal Medical Commission,' and commented on in your issue of the 30th ultimo, and which reflects injuriously upon the professional examinations of the Hall, the Governor and Court,

in refutation, do not hesitate to affirm that the general purport of Mr. Stoker's evidence is partial and misleading, and contrary to the recent Report of the Visitors appointed by the General Medical Council to inspect the examinations of the several medical corporations of the United Kingdom."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Owing to some misapprehension of which I am become aware, I request your permission to state that I am not the "Doctor William Stoker, of Dublin," whose evidence before the Medical Acts Commission is referred to in your issue of August 30th.

I am, &c.,

WILLIAM THORNLEY STOKER,

Prof. of Anat. and Member of Council,
Royal College of Surgeons, Ireland;
Surgeon to the Richmond Hospital,
and to Swift's Hospital; formerly
Surgeon to the City of Dublin Hospital.

16 Harcourt Street, Dublin,

September 2nd, 1882.

Medico-Legal Intelligence.

PROSECUTION FOR FORGERY OF PRACTITIONER'S NAME TO CERTIFICATE OF DEATH.

At the Thames Police Court, on September 2nd, before Mr. Lushington, William Henry Viner, of 123 St. George's Street, E., appeared to answer a summons issued at the instance of the Medical Alliance Association, charging him with the wilful forgery on the 21st August of a certificate concerning the death of a child named Annie Niendorff. Mr. C. J. C. Pridham, solicitor to the Association, appeared for the prosecution, and Mr. Beasley, barrister, for the defendant.

Mr. Beasley took a technical objection to the summons on the ground that no one but the Superintendent Registrar of the district had the power to issue same under the Act, but after a lengthy argument from the learned gentlemen engaged, it was over-ruled by the magistrate.

The facts of the case as proved disclosed a very serious offence, and Mr. Pridham in his opening stated it was the gravest charge of the kind in which he had ever been instructed to prosecute. It appeared from the evidence of the mother that the child Niendorff fell ill about the 17th or 18th August, and was taken by her to a medical hall and dispensary at 123 St. George's Street, E., kept by the defendant in the name of a registered practitioner named Berdoe. The child was seen there on two occasions by the defendant, who represented himself to the mother as being properly qualified, and whom the mother believed to be Dr. Berdoe, as that name appeared over the door. On the 21st August the child died, and the mother applied at the dispensary for a certificate of its death. The defendant thereupon wrote in the mother's presence a certificate, in which he stated he had attended the child Niendorff, certifying the cause of death as pneumonia and convulsions, and signed the name of Edward Berdoe, M.R.C.S., L.S.A., 123 St. George's Street, E., and gave the same to the child's mother.

Formal evidence was given by the district registrar of the receipt of the certificate from the mother, and of his having entered the death in the register as certified by Dr. Berdoe.

Dr. Berdoe was then examined, and stated that he had never seen or attended the child Niendorff, or certified the cause of death. The signature to the certificate was a forgery.

In cross-examination by Mr. Beasley the witness stated he had sold the business of a chemist at one time carried on by him at 123 St. George's Road, E., in connection with his medical practice, to the defendant in October, 1880. Since that time his connection with the place and the defendant had entirely ceased. He had desired the defendant on several occasions to remove his name from the fascia, which he promised to do, and witness believed it was done, and he was unaware until so informed by the solicitor for the prosecution that his name still remained up there. He had

never given the defendant on any single occasion any authority to act for him or to use his name. The defendant had made overtures to him to attend on the premises and see patients, which he declined.

Mr. Lushington, in giving judgment, said the defendant had committed an offence of a most serious kind. It had been suggested by the defendant's counsel that he had no power to deal with the summons. He felt some difficulty in doing so, not on the technical ground which Mr. Besley had put forward, but because he was in some doubt whether he ought not to commit the defendant for trial. However, as he had not been requested to do so by the prosecution, he should impose the severest penalty he had power to inflict under the Act. He ordered the defendant to pay a fine of £10, and £5 5s. costs, or to be imprisoned for three months in default.

Dr. Berdoo applied to the magistrate to compel the defendant to remove his name from the premises. Mr. Lushington regretted that he had not the power to do so, but advised Dr. Berdoo to consult a solicitor.

Obituary.

CHARLES MOREHEAD, M.B., C.I.E., F.R.S.E.

INTELLIGENCE of the sudden death of Dr. Charles Morehead, late of the Bombay Medical Service, which took place a few days since at Redcar, Yorkshire, will be learned with regret among that large circle of acquaintances he was known to possess. Dr. Morehead was the son of the late Rev. Robert Morehead, D.D., rector of Easington, Yorkshire, and entered the Bombay Medical Service in April 1829. From 1835 to 1838 Dr. Morehead was on the staff of Sir Robert Grant, Governor of Bombay, having in the former year been elected President of the Medical and Physical Society of Bombay, a position he held until 1859. In 1838, on the death of Sir Robert Grant, he was appointed surgeon in the European and Native General Hospitals, and in 1845 became the first Principal and Professor of the Principles and Practice of Medicine in the Grant Medical College, Bombay, established to give the natives of Western India the benefits of a professional medical training; continuing in that capacity till 1859, when he took a sick furlough to Europe, and finally retired from the Bombay Service on the 30th June 1862. In January 1860 he became Surgeon-Major, and on the 6th September 1861 he was appointed an Honorary Surgeon to the Queen. Deceased was an M.D. of the University of Edinburgh, a Fellow of the Edinburgh Royal Society, and in 1881 his services in the cause of Indian education were acknowledged by his being created a Companion of the Order of the Indian Empire. As an author, Dr. Morehead was known for works treating of the diseases of Europeans in India, and his Practice of Medicine is still an authority on the subjects on which it treats. He also wrote a life of his father. At the house in Manor Place, Edinburgh, where he spent his later years of well-earned leisure, Dr. Morehead was wont to receive many visitors, who found in him a genial friend, none of whom will be prepared to hear of his sudden death at the age of 75.

A Specific for Ophthalmia.

AN infusion of the curious scarlet seeds of the *Abrus precatorius* has long been used in the interior of Brazil as a popular remedy in the treatment of ophthalmic disorders. In some experiments made by Dr. de Wecker (*Comptes Rendus*) to test the action of this remedy he found that a weak cold infusion, made from the powdered seeds, when applied as a lotion, rapidly produced a purulent ophthalmia of intensity corresponding to the number of applications made. The factitious ophthalmia thus produced disappeared in the course of ten days or a fortnight without any therapeutic intervention or danger to the cornea, and Dr. de Wecker is of opinion that this property possessed by the seeds of provoking a very intense ophthalmia of short duration could be utilised in ocular therapeutics in the treatment of granulations, conjunctival diphtheria, &c. The leaves of the plant are also used in the East as a remedy in croupal cough.

Isolation in the Paris Maternité.

M. TARNIER, in a letter recently addressed to the Soc. Médic. des Hôpitaux, recalls the very extraordinary results obtained by isolation, the use of antiseptics, and all means proper to ward off contagion. In the new pavilion he has had constructed, in which each chamber can only be entered by a separate door opening outwardly, without any aperture toward the hospital except a single large pane of glass let into the wall, permitting the surveillance of the patients, he has had but six deaths in 1,200 cases of labour. Within the past few years even there have been 600 cases without a single death. No statistics ever published have shown such favourable results as those of M. Tarnier.

PASS LISTS.

Naval Medical Department.—The following is a list of the successful candidates for appointments as surgeons in the Royal Navy at the competitive examination at Burlington House on 21st August and following days :—

Marks.		Marks.	
Logan, J. S.	2,060	Martin, J. McC... ..	1,850
Lawson, R. J.	2,030	Bagnall-Oakeley, J. L. ..	1,770
Cashin, J.	2,025	Woore, F.	1,765
Nunan, T.	1,980	Craig, W. M.	1,740
Norman, W. H.	1,970	Jackson, H. 3.	1,700
Todd, P. E.	1,960	Phillips, J. M.	1,605

In addition to the above, eight other candidates were reported by the examiners as qualified.

Army Medical Service.—The following is a list of candidates who were successful for appointments as surgeons in Her Majesty's British Medical Service at the competitive examination in London on the 21st of August, 1882, and following days :—

Marks.		Marks.	
Macpherson, W. G. ..	2,305	Stuart, J. R.	2,015
Simmons, R. J. S. ..	2,305	Morse, T. R.	1,975
Reid, F. W.	2,233	Deeble, W. B. C.	1,960
Phipps, E. V. A.	2,180	Prendergast, J. M. ..	1,885
Hunter, V. E.	2,160	Bond, R. P.	1,905
Baird, A.	2,155	Stewart, J. McD. ..	1,890
Hamilton, T. W. O'H ..	2,065	Thomas, G. T. H. ..	1,870
Sample, D.	2,030		

Indian Medical Service.—List of the candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination held at Burlington House on the 21st August, 1882, and following days :—

Marks.		Marks.	
Leahy, A. W. D.	2,980	Davis, R. E. S.	2,840
Webb, W. W.	2,850	Fuller, H. K.	2,820
Weir, R. R.	2,510	Neilson, W. H.	2,510
Burke, W. H.	2,377	Crimmin, John	2,185

Thirty-nine candidates competed for eight appointments. All were reported qualified.

Notices to Correspondents.

✂ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. AINSLEY.—The late Professor Balfour was not a member of the medical profession. He was, in the fullest sense of the term, a "scientist," following the branch of biology, and in his later researches, confining himself more especially to embryological inquiries. The subject on which he would have lectured is "Morphology," and, in one sense, it is a new science, but new only because later investigations have enabled form and life to be given to its details. We do not judge you or any correspondent in the way you suppose. You can write freely, and if possible we will assist your endeavours.

DR. T. KING CHAMBERS (Sunningdale).—We will endeavour to obtain the information from one or two independent sources.

DR. C. (Manchester).—The gentleman's name referred to was removed from the *Register*, but it was subsequently replaced, upon explanations being given, which were considered satisfactory. We believe he was sinned against rather than sinned, and has, we understand, since conducted himself as a man of honour and a gentleman.

INEBRIATE ASYLUMS.—"Nemo" asks for any institution, exclusively Catholic, for the voluntary control of habitual drunkards. Preferable if in Ireland.

[There is no institution in Ireland for the voluntary control of inebriates, nor is there in England any such institution exclusively Catholic; but, if desired, we can supply our correspondent with the addresses of the very few inebriate asylums in England.—ED.]

INQUIRY.—Dr. Walter G. Smith has not published any work on Diseases of the Skin, but has contributed several papers on the subject, as follows:—1. *Dublin Quarterly Journal of Medical Science*, Nov. 1871. "Analyses of 1,100 Cases of Skin Disease." 2. *Dublin Journal of Medical Science* (new series of preceding), May, 1875. 3. "Notes on Diseases of the Skin," Nov., 1878. "On Molluscum Sebaceum," 1879, March and Dec. 4. "On Chrysophanic Acid." 5. "On Favus," 1880, Feb. and Nov. 6. "Warty Growths on Vulva." 7. "Vesicular Disease of Hands," 1881, Jan. and May. 8. "Herpes Gestationis." 9. "Treatment of Diseases of the Skin" (*Acro*), *British Medical Journal*, May, 1880. 10. "Nodose Hair," *Trans. International Medical Congress*, 1881. 11. "Dipterous Larvæ in Skin."

ALOYSIUS.—A very small man, but the "author" of a very large book. Your conclusion is perfectly justified by appearances, and is in a measure no more than a reflection of that to which we had been conducted. There is little merit in such a performance, but it is an excellent advertisement, and as such it doubtless fully serves the end held in view. We would not advise your emulating the example it affords.

COUNTRYMAN.—You are too severe on your opponent. Would it not have been as well to have availed yourself of another opportunity of expressing your opinion? From your own showing the means of doing so are not unfrequent. As it is, you have plainly put yourself in the wrong, and the only way to regain the position you have forfeited is by making ample apology for the inexcusable conduct you were guilty of. It may not be a palatable proceeding; it is, nevertheless, the only one compatible with the feelings of a gentleman.

R. C. SLANE (District Medical Officer) asks whether he is bound to attend to visiting tickets sent through the post without any information regarding the nature of the case?

[By the second section of Article 21 of the Dispensary Regulations the medical officer shall duly and punctually attend at the house of the party on whose behalf application is made, or elsewhere, as the case may require, and supply all requisite medical and surgical advice and assistance to every poor person in the district or division of a district under his charge. This rule is, however, defined by notice, which is posted at the dispensary, which states that visiting tickets for the attendance of the medical officer at the patient's home may be presented to the medical officer at the dispensary, or may be presented to him or left for him at his residence, or may be presented to him personally anywhere. Tickets presented at the dispensary should be presented between the hours named, and tickets presented at the medical officer's residence, or elsewhere, should be presented as early in the day as possible. It is therefore obvious that such a ticket, to be valid, must be "presented" to him, or left for him at his residence, or presented to him personally anywhere, and we do not believe that delivery by the postman is presentation within the meaning of the rule. We, however, counsel our correspondent to attend the patient, and then remonstrate against the postal system.—ED.]

DR. FOURNIER'S "Diagnosis of Locomotor Ataxy of Syphilitic Origin" received, and shall appear in an early number.

MR. T. HARR.—The request is a most unreasonable one, and should never have been made.

SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me if I am right in believing that medical officers of rural Poor-law districts in England are entitled by law to a retiring pension upon the basis of the rule laid down in the circular letter of the Local Government Board?

Kindly also refer me to the Act of Parliament or order of Treasury (or other order) by virtue of which a claim to such pension can be sustained; and say to whom application for it should first be made.

Yours faithfully,

SENEX.

[*] Unfortunately the Poor-law Medical Officers' Superannuation Act (England), like that which holds in Ireland, of which it was the sequence, is simply permissive, *id est*, Boards of Guardians may give or withhold superannuation allowance according to their own idea of the fitness of things. Our correspondent appears to be quite unconscious of the requirements of the Act, which necessitates that the applicant should be at least 60 years old; that he should have held office twenty years; that he is incapacitated by bodily or mental infirmity; that proof of which must be subscribed to by the Poor-law inspector of the district to which the medical officer belongs; that he must resign his office ere making application; and that such application must be communicated to the whole Board, who must be spe-

cially summoned to consider the same. The truth is, the Medical Officers' Superannuation Act is so beset with difficulties, and the chance of getting anything or nothing is so doubtful, that unless the Act be amended it is questionable whether the same be a boon or otherwise. We cannot but think that medical officers are themselves mainly to blame. "Jupiter helps those who help themselves." Has our correspondent done aught to help on this much-needed reform? —ED.]

RESIDENT PUPILS.—No. 99 asks:—"Do Dublin surgeons in good practice, and connected with good hospitals, take into their families young men and guide and tutor them until they pass the Dublin College of Surgeons? And if they do, what are the usual terms?"

[A few hospital surgeons do so, and the terms are usually £4 4s. or £7 7s. per month for board and all accommodation, except washing. An advertisement in our columns will, no doubt, elicit answers.—ED.]

DR. WHALLEY (Bewdley) will please receive our best thanks.

REQUESTS BY PATIENTS TO THEIR MEDICAL ATTENDANTS.—It is not often we have to chronicle acts of practical gratitude in this direction. We are, however, pleased to notice an exception in the case of the Marquis of Conyngham, lately deceased, whose will was sworn last week under a personality of £118,000. In it the deceased nobleman has bequeathed to "his friend," Mr. Edgcombe Venning, F.R.C.S., of Sloane Street, Brompton, £200; and a like sum to his resident medical attendant, Mr. Robert Hippisley Cox, M.R.C.S.

H. McH. says:—Having made inquiries from the Secretary of the Local Government Board for Ireland if the holder of the licence of the Society of Apothecaries, London, would be accepted as an apothecary under said Board, the following was the reply:—"That the opinion of the Board is that any legally qualified apothecary for Ireland may be appointed to the office of apothecary under the Local Government Board." Please say in your Correspondence column if the holder of the above licence would be eligible from the reply above referred to.

[Under the 31st Section of the Medical Act any registered practitioner, including a L.S.A., may practise in any medical capacity or as an apothecary in any part of the Queen's dominions, notwithstanding any Act to the contrary.—ED.]

Vacancies.

Chichester Infirmary.—House Surgeon and Secretary. Salary, £100 with board and lodging. Applications to be sent to the Secretary on or before Sept. 9th.

Cookstown Union, Fomeroy Dispensary.—Medical Officer. Salary, £100, and £20 as Medical Officer of Health. Election, Sept. 11th.

Downpatrick Union, Portaferry Dispensary District.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Sept. 20th.

Mitchelstown Union, Kildorrery Dispensary District.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Sept. 13th. (See Advt.)

Northampton General Infirmary.—Physician. Applications to be forwarded to the Secretary not later than Oct. 27th.

Northleach Union.—Medical Officer. Salary, £27 10s., with the usual extra fees. Also Medical Officer of Health. Salary, £100. Applications to be sent to the Clerk not later than Sept. 12th.

Appointments.

COATES, W., M.R.C.S., Resident Accoucheur to the London Hospital. CRESSWELL, NATHANIEL ENGELHEART, M.D. St. And., M.R.C.S., Medical Officer for the Bilsborrow District of the Towcester Union.

HOLLAND, JAMES C., L.R.C.P.L., L.F.P.S. Glas., Medical Officer to the Dungarven Dispensary District of the Dungarven Union.

LAING, E., L.R.C.P. Ed., M.R.C.S., Medical Officer of Health for the Cowpen District, Blyth Northumberland.

PEARSON, THOS. FRED., M.D. Brux., L.R.C.P.L., M.R.C.S., Medical Officer for the Midland District of the Midhurst Union.

SPENCER, WALTER, M.R.C.S., Medical Officer for the Gringley District of the East Bedford Union.

VISE CHRISTOPHER, M.B., M.R.C.S., House-Surgeon to the Infirmary, Tunbridge Wells.

WAINWRIGHT, CHARLES HENRY, M.R.C.S., Medical Officer for the Howden District of the Auckland Union.

Marriages.

HOWE—LE FEAUX.—August 30th, at the parish church, Llanidloes, Jonas Howe, L.R.C.S.E., of Llanidloes, to Emma Elizabeth, youngest daughter of William Le Feaux, Esq., Penrill House.

PAYNE—MACPHERSON.—September 2nd, at St. Mary Abbott's, Kensington, J. F. Payne, M.D., Assistant-Physician to St. Thomas's Hospital, London, to Helen, daughter of J. A. Macpherson, of Umina, Melbourne, and of Baywater, London.

Deaths.

BOWEN.—September 2nd, at Harrow-on-the-Hill, F. Perry Bowen, M.R.C.S., aged 86.

DOLTON.—August 19th, at Lee Road, Blackheath, S.E., William Blucher Dolton, M.D., aged 68.

REDMOND.—August 26th, at Drumannon, near Portadown, John Redmond, M.D., Q.U.I.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 13, 1882.

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Original Communications.

ON THE ETIOLOGY AND TREATMENT OF A CERTAIN FORM OF ENDOMETRITIS, ACCOMPANIED WITH VERY TENACIOUS LEUCORRHOEA. (a)

By C. H. F. ROUTH, M.D., M.R.C.P.,

Consulting Physician to the Samaritan Hospital for Women and Children, &c.; Fellow of University College, London.

THERE is a variety of dysmenorrhœa which we occasionally meet with, and which is very difficult of cure. I allude to that form where, in addition to the pains about the uterine organs, to be hereafter more fully defined, there is a thick muco-purulent discharge, so sticky, that it is often well nigh impossible to remove it.

The general symptoms of this affection resemble in many respects those I detailed in a paper read before the Obstetrical Society of London (*Transactions*, vol. xii, 136), on Fundal Endometritis, and vary according to the part of the uterus affected. To recapitulate a few particulars. First, the pain felt varies greatly; it is sometimes trifling, general uneasiness being the chief complaint, with the knowledge of the daily passage of more or less leucorrhœal discharge, which becomes yellow on the linen. More frequently, however, there is a marked feeling of weight in the uterus with bearing down; and the symptoms are greatly aggravated at the menstrual period, when colicky uterine pains are superadded. These, beginning in the back, run downwards towards the region of the round ligaments, and outside one, generally the left, or both thighs, coming on in paroxysms more or less severe. It has been stated that in such cases there is no rise of temperature, even although the pain has been excruciating, leaving no trace when once the cause has been removed. This, I am satisfied is an error. If the temperature be taken in the axilla, it is true there is seldom any rise of temperature. If, however, it be taken in the vagina, it will be found raised sometimes to 103°. This, however, is by no means an exceptional case. In

most, if not all, women during menstruation the temperature rises in the vagina.

To what is this particular discharge due? First, I believe, in most cases, it is essentially the result of gonorrhœa communicated during the first few days of married life, whether by a gonorrhœa proper or a gleet. At least, in questioning many women, they always referred its occurrence to marriage; and in not a few of these cases, when I have been able to examine the husband also, I have found gleet. Yet, even here, I have observed what appears to contradict this view. I have found gleet present in a husband, and no sticky discharge in the wife.

If we closely question the wife, however, in these cases, we often are enabled to learn that soon after marriage, indeed within the first week, some acute symptoms supervened; abdominal pain low down, over both ovaries, especially the left, and in the groin, with more or less feverish excitement. In one case, I believe, peritonitis was the immediate result, which proved rapidly fatal. In another case, the peritonitis was more limited, and recovery occurred. Now, in both these cases the wives were believed in the first instance to be healthy; but both husbands were affected with acute gonorrhœa. The opinions of Noeggerath, and his belief that catarrh of the Fallopian tubes plays a part in the occurrence of perimetritis, and even peritonitis, have been widely made known. By most gynecologists, they have been said to be extravagant. Attention has also been called lately to this etiology by Dr. Edis. I must say, for myself, that, while I cannot go quite to the length of Noeggerath's opinions, I am quite sure that the chronic form of tenacious uterine leucorrhœa with dysmenorrhœa, of which I am now speaking, is due to gonorrhœa in most cases. In a few more cases, it is due to intense vaginitis in the virgin, which acts precisely in the same way in producing tenacious uterine leucorrhœa; a vaginitis capable of producing a gonorrhœa in the male, or rather an urethritis, which cannot be distinguished from gonorrhœa.

Whatever be the cause, however, in nearly all the cases where the discharge existing is thus tenacious, I

(a) Read before the British Medical Association at Worcester, August, 1882.

assert distinctly also that, so far as my experience goes, sterility is the constant result. The affection, is moreover, in many cases, perhaps the majority, exceedingly difficult of cure, and for this simple reason: it is not only the uterine cervical and superior cavity which is affected, but the tubes likewise. A temporary cure by local applications to the uterus may be effected in the cavity, and for a few days a practitioner may believe he has cured the patient. Perhaps, a fortnight later, he is mortified in finding his patient as bad as ever. There has been no cure of the catarrh of the Fallopian tube, and, through the continuity of surface, the uterine mucous membrane has been affected.

I believe one of the reasons why peritonitis is not more common in these cases is that the expulsive or downward action of the cilia of the tube directs the unhealthy secretion into the cavity of the uterus rather than into the peritoneum.

I think it will facilitate the description of the points I wish to bring especially before your notice if I speak of this disease under three varieties, although they are but stages of the same disease—namely, 1. Where it is confined to the cervix; 2. Where it extends to the superior cavity of the uterus; 3. Where it reaches the Fallopian tubes and peritoneum.

1. Let us speak first of the cervical variety. On examining a woman affected with this form of tenacious leucorrhœa we generally find an accumulation of mucus around the cervix. This is generally removed with difficulty; but even then a more or less thick cord of the same secretion projects as a piece of string from the os, and cannot be detached. Even if a piece of thick wire or a sound, around which some medicated cotton has been wound, be introduced into the uterus, it cannot be so removed. More and more seems to have accumulated above, and the mucus is as tenacious as ever. It is rare, however, that in such cases the operation can be done without exciting pain just as you pass the internal os, and sometimes higher up. The severity of this pain varies. In more chronic cases it may be slight; in others, and in these generally the dysmenorrhœa is very troublesome also, it amounts to an agony, which lasts for hours afterwards. I may here state, however, as useful, not only in these cases, but in others where the passage of the sound is attended with pain, that the injection, *per vaginam*, of water as hot as the patient can properly bear it, is the most effective way of checking or relieving it. The moment the internal os is passed, the exact pains which the patient is accustomed to have during a period are reproduced. The patient, indeed, will spontaneously exclaim, "Oh, you are bringing on all my poorly pains!" The point of starting the pain is, therefore, probably at the internal os. I have also noticed that in a large proportion of cases uterine version or flexion exists, especially anteversion; but there can be no doubt that the internal os, by reason of the pain, is the seat of spasm, which, for a time at least, precludes the passage of the cervical fluid into the superior uterine cavity. This spasm, as well as the version where it exists, is in a measure a preservative action, and often prevents the development of the second stage.

If we now look to the mechanism of the production of this affection, we may trace some of the concomitants which render it so permanent, especially with married women, or women having relations with men, and which make it so obnoxious to treatment. These are mainly two:—1. Direct suction upwards of the diseased fluid by the uterus; 2. The natural pressure downwards, and partial opening of the os during copulation.

I have elsewhere shown that, by means of a very simple instrument, we may prove that there exists a power of suction upwards by the vagina and uterus during expiration, which is entirely due to atmospheric pressure. Take an ordinary speculum; close the uterine end by a thin membrane, and the other end by a cork through which a glass tube bent at right angles passes, and which is of some length; if this speculum be filled with water,

which is allowed to extend also up the tube, at each inspiration the patient makes the water will rise in the tube, while with each expiration it will fall—i.e., there is a fall of the water in the tube. The mechanism of this change is too obvious to require comment. In some women, owing possibly to some peculiar folds of the mucous membrane of the vagina, which acts in a valvular manner, air is being continually sucked up, and at last fills the vagina till it provokes an expulsive effort, and the air is forcibly propelled outwards, and sometimes with a noise similar to flatus expelled *per anum*. I believe it is an operation very analogous to this which takes place *in utero*, through some condition, also of a valvular character, in the external os which causes vaginal fluids to enter into the uterus during expiration. It is, perhaps, for this very reason that, at the critical moment of the orgasm induced by sexual intercourse, repeated and sudden expirations occur, which facilitate the upward passage of the semen into the uterine cavity.

Dr. Matthews Duncan has referred this suction upwards of vaginal fluids *in utero* rather to a reverted action of the muscular fibres of the uterus; and in this manner he explains the occasional drawing upwards of intra-uterine pessaries and their enlarged discs at their distal end right up into the uterus, which often taxes disagreeably the practitioner's ingenuity to get them out again. I have also had some of these unpleasant accidents to meet. Nor is this confined to the uterus. In cases where an artificial anus has been made, I have seen large pieces of lint and cotton sucked up and disappear altogether, and never found again. Nay, more; when an anus was made in the groin, and an ivory tube with a large cap placed in it, this has also been sucked up and disappeared. In one case where this occurred, the patient is still living. Here, perhaps, there may be some reversed peristaltic action to account for it. Still it seems more rational to attribute, at least in the uterus, these effects rather to propulsion upwards by atmospheric pressure during expiration: first, because it necessitates the dilatation of the external os, which would imply an uterine contraction, which, we should suppose, would expel the contained intra-uterine pessary; and, secondly, because the uterine cilia have also an action in the expulsion of contained fluids. The moment, however, we explain it by atmospheric pressure forcing fluids upwards during expiration, and some accidental valvular action of the mucous membrane at the os uteri, the result is obvious. That such valvular action of folds of the mucous membrane does take place, is often made sufficiently palpable; but, conversely, when we try to introduce a sound, in some cases, we are prevented altogether by some fold of mucous membrane, and also by the result often noticed, and well instanced by Dr. Barnes, that, when the external os is cut a large quantity of mucus, previously retained, obtains at once a free exit.

There is another cause also operative in such cases; the fact that, during intercourse, the uterus is forced downwards to meet the male organ, and probably the os undergoes a sort of dilatation at the same moment, both of which circumstances mechanically facilitate passage of acid fluid upwards in the uterus. The way in which gonorrhœal fluid may thus pass into the uterine organ is sufficiently obvious.

Be it, however, gonorrhœal or other acrid vaginal fluid, it is equally obvious how, once in the cervical cavity, it will act as an irritant. It is well known that the vaginal secretion is acid, sometimes intensely so, whereas the uterine secretion is alkaline and markedly so. When an excess of acid fluid is thus sucked up *in utero*, of itself it will produce irritation leading to inflammation of the mucous membrane; and secondly, the contents of the uterus, now being acid, will kill any spermatozoa which are present, and so sterility follows as a matter of certainty. In these cases, the dysmenorrhœa is mainly due to obstruction at the external os, and the pain is chiefly referred to the lowest parts of the pelvis.

It was the examination of many of these cases that led

me to conclude that, in a large proportion, the fluid sucked up did not pass the internal os, but was by constriction there prevented from going beyond. I have been met by the statement that there are no special circular fibres here forcibly to close the opening. All we notice are merely a few fibres which here decussate. I do not in any measure question the anatomical fact. But I am certain it is not a pathological fact. Like muscle everywhere when frequently taxed, it becomes hypertrophied, and then it acts distinctly as a sphincter. I have verified this over and over by the use and retention of caoutchouc intra-uterine pessaries, where at this point there has been left a very distinct circular impression. And more than this, such constrictions may under disease take place elsewhere within the uterine cavity, especially in certain forms of version or flexion, as these tubes prove. This is possibly sometimes the seat of ulceration, a state of things being here produced which is analogous to fissure of the rectum; as, when touched with the sound, not only is the pain intense, but blood follows its use.

Certain it is, however, that constriction does occur at the internal os, and here we have the explanation of the intense pain sometimes experienced by women. As you pass the sound through the internal os you at once provoke a spasm, which continues for a time, and not unfrequently you find your sound comes out bloody, exactly as it does in some cases of stricture of the male urethra, so forcible has been the local resistance. It may be that there may also exist at such parts slight ulceration.

2 Sometimes there is not such a complete closure or resistance at the internal os, or the cervical cavity is so full and dilated with muco-pus, that the fluid, not being expelled downwards, is forced up into the upper uterine cavity of the uterus, and we have the second variety of tenacious gonorrhœal uterine leucorrhœa. Sooner or later this result follows, and gradually but completely the uterine cavity becomes filled with fluid. The symptoms now are altogether different. They are, in a few words, those of greater and higher local uneasiness; sometimes phenomena of spurious pregnancy, followed often by symptoms not unlike those of miscarriage; but I shall again refer to them. Exacerbation of pain recurs not only at the onset of menstruation, but at other times, when the contained fluid, whether catamenial during menstruation, or muco-pus during the interval, is forcibly expelled by a powerful uterine contraction which overcomes all before it, and relief follows. Fortunately, the disease does not always extend beyond. But sometimes it does, and then the case is one of very serious import, at least one of confirmed invalidism. This constitutes the third variety, where the Fallopian tubes become inflamed, and even perimetritis may occur. In the worst cases we may have those results insisted upon by Noeggerath, when a few drops of the inflammatory secretion of the tube escape, possibly by a contraction of the tube giving rise to perimetritis, and sometimes rapid and fatal acute peritonitis. Fortunately, in this country at least, this unhappy complication is not common. It cannot be said, at least in Great Britain, if it can be elsewhere, that all our young married ladies are diseased by their husbands, so that young ladies are afraid to be married, because they know that all their married acquaintances were made ill directly and never again recovered.

The dysmenorrhœa in these cases is ver severe, accompanied with general uterine pain, tenderness reaching high up, and very aggravated.

Let us now distinguish how far from symptoms we may diagnose these three different varieties. I have already spoken generally of the general symptoms. We have considerable assistance, as I have shown in my paper read before the Obstetrical Society (*Transactions*, vol. xii., p. 136) "On Fundal Endometritis," by the special localization of the pain which is influenced by the nerve-distribution. In the cervical variety, the pain is referred to the lower part of the sacrum, the lower part of the pelvis, where there will be heavy, dull pain, sometimes reaching as high as the groins, but not higher. The vagina also,

especially at the upper part, feels sore, so that connection becomes sometimes very painful, or, if pressure be made with the finger on the cervix, it gives pain. Once become chronic, however, all these symptoms are greatly diminished in intensity. In the second variety we have pain extending higher up, more marked just above the pelvis and pubes, markedly in the groins, and extending down the thighs, generally the left. Occasionally it extends, as in ordinary cases of fundal endometritis, up to the waist, in the region of the semilunar ganglion, and over both ovaries, specially the left. In the third variety the symptoms are those of perimetritis or peritonitis, which need no special description, except that I may remark that I have noticed in several of those milder or more chronic forms, where neither perimetritis nor peritonitis existed, that on pushing the finger high up on either side of the uterus, or with the index finger placed there, making pressure from the abdomen, I produced intense pain and a sickening sensation even in those cases where there was no enlarged ovary, although in some I have noticed these organs also enlarged and very painful.

So much for the pain. But in the second variety it often occurred that sudden relief was obtained, at least for a time, by a forcible expulsion of the uterine contents by a sort of labour-pain. In these cases also, except where the disease had lasted many years, and sensation, as if it had worn itself out, was diminished, intense dysmenorrhœa was present, and the pains extended higher in the abdomen, according as cervix, fundus, or tubes were affected. I should remark that the breasts not only swell and become uncomfortable in these cases, as is commonly observed during menstruation, but become exceedingly painful, constituting mastodynia, which even persists after the period, and occasionally gives rise to hypertrophy of the organ. In these cases the second variety is always present.

Treatment.—For a long time I was greatly puzzled with these cases. If I cured them for a time, they were sure to recur. It is so even now with a few cases, and especially with those which include the third variety. The principles of treatment indicated here are three-fold; first, local antiphlogistic measures and other general agents to relieve the local congestion or inflammation; second, free exit to all contained irritable fluids, and the prevention of the suction upwards of the same; third, local appliances to correct the diseased action of the mucous membranes, and to keep the cavities patent. It is my conviction that the cases are very few and far between, which will yield unless these three measures be combined; and even in ordinary cases of leucorrhœa of an uterine origin, where the tenacious mucus does not exist, the same treatment is most efficacious.

First, of the local antiphlogistic measures and other general agents to relieve the local congestion or inflammation, blood-letting by means of leeches applied to the cervix uteri is both safe and effective. It is, in fact, a *sine quâ non*, the backbone of success, and much to be preferred, in my estimation, to the lancet. The uterus in these cases is more or less hardened. Fibrinous deposit has, in measure, taken place in its parenchyma, and blood will not flow, though the cervix be pricked heroically and extensively. The hysterotome, or cutting the os on both sides from within, if a knife were used at all, limiting the cut to the cervical cavity, was the best way of doing it. But leeches are to be preferred. The very suction of the leeches brings down the blood, favours the downward course; and, when they fall off, the oozing of blood continues. In a plethoric woman (six leeches at a time), the leeching may be repeated half a dozen times at least. It is the best preservative against subsequent inflammatory complications. If there be also much abdominal pain, then leeches may also be applied on the abdomen; but here I think blisters, or iodine paint applied to the belly, and frequent saline purgatives with anodynes, and alterative doses of mercury, are the best adjuncts.

The patient thus prepared, we are in a position to put in operation the second mode of treatment, viz., to give a free exit to all contained irritable fluids, and to prevent the further upward suction of the same. This, after all, is one of the first principles of surgery. If matter be cooped up in any cavity we must let it out. If the external os be small, and its action valvular, as before explained, it must be cut through. Mere dilatation, without a bougie or intra-uterine pessary, at best can only have a temporary effect. Nor have I ever seen the slightest danger occur from cutting the external os in a patient previously prepared by the measures before indicated. A pair of scissors, a bistoury, or Dr. Barnes's instrument, is sufficient. Precisely as when we cut a fissure in the anus, the parts are at rest. No more suction can take place upwards, and a free exit is given to all contents. We have, in fact, one abscess with a free external opening. The cervical cavity can now be locally treated by local agents, and its diseased action cured. A number of these are in daily use. A small stick of nitrate of silver may be advantageously left in the cavity, which will often correct and change the acrid secretion, and recovery may follow. Another agent is pure carbolic acid, placed on a piece of wire previously covered with cotton-wool, and afterwards dipped in crystals of iodoform. This last is very successful, and, moreover, relieves pain. I have sometimes used iodine paint, as advised by Dr. Wynn Williams, made by mixing iodine, iodide of potassium, water, and spirit, in equal parts; but I have not found in my practice anything as a local agent so successful as the iodoform and carbolic acid conjoined.

When, however, we have to treat the second variety of this disease, we tread upon more dangerous ground. It should be stated unequivocally that, if local remedial measures, such as the hysterotomy and intra-uterine pessaries, be employed before full and effective antiphlogistic regimen has been premised, inflammatory complications of serious character, and death by septicæmia, may follow. If this regimen, however, have been observed, it is comparatively safe to cut the internal os by the hysterotomy, or dilate by a sea-tangle or sponge-tent. The morbidly contracting decussator fibres of the internal os must be overcome. If we cut, it is wise to let the patient bleed awhile. If the bleeding seem too profuse, then it is wise to introduce a small piece of sea-tangle; but one important caution should be remembered. It should not be straight; it should have the exact curve of the uterus. To attempt to put a straight one in mars and injures the cut position, and is favourable to the development not only of severe pain, but of inflammation. For this purpose I invariably use sea-tangle of various curvatures; or if I use a sponge-tent, I pass through it a piece of steel wire, which I then bend to the curve required. Sometimes, by pulling down the uterus a little way, the tangle or tent is more easily introduced. But the uterus should not be pulled down far or violently, for peritonitis may be the result. Be it tangle or tent which is used, another precaution is necessary. Surround either by a little cotton-wool, and dip it in a solution of glycerine and iodine. This is an antiseptic agent which prevents subsequent poisoning.

Sometimes, however, notwithstanding every care, the pain produced is so great, that neither tent nor tangle can be borne. We must then proceed another way. If the pain and bleeding persist, inject into the vagina water as hot as the patient can bear. This almost invariably arrests them both. If the bleeding persist, then I plug the vagina only. An anodyne suppository helps the patient, if used in addition. Within forty-eight hours, all plugs being removed, I then insert into the uterus a small taper, such as I show you; it is covered with cotton, shaped to the cavity, dipped then in carbolic acid, introduced, and left *in utero* for about twelve hours. It is seldom that this process need be repeated. The uterine tenderness generally disappears, and a

large sound can be introduced without pain. The case may be left then, and will often do well; but I prefer using an intra-uterine pessary, one of the various forms I now show you, and which are for the most part well known to the profession. I have kept in the caoutchouc ones I show you for a year; the combined Hodge's and intra-uterine pessaries which I described at Bath before the Association, for six or eight months. The mucous membrane then assumes a healthy character. The catamenia are copious and painless often from the very first, generally by the third subsequent catamenial period. The dysmenorrhœa and the tenacious uterine leucorrhœa alike disappear.

Lastly, as regards the third variety; in the more acute forms, the antiphlogistic treatment should be fully and heroically carried out at the onset, if we be fortunate to see the case early. Local leeching to the cervix and over the abdomen, followed by blisters, are here indicated; but even general bleeding should not be feared if there be much pain. Calomel and opium in half-grain doses should be given every three hours; and five minims of tincture of aconite, two drachms of liquor ammoniæ acetatis, for every two hours, till temperature and fever abate. This treatment may prove effective. More often, however, the disease assumes a chronic form.

I have noticed that, in cases where the early symptoms have been of this serious import, once the chronic symptoms have occurred, the treatment recommended for the second variety has altogether cured the disease; possibly by insuring a free exit of the contents, possibly because the intra-uterine pessary, if *in situ*, precluded the influence of atmospheric pressure of suction upwards; possibly because an uterine pessary always favours a copious flow of catamenia, and thus relieves all local congestion. And what is more agreeable to the sufferer, the matrimonial alliance, which had hitherto proved an occasion of sorrow by the disease produced, has passed into one of joy through the birth of a child.

THE EXPEDITIONARY FORCE FROM INDIA TO EGYPT IN 1800.—II.

By Surgeon-General C. A. GORDON, M.D., C.B., Q.H.P.

CONTINUING remarks already made in the *Medical Press and Circular* on the Indian expedition to Egypt in 1801, it is well for statistical purposes to give the numerical strength of that force. The first portion of the contingent sailed from Bombay on December 23, 1800, but did not reach Suez until the end of April, 1801, this great delay having been due to adverse winds in the Red Sea. Shortly afterwards the remaining portion of the force followed, and was joined by artillery, cavalry, and infantry sent from the Cape. The entire force numbered 3,759 Europeans, and 4,127 Asiatics, making a grand total of 7,886. It continued in Egypt till June, 1802, that is, a period of fifteen months. As already stated it had no fighting to do, so that the casualties which occurred were altogether due to endemic causes, and accidents incidental to ordinary service in that country. These particulars premised, records before us show that among the Europeans there occurred during the time in question 315 deaths; that there were sent away to India and England as invalids 117; equal to a ratio per 1,000 per annum of 105 under the former head, 37 under the latter, and to a total ratio of loss by both causes combined of 142. Among the Asiatic troops the deaths numbered 377; the invalided 41; equal respectively to 114 and 12, and a total ratio of loss of 126 per 1,000. So far, therefore, the results obtained show, on the occasion referred to, that, whereas the ratio of deaths was greater by 9 per 1,000 among the Asiatics than among the Europeans, that of invaliding was only one-third of what it amounted to in the latter; yet that the

"wear and tear" of the force by disease was so nearly alike in both classes that it amounted only to 16 more in the one than in the other. The balance, small as it was, was against the British.

To quote the words of Sir James McGrigor, from whose "Sketches" much of the data for the present remarks are gathered: "Perhaps it may be thought that I have descended to a great degree of minuteness. However, I conceive that from the facts stated important and useful deductions may be made. I think it a matter of regret that such journals are not more frequently kept; with a little industry on the part of the profession they might always be so. Had such records been always faithfully kept, many practical points would not, as they now are, be involved in doubt and uncertainty." (Page 56). The words quoted were printed in 1804.

With reference to the diseases by which mortality occurred, the statistics available show that their ratio of incidence differed to a great extent in the two classes of troops already alluded to. Taking the diseases as enumerated in the "Sketches" (Table II.), the subjoined abstract represents actual numbers of deaths by each respectively among Europeans and Asiatics, namely:—

Plague ...	38	Europeans ...	127	Asiatics.
Fever ...	18	" ...	92	"
Liver ...	64	" ...	12	"
Dysentery ...	148	" ...	47	"
Diseases of the lungs... }	4	" ...	6	"
Stroke of the sun	2	" ...	—	"
Casualties and diseases unknown }	41	" ...	93	"
Totals ...	315	" ...	377	"

In the above abstract the "diseases unknown" include casualties the precise nature of which is unrecorded, small-pox and other cases lost in the *Julia* hospital ship; also nine deaths which happened in corps previously to the surgeons taking charge of them.

Before passing on to consider the remarks made eighty years ago upon the diseases incidental at that time (shall we say only then?) to troops employed in Egypt, a few notices from the "Sketches" may serve to indicate certain points bearing upon hygiene of armies in the field that seem to have an importance of their own if considered in reference to our forces now operating there.

Although a good deal of sickness had occurred among the troops during their long voyage to Suez (this is now avoided by our modern means of transport), the general state of health was so satisfactory that "rarely indeed have troops on any expedition been landed" in equally good physical condition (p. 58). When sickness attacked the troops it affected in different degrees those of the same class who came from different localities. Thus, of the artillery, the Bombay suffered the most; next to them the Royal; next the Madras; then the Bengal; and least of all the horse artillery. The prevailing diseases were dysentery and hepatitis. At one time fever prevailed among those from Bombay. The cavalry continued remarkably healthy throughout the whole period of occupation. Some of the infantry, having performed a long and arduous march across the greater desert, suffered considerably from fever, the disease terminating in hepatitis or dysentery.

Special reference is made to the 61st Regiment, on account of it having been chiefly composed of young men. When that corps arrived in Egypt it was in a high state of health and discipline. At Alexandria it was quartered in the Pharos, the locality damp, and surrounded by sea, except on the side of the mound which connects it with that city. The men became attacked with dysentery and hepatitis, and,

next to the regiment already alluded to (10th Foot) as having suffered from an especially arduous march in the desert, the 61st had the greatest proportionate loss of any in the force (p. 61 and Table II). (How very important therefore in reference to the present expedition are the particulars thus extracted!)

The 80th Regiment had come from Trincomalee. It had been quartered at that unhealthy station during five years, and had there lost many men. On landing in Egypt the regiment was very healthy (p. 61). It was composed of drafts of men from other corps who had volunteered to it after having themselves served in India "fifteen or twenty years." At Ghizeh, El Hammed, and Alexandria they were the most healthy corps. Many of the old men suffered severely from the march to Alexandria, and especially during the cold weather; yet many others who were never free from liver complaint at Trincomalee never complained of it in Egypt. (These are also very important points, in one respect as bearing upon the views entertained now-a-days on the subject of old men, and old soldiers, in another as illustrating the very striking curative influence exerted by "climate" in cases of liver disease.)

(To be continued.)

THE CHINESE MATERIA MEDICA.

By FREDERICK NEWCOME, F.S.S.

(Concluded from page 108.)

Of animal products, musk probably stands highest in repute among Chinese doctors, but owing to prohibitive prices, the use of it is confined exclusively to the wealthier classes. For the pure unadulterated article obtained from the male *moschiferus*, or Thibet musk, from twenty to forty shillings an ounce is the common price to pay, and although the dose given is small—seldom more than half a drachm to a drachm at a time—it is impossible that the poor can afford such a luxury. Even high prices are frequently paid *wholesale* by Chinese merchants for home consumption, and this fact, viewed in connection with the average value of the musk exported to this country (during last year it was less than a guinea an ounce all round), leaves but one conclusion in our minds, namely, that the supply for this market is adulterated to a greater or less extent, despite London druggists charging for it gold price or higher. Last year (1881) the total exportation from China amounted to 1,877 catties, or say 2,503 lbs., valued at 149,780 taels, or about £41,501; in other words, the average was something like a guinea an ounce, whereas true musk always fetches from thirty to sixty shillings an ounce at Shanghai or Tientsin. Here, again, it is just possible that some of the unfavourable results attributed to musk, and its bad repute among Europeans, may have been owing to adulteration, which, as everyone knows, was, and still is, largely carried on.

Bezoar stones are equally in repute, almost fabulous sums being given for the genuine article. For *Bezoar bovine*, classified in the Returns of Trade as "Cow Bezoar," the export price varies from four to five hundred taels the catty; that is to say, from £6 to £7 10s. per ounce. Probably, however, several kinds of bezoar, including stones derived from animals of the goat tribe, are included under the generic term; but upon this point our knowledge is deficient. When such an astounding price is paid for the Chinese article by native dealers, there is little wonder if the samples that formerly reached Europe were spurious as alleged. Whether there is any great medical virtue in bezoar, or whether there is none, is a question that will probably be decided in time; but to settle the point it is necessary to examine and test the true Chinese article, which evidently cannot be sold under double its weight in gold.

The Chinese also import a considerable quantity of Indian Cow Bezoar. This, after transport to China, is

only worth about 8s. to 9s. an ounce, or [barely one-twentieth that of the genuine native article, which we have no hesitation in asserting to be one of the dearest drugs in existence. Beargall is another expensive animal product, being commercially worth some sixteen shillings an ounce in Shanghai; but for what medical purposes it is used we are unable to state. All we know is that it forms a part of their *materia medica*, the same as do the ordinary vegetable nutgalls, with which the country-side everywhere abounds.

Although allusion has already been made to a considerable number of Chinese drugs, the list is still far from perfect. Hundreds more could be enumerated, and yet our task would be incomplete. Indeed, all that can be done within the limits of this series of articles is to particularise the more important—those which play a recognisable part in the commercial economy of the empire.

In their everlasting struggle against disease, these remarkable people have evidently ransacked the whole vegetable kingdom from end to end. Nothing that afforded the least hope of relief seems to have escaped their attention, nor have the other products of Mother Earth wholly passed unnoticed. Several kinds of earth have been made to pay homage at the shrine of *Æsculapins*. One—*hoa-che*—deserves some passing comment. From this stone, or rather from this species of chalk, the Chinese manufacture their finest porcelain vases. At the world-famed factories of King-te-ching, *hoa-che* is commonly used instead of kaolin whenever transparency is the chief desideratum, or expense but a secondary consideration. However, like many things in China, it serves a double purpose, physicians preparing from it a draught said to be aperient, cooling, and detersive. When first dug up, the stone is exceedingly glutinous, bearing a strong resemblance to soap, and from this peculiarity it presumably derives its name of “*hoa*.”

Little progress has yet been made in the way of gaining knowledge of the properties peculiar to the various metals, and the less said about this branch of medical science in China the better. Excepting a few foreign preparations, with which constant intercourse with Europeans is rendering the native populations at the Treaty Ports slowly conversant, quicksilver is the only metal with which their physicians can be said to have any proper acquaintance. From early times this poison has been given by them in severe cases of venereal or scorbutic taint; but, as earlier remarked, the Chinese as a race have conceived a widespread objection to its use, alleging that it creates impotence in the one sex and barrenness in the other. As an ointment, on the other hand, it is still frequently used by native practitioners, who likewise manufacture a mercurial plaster, in the efficacy of which considerable faith is seemingly placed.

Beeswax plays a by no means unimportant rôle in Chinese medicine, forming the base of most ointments and plasters, in the manufacture of which an enormous quantity is annually consumed. So vast, indeed, is the consumption of beeswax for this purpose that one is inclined to join the good Dominie in crying “*Prodigious!*” That the Chinese should elect to use beeswax as the base for their ointments is somewhat curious, seeing how many other equally suitable substances are to be found within the borders of the empire. Among the many strange and wonderful commodities deemed of utility, silver dross may be specially mentioned. Upon the eternal principle of wasting nothing, “*Ah Sing*” converts this rubbish into a miraculous plaster—a sort of universal “*Heal all*.” That this remedy possesses any intrinsic merit cannot for an instant be supposed. If any cures at all are effected by it, they may be set down to faith and imagination—two tonics of amazing potency. The “red pills of unfailing efficacy,” distributed by the Bancham Rembouchi to the deluded pilgrims who yearly flock in thousands to visit the

famous Lama College at Djachi-Loumbo, also belong to the world of superstition. These pills, it was long since ascertained, are good for little else save filling the empty coffers of this sink of iniquity, and keeping a set of idle vagabonds in luxury, while much the same remark may be made about a dozen other remedies used by the medical Lamas in the interior.

The asserted skill of these worthies is generally recognised as a pretence; but then they understand the races with whom they have to deal. So simple are the Tartars, and so exquisite is the faith they place in their spiritual teachers, that any amount of chicanery or nonsense is credited. According to M. Huc and later travellers, it sometimes happens that the medical Lama, not having at hand the specific medicine he requires, contents himself with scribbling its name upon a piece of paper. This, when rolled into the shape of a pill, is given to the confiding patient, who swallows the indigestible bolus in the full satisfaction that his stomach will derive just as much benefit from it as if he had swallowed the drug itself. Time seems scarcely to have weakened this and a score other wretched superstitions; indeed, quackery is little less prevalent in the China of to-day than in the China described so long ago by Nieuhoff and Le Compte: it still pervades their therapeutics to a vast—we may say, to an inconceivable—extent; but, in justice to this people, we must remember that quackery is equally diffused throughout all Oriental science. Even “*Westernism*” is not free from its pernicious taint. European science always has been, and always will be, subject to a certain amount of imposture; this is inevitable: but, nevertheless, many cures once used by charlatans or empirics alone are now included in the British Pharmacopœia, and this memory should render English doctors lenient in condemning as humbug all Chinese medicines. Besides facts—that is to say, excessive fecundity and comparative longevity—have demonstrated the value of some among their manifold drugs. Doubtless, many are worthless; but some must be good, and it remains for Science to eliminate the chaff from the wheat, and to ascertain which are suited to the European temperament and constitution.

Physicians are not likely to pay much attention to the wondrous stories related about cures resulting from the use of “young deer horns,” “crocodiles’ scales,” and “tigers’ bones”—all of which, by a stretch of imagination, may be included in the Oriental Pharmacopœia. These are probably mere travellers’ tales, and, whether founded on fact or superstition, are simply charlatanism in its more brazen forms. Crocodiles’ scales and a hundred other Chinese nostrums may be dismissed without a moment’s consideration, but English science will do well to investigate to the utmost the several herbs most in favour. Common sense is against the presumption that herbs consumed by the hundreds of tons annually, and which have maintained their reputations for centuries, contain none of the many virtues attributed to them. To argue otherwise would be plainly illogical, else why should China be the most populous of all countries? This consideration alone, it might be thought, should dispose of all objections to properly testing these almost unknown drugs, but we fear it will not. For some occult reason, Englishmen have always felt inclined to deride China and things Chinese. Perhaps the feeling is only natural. Their stupendous conceit and strange aversion to progress early rendered them the laughing-stock of European travellers. Our two wars with them proved simple burlesques—mere holiday rambles for our soldiers and sailors—while in many other respects we have, doubtless, found these people contemptible to a degree. But in double-dealing, adulteration, cheating, and similar recondite sciences, Europe has discovered its match in the “child-like and bland Chinese.” Herein he displays talents and intelligence of a no common order, as all who have frequent dealings with him are bound to admit. Is it not likely, then, that he may be equally

well skilled in the other Arts of Peace?—that he does know a good deal about medicine? What are the facts? What are the pro's and con's? Let us reflect for a moment.

China is credited with containing from one-fourth to one-third of the human race. True, its total area is immense; but, like the Russian Empire, the greater part is sterile, and very sparsely inhabited. China proper is not nearly so large as Russia in Europe, but it feeds a population estimated at about five times as great. Acre for acre, it is almost as densely peopled as the United Kingdom, while general provinces—each singly as extensive as England—find sustenance for three persons to its two. Even little Belgium cannot compare, in the matter of population, with such provinces as Chihili, Kiangsu, Anhwei, or Chéhkiang, although their bulk is many times as great. Neither climatic influence nor personal habits, neither religious nor matrimonial customs, fully account for this preternatural fecundity, especially when considered in connection with the many adverse influences ever working in a contrary direction. From time immemorial China has suffered patiently under a long succession of plagues, pestilences, and famines. With sanitary arrangements that simply outrage all European notions of cleanliness and decency; with habits of life dirty and disgusting in the extreme; eternally scourged with cholera, famine, yellow fever, war, oppression, and a dozen other causes, this surprising people has increased and multiplied to an unparalleled extent. Half-starved, constantly afflicted with some or other disease (as with most Oriental nations, they are subject to diseases in their more active and virulent forms), in short, with every incentive to short-livedness, the Chinese, both male and female, attain to a relatively old age. Large families are common, while, notwithstanding the admitted incompetence of native nurses, the ratio of deaths during, or shortly after, parturition is surprisingly small. Hard-worked, badly fed, hovelled—not housed—and downtrodden from birth to death by the Mandarin classes, the lower orders contrive to live to ages that would render them anything but hazardous lives to assure.

Moreover, children are brought into the world in a fashion that has raised the ire of many an English surgeon, and which would inevitably destroy the life of both mother and infant were Europeans treated in a similar brutal manner. Concerning the utter incompetence of native nurses as a body there seems no two opinions. Every European doctor settled in China bears testimony to this fact, and we fail to remember seeing a single copy of the medical reports, issued by the Imperial Maritime Customs of China, wherein several illustrations are not given of their astounding ignorance. Cases of cross or hand presentation generally prove fatal, unless some foreign medical man is in close attendance. Alone by itself, this incompetence must occasion a widespread destruction of human life; but, further, the lower rank of Chinese are still addicted to the crime of infanticide, though, of course, to an extent very inconsiderable with what was once supposed. These, and many other lethal influences we could mention, tend to retard the growth of population. Yet, live as these people may, or act as they may, nothing seems to stay their abnormal fecundity.

Unhappily, we have hitherto obtained no sufficient data whereby to estimate the mean duration of native life in China, but such few vital statistics as have reached this country go to prove an average longevity quite out of keeping with European expectancy, when allowance is made for the destructive influences alluded to above. May we not fairly ascribe some portion, at least, of this result to the medicines prescribed by native practitioners? Supposing English medical science retrogressed to the bigotry, ignorance, and superstition existing in the seventeenth century, would life be nearly as long, or marriages as fruitful as now,

seeing under what different conditions we dwell? Congregated by hundreds of thousands in our great cities; what would the death-rate probably be had our sanitary arrangements and medical skill remained in *status quo*? In a vast emporium like modern London, with breathing room utterly inadequate for its four million inhabitants, plagues would surely have been about as common as eclipses had not science fortunately made such miraculous advances. Nor would our provincial capitals have found themselves much better off than the metropolis in this respect; and yet, in this connection, we should bear in mind two facts: first, that China is, in most respects, two centuries behind Europe; and secondly, that several of its cities contain a million or more inhabitants, while those holding between one hundred thousand and a million are reckoned by the score. Sanitation, or its Chinese equivalent, is a word unknown in a practical sense, the arrangements for removing refuse being simply an offence to English civilisation. Yet, despite this drawback and a multitude of others, the death-rate in Canton, Tientsin, Ningpo, Foochow, and other great centres in closer contact with the west, is comparatively light. What is the reasonable construction to put upon this undeniable fact? Is it not that some real virtue is to be found in most of the local medicines, of which, in the course of a lifetime, the natives swallow such a surprising quantity? The absence of oxygen in a common Chinese lodging-house alone seems sufficient to extinguish the flickering spark of life, while the mode of sleeping is enough to breed a dozen new pestilences. No European, however strong his stomach, could exist a twelvemonth, or even a week, under the distressing conditions which are the common lot of poor "Ah Sing." He would simply asphyxiate and die; yet somehow the natives seem to exist. To call their existence life would be somewhat hyperbolic, seeing they are constantly ailing; nevertheless, the drugs perpetually swallowed counteract, to a large extent, the evil effects of their many objectionable habits.

In concluding this series of papers, it may be in place to refer to a few matters that have hitherto been overlooked, or else have met with scant notice. We have already mentioned China root as among their favourite drugs. Of this plant (the *Smilax China*) such enormous quantities are consumed that it invariably obtains separate notice in the Trade Returns. It is put to much the same purposes that sarsaparilla is with us, and apparently answers as well, though experience certainly goes to show that the *smilax sarsaparilla* of Jamaica is the superior herb where European ailments are concerned. Fuling medicine is also largely used by the Cantonese; but here, again, we must admit to partial ignorance of its character and uses.

In the matter of oils the Celestials are exceptionally great. From sandal wood, cinnamon, red pepper, juniper seeds, aniseed, cassia, and cassia leaves, and many other spices, they express essential oils employed medicinally among other purposes. Even the oils extracted from tea and flower seeds are made to serve some curative purpose or another. In brief, scarce one vegetable or animal substance exists that has not, in the course of ages, been devoted to the service of *Æsculapius*—that does not minister to the necessities of China's millions.

For some occult reason—fortunately, or unfortunately, shall we say?—science has hitherto paid little attention to this interesting study. Few investigations have been made into the qualities of the thousand and one drugs that kill or cure one-quarter of the human family; and those few, we fear, were more the outcome of a desire to expose than of anything else: certainly they were not inspired always by the highest of motives, nor from a desire to add fresh items to the already over-lengthy list in the British *Materia Medica*. The long and short of the matter is that the nineteenth century, which prides itself upon its enlightenment and knowledge, remains in comparative ignorance regarding

the whole subject of Chinese therapeutics. This vast, this most fertile, field for research is as yet but partially explored. Perhaps one drug in ten finds a place in our wholesale druggists' lists; scarcely more, even if we include the several animal products with which the eastern and western worlds are equally familiar. Is this because the medicines themselves are worthless, or because they have been insufficiently tested, if tested at all? The writer's opinion leans to the latter hypothesis.

Clinical Records.

INTRA-ABDOMINAL FIBROUS TUMOUR— CÆSAREAN OPERATION—RECOVERY.

Under the care of DR. CATALIOTTI.

In October, 1879, the maid servant of the Princess Giardinelli came under notice as having a large intra-abdominal tumour which was causing her great pain. She was on the eve of marriage when Dr. Cataliotti examined her, and he was chiefly consulted as to whether she could enter into wedlock without endangering life.

Her antecedents proved that in youth she had always been healthy, with regular menstruations. She had been at a convent where, at the end of the twelfth year of her stay, she lifted a heavy kettle, when she felt a pain in the abdomen. About a month later, at the time of menstruation, she spat blood and had violent hysterical attacks. Having left the convent, she accepted a situation as maid to the Princess, where she was seized with repeated vomiting during menstruation; it was not checked by any remedy, but stopped suddenly after the two first days. At the same time a tumefaction appeared on the lower part of abdomen, of which the origin was uncertain.

This much being known, the abdomen was examined, although certain indispensable observations could not be made, patient being a virgin. The tumour occupied chiefly the middle of the abdomen, extending beyond the umbilicus, had its chief dimension towards the right with a large lobuliform extension towards the hepatic region, and descended deeply into the cavity of the left iliac region. This tumour, most irregular in shape, hard in some places, soft in others, was but slightly movable and sensitive when touched. The patient being in the knee-breast position, the tumour was found adherent in its dorsal parts. The general state of health had suffered materially through continued illness, and the consequent abstention from nourishment. The diagnosis arrived at was that it was a case of an inter-peritoneal fibrous tumour, most likely uterine.

In spite of the representations and warnings of the medical attendant the patient was married on the 9th February, 1880, being already in her fortieth year. After one catamenia she became pregnant. The pain was not long in reappearing, and after three months became intolerable. Called in to alleviate it, Dr. Cataliotti was unable to assist her, and the pains increased to such an extent that in the fifth month the poor woman was unable to sit or lie, and only found some relief in constant walking. Overcome by fatigue, she rested against the wall or in the corners of the room. She complained of continual shooting pains in the abdomen, and this lasted until the operation, when she repeated despairingly, "Cut me to pieces."

In the seventh month Dr. Cataliotti was again requested to procure premature confinement. The condition in which the vagina was at that time rendered this difficult. Introducing his finger into the vulva he found at the right a large tumour, immovable, and of excessive hardness, apparently emanating from the corresponding ischium. The tumour gave the vagina a conical shape; the neck of the uterus was curved on itself, and seemed to have no share in gestation. Then, as far as possible, he tried to introduce the point of his forefinger in order to reach the head of the fœtus, but the patient moved so much that this was not possible. At any rate, the vagina was so contracted as to render the passage of the head of the fœtus impossible, and likewise preventing the introduction of any instruments or the hand. After consultation it was agreed to attempt Cæsarean section. Two days later contractions of the uterus set in, with unbearable pain, especially in

the epigastrium, the thorax, and more especially in the shoulders. On the 28th October, the patient having been suffering for hours, Dr. Cataliotti, assisted by several other medical men, then proceeded to perform the operation. At half-past one the patient was placed on the table. She was resigned and seemed even impatient at the delay. Chloroform being administered, an incision of about five inches in the linea alba between the umbilicus and the pubes was made. When opened, a jet of serum escaped, indicating dropsy, which in itself compromised the success of the operation. This exceptional fact will be interesting from a pathological as also from a therapeutic point of view. The operation was interrupted by the abundant flow of the peritoneal effusion, and the uterus offered exceptional resistance, being entirely covered with varicose vessels. The amniotic fluid was of a limpid colour, and the fœtus extracted in good condition. The umbilical cord was cut and the placenta taken out without any adhesion. This done, everything was cleared and put into order. The carbolic acid spray continued, and as the patient showed signs of coming to, the chloroform was again administered.

The operator then introduced his hand into the abdomen in order to ascertain the position of the tumour and its adhesion. The tumour formed an integral part of the uterus, its walls had entirely disappeared, and had been replaced by the neoplasm. Near the incision a mass of substance was found reaching the hepatic region. The assisting medical men having confirmed these observations, the mass was easily removed, excepting near the liver, where it was hardened by the pressure, and more adherent. Having freed it, the operator enlarged the primary incision in the direction of the umbilicus three inches to the left. He then lifted out the tumour with the whole of the uterus and adhesions. This part of the operation was extremely successful. The remaining part of the neck of the uterus being drawn out as far as possible, was next tied with a strong piece of wire fixed with a knot. Another ligature was also made half an inch lower with a piece of catgut in order to secure the former. The operator had to carefully avoid coming into contact with the bladder or the rectum, which were now in direct contact with the remaining part of the neck of the uterus; a small sharpened metallic sound between the two ligatures fixed the uterine parts outside the abdominal wall.

The operation had lasted about an hour in all. The patient was then removed to a room where a warm moist temperature had been established, and a few spoonfuls of curacao were administered to her.

During the first three days subsequently there were several slight attacks of retching accompanied by heartburn and tympanites. The patient complained of a dull pain in the abdomen, the temperature rose to a maximum of 33° C. and the tongue was dry. These symptoms indicated intestinal disturbance, more mechanical than vital; but applications of ice, lukewarm injections and hypodermic injections of morphia, and a few drops of tinct. opii. afforded relief.

After two consecutive evacuations the patient had good nights till the third day. On the fourth day the bandages were removed, when the wound was found to be nearly healed, except where the pedicle emerged and where the wound was still open, the pedicle being mortified by the strangulation through the ligature. The open wound was in good condition, and reparation continued with wonderful rapidity. The fifth day the urine flowed spontaneously without the aid of a catheter. The abdomen had gone down, and the patient felt sufficiently well to ask insistently for more solid food, and was given a little broth. On the seventh day the piece of wire fell off, and only the catgut remained. On the side of the pedicle there was putrid matter in rather large quantity of a greenish colour, which required two applications a day. The rapid gain of strength alleviated the fears of purulent dropsy. On several occasions opium and bismuth were given to stop excessive evacuations. The pedicle having fallen off the discharge of pus diminished. The patient slept quietly, and the temperature relaxed to 38° C. The moral condition was excellent, the appetite considerable; the wound granulated visibly, but did not yet make any rapid progress towards cure. The suture was still maintained for several days, and there was no great resistance in the tissues. The general condition had evidently suffered severely, as well from the pain caused by the operation as by the diet which had necessarily to be observed during the last two months of pregnancy. On the fifteenth day the suture was entirely removed, but another stitch at the lower

part of the wound was necessitated on account of the diseased state of the edges. On the eighteenth day, the weather having suddenly changed, the patient had an attack of rheumatic pleurodynia, which defied all medical remedies. The new stitch in the wound gave way in consequence of the tenderness of the tissues, and the wound had, therefore, to be treated by canterisation. To keep the borders of the wound together a dry suture was made with collodion, which, however, was not successful. The iliac prominences rendered the use of diachylon impossible. Bands of court plaster were, therefore, placed on the wound, and fixed with small pieces of thread over the thighs, and fixed with ordinary gum, which proved most successful. So far the patient had been progressing favourably, and could have even risen had not the state of the tissues prevented. She ate and slept well, when suddenly a dry colic set in, accompanied by retching of a bilious green substance. Violent pains in the region of the spine with absolute constipation, such as even to prevent the emanation of gases, depressed pulse, dry tongue, intermittent sobbing, and depressed looks were the symptoms which caused fears of a fatal issue. All the most radical remedies were at once applied to avert the danger. Drs. Poggi and Urso again assisted Dr. Cataliotti, and they succeeded in relieving the patient. Irritant injections produced copious foetid discharges, which proved the intestinal obstruction was caused by the reduced peristaltic movement during so long a period through pressure of the tumour. The slow digestion and the heavy food to which the patient was unaccustomed probably caused these symptoms. An error of diet must have been committed, and therefore two confidential nurses were put to watch her until she was quite restored.

Her voracious appetite was such as to necessitate constant restraint, but, on the other hand, the nourishment she took rapidly restored her strength. The dry suture sustaining the wound, the same healed very slowly. It was constantly necessary to touch it with nitrate of silver. The funnel-shaped aperture gradually became smooth, and the scar was completed towards the end of the third month. Lastly, to protect the walls of the abdomen against any strain which might occur, and to guard against any accident which might arise in case the wound were not perfectly healed, the patient was bandaged with flannel.

Dr. Cataliotti expresses an opinion that this case, with its complications, presents some entirely new features, and he lays special stress on the occurrence of acid dropsy which was specially noticeable by the undulating movements of the abdomen, which was filled with the water from the amnion. The diagnosis of this was most difficult. It was confirmed by the motion of the fetus and by the fluctuation of the liquid which was concentrated, and the abdomen did not present the form usual in cases of common dropsy, because it had been completely deformed by the pregnancy, which one might almost say was within the tumour. It was not possible at the first examination to fix the exact position of the uterus, because the left lobe of the tumour descending into the lower part of the iliac cavity had displaced the corresponding wall of the vagina, rendering the neck of the uterus tortuous and not attainable by surgical means. A long and deep furrow divided the tumour of the uterus, and all the medical men were agreed that this organ had been displaced by the settling and slow development of the neoplasm, which was exceptionally hard. The uterus could not be easily distinguished before the operation, because, during pregnancy, the fetus formed the chief part of the tumour, and the furrow divided the tumour and fetus, the large lobe adhering to the concave part of the liver. The fetus, the tumour, and the uterus forming but one rendered accurate diagnosis impossible. Pathological anatomists say that when the uterus contains a new growth the complete development of the fetus becomes impossible. Dr. Cataliotti quotes two other cases of some interest; in one case a living child was born, although a tumour existed in the womb.

The patient above referred to returned to work as maid to the Princess Giardinelli, and was evidently entirely restored. A subsequent examination per vaginam showed that the organs had resumed their normal positions.

Medico-Military Items.

A CABINET MINISTER'S LEISURE.

THERE are few things more indefinite than a Cabinet Minister's leisure, and the reply to the appeal of a body of public servants that the subject of their remonstrance shall receive attention when that particular period has arrived is equivalent to classing its fulfilment in point of time with the lying down of the lion with the lamb. A year and a-half ago, when the sad list of killed, wounded, and sick among the medical officers who had served in the Cape, the Zulu, the Afghan, and the Boer wars had reached a serious total, it was brought by Mr. Findlater to the notice of Mr. Childers, in the House of Commons, that the Army Medical Department, notwithstanding their full participation in all the risks of war, were, by the introduction of the word "combatant" into certain recent warrants, excluded from the benefits conferred upon all other commissioned ranks of the army whose duties led them to be present upon the field of battle. To this the Secretary of State replied with more sophistry than justice, "I cannot undertake to lay down the broad proposition that *non-combatant* officers are to have all the advantages of combatant officers, unless the converse be also accepted; but when I have more leisure I will look into it." During the lapse of eighteen months that expected leisure has not arrived.

In the concluding action of our last war on the fatal Majuba Hill, out of five officers killed, two were medical officers.

In the opening fight of the present Egyptian campaign at Kassassin Loch the only officer killed was a surgeon-major. Surely it cannot need much leisure to enable Mr. Childers to arrive at the conclusion that medical officers, though not receiving the advantages of combatant officers, share to the full their disadvantages, and it will scarcely require much time on the part of an unbiassed observer to perceive that nothing but the rooted jealousy of "those boulders of prejudice and superstition" compels medical officers to continue to be killed on the field of battle as *non-combatants*.

CERTAIN ITEMS OF EQUIPMENT OF OUR TROOPS IN EGYPT.

ACCORDING to a published list of equipment and supplies issued for the use of the army now engaged in Egypt, every requirement, both in a sanitary and medical point of view, appears to have been provided for on a most liberal, if not actually lavish scale. For the protection of the troops when encamped, double tents have been issued to them in the proportion of one to ten men, in place of the ordinary single tents. The helmets of the men are covered with brown cloth. Not only are their eyes protected by "goggles," but the eyes of the cavalry horses are so also, by "fringes." Each man has a blanket of grey warm material. Camp kettles, for cooking, are supplied in the proportion of one to every five men. Each battalion has accompanying it two water carts. Pocket filters are issued in the proportion of fifteen to every hundred men. Arrangements on an elaborate scale are also made to ensure as far as practicable a supply of drinkable water. Each man has on his person a small quantity of bandages, calico and lint. No mention, however, occurs of a card of identity, and the experience subsequent to the skirmish at Kassassin shows how desirable such a means of recognising some of those who had fallen would have been on that occasion.

Dr. JOHN MACMUNN, has left a sum of £200 to the Royal Medical Benevolent Fund Society of Ireland, and £1,000 divided among several Irish medical charities.

"SANITARY" INSTRUCTIONS FOR OUR TROOPS IN EGYPT.

It was to be expected that the authorities at the War Office would issue a code of instructions with a view to protect the health of the British troops now serving in Egypt. Considering the great advances in the science of sanitation said to have taken place of late years, and also the very elaborate details with which that "science" has come to be surrounded, if not *mystified*, the terms of the "instructions" in question have been looked for with some degree of anxiety.

The code in question includes the following instructions—viz., not to encamp upon ground recently flooded, nor upon ground recently occupied; camps to face the North; the vicinity of burial places to be avoided; to avoid drinking turbid water—it should be allowed to subside, or a little alum added to it, or filtered or boiled, or have tea infused in it. In the event of cholera or "typhoid" fever prevailing, the water to be boiled. As to meat, that containing parasites should be rejected; all should be inspected; cooking to be thorough. The use of fruit and vegetables to be encouraged. Tea, coffee, gruel, and lime-juice are recommended; the use of stimulants discouraged. The men to have a cup of coffee in the early morning. After exertion they are to allow themselves to cool before they undress. That "a sanitary committee" be appointed, and so on.

With every desire to write deferentially regarding this code, is it not really the case that among the instructions now abstracted from it there are several that no man of ordinary sense would ever think of contravening, even had they never been written? There are others that cannot be utilised under the exigencies of active service against an enemy, and there are some that would be of no earthly use were they put in force to-morrow. Is it not the case that in drawing up codes sanitary, or as regards other matters for the guidance of the British soldier, the terms of such codes have reference to what, according to the estimate of their writer, the British soldier ought to be, rather than to what he is?

RATIONS FOR THE TROOPS IN EGYPT.

It appears that the scale adopted for the supplies of our troops in Egypt is that of a strength of 25,000 men for two months. There is a contract for meat, of which a considerable quantity has already arrived at Ismailia. Preserved meat sufficient for 25 days' consumption, and biscuit sufficient for 30 days have also been received at the same place. Besides large quantities of *erbswurst*, the stores are well supplied with lime-juice and preserved vegetables. Spirits, wines, and tobacco also figure largely. And then there are "groceries," "comforts," disinfectants, and so on, almost in any quantity.

THE EMPLOYMENT OF RETIRED DEPARTMENTAL OFFICERS.

AMONG the Army circulars for the current month one gives power to the Secretary of State for War to employ retired departmental officers under such conditions as he may from time to time determine. When employed, such officers are to receive a consolidated salary, which, however, is not to exceed the amount of their retired pay by more than £150 a year. No retired officer shall, however, be liable for employment after attaining the age of 65. On attaining that age, and on ceasing to hold such appointment, they shall revert to the retired list, with the rate of retired pay of which they

were in receipt when so appointed. Retired officers, while holding such appointments, shall cease to draw their retired pay, and shall receive a consolidated salary, to be determined by our Secretary of State, but which shall not in any case exceed the amount of retired pay by more than £150 a year, and shall include all allowances, except forage, when specially authorised.

Whether the terms declared in the above Warrant are, or are not, sufficient to induce retired officers to resume the cares and responsibilities of active duty remains to be seen. The omission in the published statement of all mention of "house rent" and "servants' allowance" appears ominous. But perhaps the omission is accidental. At any rate, as in the great majority of cases retired officers have taken leases of houses, they will no doubt "consider" the terms above held out to them.

REGISTERED FOR TRANSMISSION ABROAD.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 13, 1882.

LAST WEEK'S PROSECUTIONS.

DURING the past week no less than three inquiries have been held into the circumstances surrounding deaths which had been certified in a way to demand investigation. Two of these cases will form subject for further proceedings, but in the third penalties of £10 each were inflicted on a registered medical practitioner and his unqualified assistant. The offence committed consisted in the signing of a death certificate by one defendant, W. H. Dry, M.R.C.S., whereas he had not seen the patient named in it; and in issuing this same certificate by the second defendant, an assistant named Upfield. The

summonses were taken out at the instigation of the Medical Alliance Association, under the Registration of Births and Deaths Act, 1874, and charged Upfield with having given the father of a child he had attended, in the capacity of a medical man, a certificate stating that the child had died of scarlatina, the signature to the certificate being "W. H. Dry, M.R.C.S., L.S.A.," whereas Upfield had been the sole attendant on the child up to the time it died. The result of the hearing was that named above, each defendant being fined in the full penalty.

This case possesses very great importance, and we are glad to be able to congratulate the magistrate, Mr. Bushby, on so clearly perceiving the practical necessity of dealing severely with such offenders. It probably did not assist the latter much to urge against a conviction that the Medical Alliance was actuated by spite, because Mr. Dry was not a member of the Alliance. The contention was, on the face of it, eminently feeble; for we assume that Mr. Dry, being an employer of unqualified assistants, could not, even had he desired to do so, have joined the Association as a member. We confess to knowing little of the Alliance, except to admire it for its prompt and commendable action in several instances; but if it is so constituted that its ranks can by any chance remain open to persons who outrage the profession of medicine by employing unqualified men to impose on the credulous and unsuspecting poor, then it is certainly high time the Society should be remodelled. For the present, however, we shall continue to regard the assertions made by Mr. Dry and his assistant as of an impossible kind.

This case brings out also very clearly a point we have so often insisted on, that the poor who flock to dispensaries are gulled into the belief that they are receiving duly qualified services; and paying sixpence or a shilling a week, as it may be, for advice given by registered medical men. How grossly they are imposed upon such examples prove; and it is with much satisfaction that we note the increasing frequency with which exposures of the fraud are being made. Of the intention to deceive, moreover, it is no longer possible to have a doubt; for when death occurs, as it frequently must, the *modus operandi* of providing the necessary certificate is a clear indication of the deliberate swindling which goes on in dispensaries of the kind Mr. Dry has been conducting. It is no excuse for the employer of unqualified labour to urge that his assistant has been his pupil. He must know that each time he signs a death certificate in a case of which that assistant has had charge, he is committing an act of perjury, inasmuch as he distinctly puts his name to the declaration—"I attended," &c., &c. But he also knows that an unqualified man cannot legally act as a surgeon in any capacity, else why should anyone incur the cost and trouble of qualification? So that it is an act of conscious fraud for a duly qualified practitioner to send one who is not ex-qualified on the errand to which he has himself been called in his capacity as a qualified medical man.

This point is one on which we must again and again insist, for it is one which most affects the cases that are occurring now with such frequency as to be both

alarming and encouraging—alarming, as showing the extent to which evil obtains; encouraging, as showing the exertions made to oppose it. It is raised, too in connection with the second of the three cases referred to above: likewise a dispensary scandal. This inquiry was held into the circumstances attending the death of a coal porter, who was attended for some time preceding death by an unqualified assistant named Power, who had charge of two dispensaries in Islington, and who "had walked some of the hospitals in America." On the death of the coal porter, who was seen when in a dying condition by a qualified practitioner, the latter arrived at a very different diagnosis of the disease from that given by Power, whose verdict was, alcoholism. holiam. Post-mortem examination revealed extensive pneumonia; and these facts being made known to the jury, they speedily returned a verdict of manslaughter against Power. The coroner, Dr. Danford Thomas, in addressing the jurymen on the conclusion of the evidence, expressed a fear that very many London dispensaries are superintended by unqualified men; and we are of the same opinion. He likewise remarked on the injustice done to the poor, who are robbed of fees under the pretence that they are being paid for valuable medical attendance; and though, of course, he did not comment in such terms at the time on this case, we assume that Dr. Thomas would agree that no more typical illustration than that afforded by this particular instance has recently been given of the way in which money is obtained by dispensary speculators from the unfortunate dupes on whose credulity they trade.

The third case last week was investigated at the Westminster Police Court, where a certified midwife was remanded on a charge of being suspected of causing the death of a woman, by administering to her a poisonous drug for purposes of abortion. The prisoner is under remand, and will be again brought up to-day (Wednesday) in connection with the charge, which, however, is somewhat different in nature from the others we have dealt with. It has, also, less direct importance for the profession; and if substantiated, it will only serve as an indication of the fact, scarcely doubted by anyone probably, that the precautions taken to ensure that none but worthy candidates for midwifery certificates shall receive them, are not proof against the admission of an occasional black sheep. We may regret the circumstance, but cannot easily, at present, avoid its possible repetition.

CERTAIN PHASES OF THE OPIUM QUESTION.

As a matter of public health, the opium question must always possess an interest, and in these remarks our references are drawn from official and other documents of very matter-of-fact nature, in relation to the use of this drug in different parts of the globe. It appears for example that in 1871 there were in the city of Kiu Kiang on the Po-Yang lake, 197 opium smokers. Of these some had smoked the drug almost thirty years, others during various periods down to ten years, but apparently none for less than that period; hence it was probably only those who had persisted during a decade in the habit who

were looked upon as experienced smokers. It is especially observed, however, that the whole of these one hundred and ninety-seven persons had, during the year named, applied for medicine to break them of the habit. And yet it would appear that the use of opium has its advantages. Thus, not only has it the reputation of operating as a prophylactic against malarial fevers, but that several persons who had abandoned the practice became attacked by ague with or without diarrhoea; also that two opium smokers having been similarly attacked, the circumstance was looked upon as altogether exceptional. At Peking, in the same year, opium was described as being "of all our luxuries, the surest destroyer of health, prosperity, position, and life." In the reports for 1877-78 we learn that in Wenchou poisoning by opium is common during certain seasons of the year; also that during the prevalence of cholera, opium smokers, when attacked, almost always succumbed to the disease. It is observed also that the effects of opium, when consumed in smoking, differ from those of the same drug when eaten, or when injected hypodermically.

According to official reports, the use of opium is very frequent among the native criminal classes in Burmah. Of the native prisoners in jail at Rangoon in 1881, twenty three per cent. were addicted to opium smoking. Of this number, twenty per cent. had suffered in health or constitution from the practice. It is observed, however, that the sudden deprivation of the drug to which they were subjected in prison produced no ill effect upon them—a circumstance which is somewhat opposed to the usually entertained belief as to the difficulties and dangers which attend sudden cessation of the habit. Thus, the results of most recent observations fully confirm the statements made by a late Commissioner of that province with regard to the demoralisation, misery, and ruin produced among the Burmese by opium smoking. In fact, there is reason to believe that evil results from the use of opium are even more pronounced among them than in China itself. The great and rapid increase of opium smoking among the criminal classes in Burmah has become a subject of serious importance. Its extent is shown by the fact above recorded, that whereas in 1880 thirteen per cent. of the prisoners in Rangoon jail were opium smokers, the proportion in 1881 had increased to twenty-three per cent.

A second report of the Customs Department in China gives some very interesting particulars regarding the use of opium in that Empire. From calculations therein detailed, it appears that opium smokers in proportion to the population number about three and a third per thousand; that the average smoker expends daily in the purchase of opium a sum equivalent to tenpence three farthings sterling, provided he indulges in the foreign drug, but only equal to fivepence farthing if he is contented with that grown in the country itself. As to the total amount in money spent by China upon this luxury, including that produced at home and imported from abroad, it is estimated to be no less than twenty-five millions of pounds sterling per annum. Chinese who have studied the question are opposed to a traffic which more or less harms smokers now numbering over two millions, and annually

increasing. At the same time, they admit that opium provides a large revenue; that the expenditure for opium, and liability to the incidence of opium taxation, touch an infinitesimally small percentage of the population; and that neither the finances of the State, nor the wealth of its people, nor the growth of its population can be specially damaged by a luxury which only draws from fivepence to elevenpence a-piece a day from the pockets of those who indulge in it—namely, two-thirds of one per cent. of the population. They admit all this, but they do not find in either the revenue produced, or the statistical demonstration of its percentage innocuousness, any sufficient reason for welcoming the growth of the trade, or for desisting from the attempt to check the consumption of opium. In reference to these remarks, however, it is asserted that in 1854 the estimated number of persons in China addicted to opium smoking was three millions; that in 1871 there were supposed to be three or four millions of smokers; and that more recently the numbers have increased to six millions of smokers; moreover, that "there is a deeply-rooted conviction in the Chinese mind that opium does unutterable harm to the country." In America the habit of opium smoking, introduced in 1863, has already spread to an alarming extent, not only among Chinese, but also among Europeans.

The first mention of the use of opium by the Chinese occurs in their Herbal, (a) written over two hundred years ago. Under the name of *opien*, the drug was then manufactured from the native grown poppy; but there appears also to have existed a foreign trade with the drug, the Portuguese alone importing it, and continuing to import it up to the year 1767. With the fall of the Mogul Empire, the monopoly of the growth of opium in British India descended on the conquerors. In 1773 the English made their first venture to introduce it to the China market. In 1796-9 the Chinese Government prohibited its importation, and forbade its consumption, under severe penalties, but without lessening in any way the quantity entering the country, as smuggling and bribery from that time forward took the place of open trade. In 1839 the seizure by the Chinese authorities of the opium on board British ships led to the "opium war," which continued during the subsequent three years. From the date of its conclusion till 1858, smuggling continued as before; but in that year, in accordance with Treaty, opium was admitted at certain ports, subject to a duty. In 1860, after a second war, the Chinese legalised the trade—whether under compulsion, or of their own good will, is a question apparently answered variously, according to individual predilection. In 1869 an appeal against the traffic was made to the English Government, who, it is asserted, "passed it by unnoticed;" and so, "from the beginning of this century to the present hour, opium has been cultivated in India expressly for the China market." Then follows a series of tables, for the purpose of showing the steady increase from this source to the revenue of India, from £838,450 in 1834-5 to £6,521,456 in 1877-8, the total net revenue of that Dependency being in the first-named period £14,392,309, and in the second £38,666,484. According to the Budget statement recently made in the

(a) "Opium Smoking," by H. H. Kane, M.D. New York. 1862.

House of Commons, the estimated revenue from opium in India for 1881-2 was £7,250,000.

The opium question, in as far as it bears upon the finances of India, has been discussed somewhat after this manner:—To sever the direct connection of the Government of India with the trade would be—so it is surmised—to stimulate instead of checking the consumption of the drug, not only by the Chinese, but by the natives of India; while to suppress the trade would be to entail bankruptcy on the country for the sake of an illusory advantage. The Chinese, if unable to obtain the drug from India, would procure it from somewhere else, and home production of it would greatly increase. In addition to this, the abolition of the opium traffic would entail upon the Indian Government a loss of five millions sterling per annum, and besides would for a time at least, so depreciate exchange as to derange the commercial relations of the country. As matters stand, the duty on salt in India has been reduced on the strength of the opium surplus in the last Budget. Thus our own subjects have directly benefited. Hopes have also been expressed that the charges on salt may be still further reduced from a continuance of the same surplus, although the uncertainty of the latter is well known and recognised. In reference to the revenue which India derives from the opium trade, the remark has been made that that revenue is as justifiable as the Excise duties of the United Kingdom, and that few administrators would seek altogether to abandon the latter as an item of public revenue; and, further, that sumptuary laws have never succeeded. In reference to the views thus obtained from official utterances, however, the circumstance is noteworthy that according to recent accounts from India the export duty on Malwah opium has been reduced by Rs. 50 per chest to enable that drug to compete with the opium grown in Persia and China. The circumstance has an important significance. It shows that the revenue from this source must be fluctuating and uncertain; that, therefore, upon fiscal grounds alone the cultivation of the poppy must less and less be depended upon; that other industries must more and more take its place.

From these references, therefore, several points are prominently brought out, namely, that confirmed opium smokers, as a very general rule, are themselves very desirous to abandon the evil habit. That the drug (in moderation) is considered to be a prophylactic against malarial fever, although its operation as such is not invariable and constant. The evil effects of opium in regard to health, morals, and prosperity are acknowledged and represented by the Chinese themselves. The effects differ according to the manner in which the drug is used. In Burmah, a large and rapidly increasing proportion of the convicts are addicted to the use of opium. There is reason to think that in China the actual number of persons addicted to opium smoking far exceeds the official estimate, also that the vice is rapidly extending in that empire. Opium smoking only introduced into America so recently as 1868, has there already increased greatly. Although the opium traffic with China existed before it was taken up by the British, it has greatly increased under them, and at the present time supplies a very material item in the revenues of India. Importation of the drug into China prohibited by the Chinese Government was subsequently effected by

illicit means; it led to two successive wars, and according to some accounts is now legalised by the Chinese against their own convictions. The drug is cultivated in British India, especially for the Chinese market. It is argued that to sever the existing communication of the Government of India with that trade would tend to increase the supply and demand for the drug. It would further involve a serious pecuniary loss to the Government, and also derange financial transactions with England; it would moreover necessitate increased taxation on salt in India. Finally, the revenue which India derives from the opium traffic is considered to be as justifiable as is that which England derives from her excise duties.

Therefore, the whole gist of the matter is that the opium traffic is confessed to be most pernicious in its results alike to health and morals of a large proportion of persons in China, Burmah, and America, nevertheless; but as it supplies India with a very large money revenue, on the same principle that excise duties add materially to the revenues of the United Kingdom, the continuance of that traffic on its present footing is unavoidable. But inasmuch as the extent to which opium is now produced elsewhere than in India has already to a material degree affected the revenues from this source in that country, the fluctuations and uncertainties from the same cause promise in the future to increase from year to year.

THE MEDICAL SIDE OF THE WAR.

A SEVERE and trying climate; desert tracts, on the surface sand of which the feet of men and horses sink deeply; scanty and otherwise unwholesome water; food neither overabundant in quantity nor very palatable in quality, such are some of the items that militate against our troops now in Egypt. Of these, the greater number are inseparable from active service anywhere out of the temperate zone; others are in some respects peculiar to that country—among them, notably, the physical conditions just alluded to. With such difficulties, among others to be encountered, it was natural to anticipate the occurrence of a large amount of sickness among our forces; hence it is that the hospital establishments provided for the expedition have been upon a scale as regards *personnel* and *matériel* hitherto unknown, except perhaps those for the comparatively small force some years ago fitted out for Ashantee. With that portion of the force which has proceeded from the west there have been sent not only the means for first help to sick and wounded of individual regiments, but also for field and general hospitals to be established at suitable points; while for such men and officers as, on account of wounds or sickness, require removal from the country, hospital ships are provided for their transport to Cyprus, Gozo, Gibraltar, or England, according to circumstances. As regards the forces sent to Egypt from the east, the liberal and efficient scale upon which the Government of India on all occasions provides for sick and wounded soldiers on active service gives assurance that on the present occasion the principle has not been departed from.

Records of the campaign in which, at the beginning of the present century, our forces were engaged in Egypt, gave ample information regarding the diseases to which

our men on the present occasion are most exposed, as to the classes and description of men most liable to be attacked by them; they further contain ample directions as to the protective measures to be taken against the occurrence of endemic illness and epidemic disease, in the event of the latter occurring. But in many respects our troops are in far better hygienic circumstances than were their predecessors eighty years ago. In respect to food, clothing, protection, and general attention to personal comfort, they are looked after in a manner then not dreamt of. And what is likely to be the result upon their health of such improved conditions? Time alone can furnish a reply. As far as experience on the present occasion has taught a lesson, it is that the diseases most to be dreaded among our troops are fever and exhaustion from exposure to sun and high temperature; dysentery and diarrhoea, partly from the use of bad water, partly from alternations between day and night temperature, and exposure, such as is inseparable from duties in times of war. No doubt it is with reference to the latter diseases that, under sanction of the medical authorities on the spot an allowance of spirits has been issued to the troops; no doubt also, a "tot" of rum under the circumstances is both grateful and beneficial.

So far, our troops are free from epidemic disease in any form. It is true that from the Red Sea on the one hand, and from the direction of Western Persia on the other, danger in this respect is not altogether absent. As regards the first, quarantine imposed for a few days on ships has been removed; as regards the second, no steps whatever have been taken as yet. How far the maintenance of quarantine regulations compatible with military exigencies in time of war is a question not yet presented; neither is it necessary for the time being to consider how far that measure may be expected to prove effectual for its intended purpose. All that need now be said is that, fortunately no measures of quarantine are called for. The general state of health of the army now operating from Ismalia appears to be neither better nor worse than might naturally be expected under the particular circumstances of that portion of the expeditionary force.

According to some of the published reports from Egypt certain difficulties exist in regard to transport, food, and medicines for soldiers in the advanced positions. Such things are inseparable from a state of war, and it is altogether too much to expect or look for regularity in these or any other respect such as characterise the ordinary regimental routine of an English garrison. War cannot be carried on without "roughing," and it is only the physically strong who can, uninjured, go through the process.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Bristol 15; Cardiff 16; Derby, Plymouth 18; Norwich, London, Edinburgh 19; Portsmouth Halifax 20; Birkenhead, Nottingham 21; Bradford, Glasgow, Oldham 22; Newcastle-on-Tyne, Leeds 23; Brighton, Leicester, Bolton 24; Huddersfield, Liverpool 25; Salford 26; Dublin, Blackburn, 27; Birmingham, Wolverhampton 28; Sheffield 29; Sunderland, Manchester 30; Preston, Hull 34.

Notes on Current Topics.

Fever-spreading Arrangements.

WE have so often drawn attention to sanitary defects and other causes which contribute to the spread of infectious diseases that it might almost be imagined the number of contrivances of this description has been completely catalogued. Not a week, however, elapses without the belief which encourages such a notion being rudely shaken, and we may confidently anticipate that the ingenuity of sanitary officers will long continue to be exercised in overcoming the constant tendency to invent new means of spreading infection apparent among the more crowded populations of this country. A very striking example to this effect came to light on Friday last at an inquest held at Southwark on the body of a four years' old child, which had died from scarlet fever. The mother of the victim, with an unusually intelligent perception of the relation between cause and effect, attributed the fatal illness of her child to the evil influence of a neighbouring dust-bin, which had some time previously been removed from its original position to a spot immediately beside her own back kitchen. The smells from this undesirable addition to its surroundings rendered the back of the house entirely uninhabitable, and the unfortunate family were driven to live entirely in the front room of the establishment. The children, however, could not be so confined; it was impossible to prevent them from playing more or less closely about the intolerable nuisance near by; and the not surprising consequence was serious illness, terminating so far in the death of one of the children. It was elicited during the inquest that such occurrences may take place with considerable frequency, since the neighbourly feeling which regulates the inter-communication of the poor prevented the registration of such complaints as might have resulted in removal of so great a nuisance. It is quite clear, nevertheless, that under a system of periodical inspection of all tenements and dwellings, existence of a foul source of disease could not long remain undiscovered and unremoved. It may be urged with strict justice that considerable additions would have to be made to our present sanitary service in order to carry out regular and systematic inspections; but it has been so often of late conclusively shown that inspection of this nature can alone be trusted to for effectually remedying a vast number of fatal defects in poorer dwelling places, that it may be well to make early provisions for what will some time else be inevitable. Certainly such frightful dangers as those described before Mr. Collier ought never to be seen in any civilised community.

Sunday Recreation.—How it is Prevented.

IT is now so generally admitted that the efforts of the Sunday Society to secure for the people means of healthy and rational recreation and enjoyment by throwing open public museums, libraries, &c., &c., are calculated to advance the national progress that it is impossible not to feel surprised at the action of a presumably intelligent body of men who condemn the principles involved. Such action, however, has been taken by a society of persons engaged in attending libraries, called the Library Association.

ciation, and which has, during the past week, been holding a series of meetings at Cambridge, under the presidency of the University Librarian.

Among the resolutions proposed was one by Mr. E. B. Nicholson, Bodleian librarian at Oxford, in favour of the general principle of opening museums, libraries, and galleries for at least part of each Sunday. We are informed that in place of discussing it, the previous question was carried "by acclamation." It is right that the circumstances under which this remarkable evidence of sagacity was exhibited, should be remembered. The vote was the vote of men, as a rule, but little cultured, the 'Library Association' being made up almost entirely of the officers who are chosen to superintend free libraries and similar institutions in this country. But few of them would be actuated in a question of the kind under notice by any higher feeling than that of self-interest, which necessarily urges them to persistently oppose any movement, the success of which would entail additional labour on themselves. The few highly cultured members of the Association, like Mr. Nicholson, who is a distinguished Oxford graduate, naturally view the action of their fellow members with deep regret, as also must all who value the welfare of the British Nation. That interested librarians, however, can influence the success of the Sunday movement by passing any number of resolutions of the "we don't want to work" type, is absolutely impossible; but it says little for their intelligence as a body that they should so strongly oppose a proposal for extending the usefulness of their own services.

The Fever at Accrington.

THE epidemic of scarlet fever at Accrington, in spite of all precautions is spreading. One medical man alone reported no less than 20 fresh cases during last week. There were 22 deaths registered, 18 of them being children under eleven.

The Poison of Mushrooms.

A PARAGRAPH has been going the round of the press stating that Prof. Ponfok has been making experiments on the common mushroom, and has discovered that it is highly poisonous, particularly when uncooked. It may relieve the minds of some to learn that the professor's experiments were made on the *Morchella esculenta*, and not on what is generally known as the common mushroom (*Agaricus campestris*). The latter, we have often eaten uncooked, and in pretty large quantities, and are, therefore, quite in a position to place our experiments by the side of the dictum of our contemporary which made the discovery. There is hope, moreover, even for those who have eaten the *Morchella esculenta* uncooked, as the smallest quantity that invariably proved fatal was two per cent. of the body weight of the animal experimented on. This would represent in a person 150 lbs. in weight three pounds of the mushroom in question, a quantity, we need hardly say, not likely to be consumed by one person at one meal.

DR. GRIFFIN reported last week to the Westport Guardians that there were eight cases of typhus fever at present in Clare Island.

An Australian Medical Insurance Fraud.

THE Melbourne *Argus* of May 10th gives the history of a case lately tried in the colony. The principal defendants were Barker and Hicks. Barker who was a trusted servant of the Mutual Provident Society, having acted as a canvassing agent for many years, had a tent in the Exhibition grounds, in which he held forth as to the advantages of life assurance, and solicited business for his company. To him came Hicks, a broker and canvasser for the society, with the suggestion that "this gambling in lives" might be turned to profitable account. His proposition was that some person with only a short time to live should be insured as a "good life" and that arrangements should be made so that when death occurred the proceeds of the policy should go into the pockets of the conspirators. Barker agreed, and it was resolved to effect an insurance for £3,000 in the Mutual Provident Society, and another for £5,000 in the Alliance Assurance Company, making together £8,000. For the purposes of the plot, two confederates were required, viz., a medical man, who would give a false report, and a person to whom the policies might be assigned, for, of course, to make the money directly payable to Barker and Hicks would have been to excite suspicion. The medical man was found in Dr. Horton, while a person named Forsyth, who absconded before the trial, acted as assignee, and the compact was that the proceeds of the conspiracy should be equally divided amongst these four. The next thing was to select a fit subject for insurance, and the conspirators laid their hands upon a man named Weatherhead, who was completely destitute, and almost in the last stage of consumption. He was passed as a "first-class life" by Dr. Horton for the Mutual Provident Society, and another practitioner, Dr. Morrison, was induced, partly by a bribe and partly by a statement as to what Dr. Horton had done, to certify in a similar manner for the Alliance Company. It seems to have been an easy matter to persuade two people who had never seen Weatherhead in their lives to sign their names to the usual "friends" report. The question now was, what to do with Weatherhead, whose end was rapidly approaching. It was not considered prudent to allow him to die in Adelaide, so he was taken to Melbourne, with the intention of placing him on board a ship then about to sail for London. It was merely certain that he would expire during the voyage, and it was thought that he could be quietly buried at sea without awakening suspicion. Weatherhead, however, was too far gone to be taken on board, and he died in Melbourne. At this stage of the affair occurred an incident which requires some explanation. Hicks, (who was accepted as Queen's evidence), swore that the certificate given by Dr. Beaney set out that the cause of death was laryngeal phthisis, and that the deceased had been ill about twelve months. As Weatherhead had been insured for less than six months, this, as Hicks said, "would never do." Upon representations made by Hicks to the undertaker the words "twelve months" were altered to "three months." This was after the certificate had been filed in the Registrar general's office. How such an important alteration could have been made in this manner it is difficult to understand. The conspiracy, therefore, seemed to be in a fair

way to succeed, when the whole fabric of deception was blown to the winds by a simple act of carelessness on the part of Hicks. A tell-tale letter and telegram which Hicks had torn up and thrown on the floor, were picked up by a woman, who joined the pieces together, and read words which induced her to communicate with the Mutual Provident Society. Barker, Hicks, Forsyth, and Dr. Horton were charged with conspiring to defraud the Mutual Provident Society, and Dr. Morrison was charged with defrauding the Alliance. Forsyth absconded, and Hicks turned Queen's evidence. The case was so strong against all the defendants that they would probably have been convicted without the testimony given by Hicks in the witness-box. Indeed, if anything could have saved the prisoners, the fact that Hicks was their accuser would have done so. Barker was sentenced to two years' imprisonment for each offence, Horton to two years' imprisonment, and Morrison (who was recommended to mercy by the jury) to one year's imprisonment.

Neglect of Death Registration.

It seems to us that medical officers of public institutions in Ireland need some more stimulation to discharge their duty in respect of registration of deaths, and that, inasmuch as the official mention of their neglect of duty in the Registrar-General's report does not appear to influence them to punctuality and business habits, it is necessary that that functionary should take, as the lawyers say, "such steps as he may be advised" to enforce regularity in this matter. We are familiar with the paragraphs in the Registrar-General's reports respecting the negligence of certain officials of institutions in Dublin, and we find from the report for this week that the Registrar of Waterford No. 1 District remarks, "*apparent increase of total death-rate due to registration of 14 deaths at District Lunatic Asylum, dating from December 3rd, 1881, to the present.*" It is, we think, a very gross piece of mismanagement in any institution that the deaths therein should be held over for eight months without being reported to the proper authority, and we hope we shall not again be obliged to notice a similar occurrence at the Waterford Asylum or elsewhere.

Alleged Poisoning of a Town by Lead.

THE Keighley (Yorks) Town Council had to answer last week in the Coroner's Court on a charge of having slow-poisoned a citizen by the lead dissolved in the drinking water supplied by them to the town. The widow of the deceased deposed to his death, and that both he and she had suffered two years ago from lead poison. The pathological appearances were suspicious, but inconclusive; but the medical witness admitted that he did not find sufficient disease to cause death except from lead poisoning. Deceased visited him about two years ago, and then he was suffering from lead poisoning. At that time he advised him to discontinue using the water. A juror asked if he had come across many cases of lead poisoning. Witness said he had reported *sixty-four* cases to the local board twelve months ago. The lead was dissolved from the pipes by the action of the water. It was his opinion but for lead poisoning the deceased would have lived an average life.

Newspaper Paragraphing respecting Dublin Surgeons.

WE are reluctantly obliged to notice again the extent to which paragraphing is employed in Dublin as a means to public notoriety. It is not unreasonable that a physician or surgeon leaving his business for a prolonged absence should let his patients know that he has left home in order that they may be saved a fruitless journey to town. But there can be no necessity for the publication of this form of advertisement when a practitioner is going on a commonplace country call for the night, or from Saturday to Monday. Nor is the advertisement at all improved by the statement that the gentleman in question has been summoned by telegraph or by post-card or any of the ordinary means of communication. Two of these announcements have recently appeared—in reference to one Dublin surgeon—in the daily papers of that city, and our opinion has been challenged respecting their style and respecting the following paragraph cut from the newspaper of the locality to which the anxious public had already been informed that the gentleman had gone:—

"Dr. . . . of No. . . . Square, Dublin, Fellow and Examiner (*sic*) of the Royal College of Surgeons, the very eminent and consulting surgeon of Ireland, paid a visit to . . . yesterday, and was much pleased with what he saw of our city, particularly with our noble river, which that excellent authority considered ought to keep us free from epidemic disease. Surgeon . . . returned to Dublin this day."

The ill grammar and errors of fact of this paragraph make it obvious that it was not written by the gentleman in question; but we feel it necessary to say that such a professional puff is indecent, and certainly not calculated to maintain the reputation, honour, and dignity of any person or institution. It needs to be at once publicly and sternly repudiated. Reporters are men of business. They print these paragraphs because they think that their doing so will be agreeable to the person referred to; and they have some justification for that impression when they see every trip for a day out of town "by telegram" chronicled in the fashion columns of the papers. Those who suffer as the surgeon here referred to has done owe it to the profession that they shall at once make the public aware that they utterly repudiate such puffs, and that surgeons of respectability do not descend to such means of achieving publicity.

The Parkes Museum of Hygiene.

THE Council of the Parkes Museum have just acquired new premises in the West-end of London, near Cavendish Square, to which the contents of its present temporary home in University College will be removed as soon as the necessary alterations and additions are completed. The new building will consist of a central hall suitable for meeting and lectures, a library, and corridors, all lighted from the top, and well suited for exhibition purposes. The meetings and lectures on sanitary and other matters connected with the health of the people, which were only occasional while the museum was at University College, will henceforth form a permanent feature of the institution.

Anti-Vaccination.

RECENTLY, at the Leicester Police Court, a large number of persons were summoned for refusing to comply with the Compulsory Vaccination Acts, by not having their children vaccinated. There are several thousand unvaccinated children in the town of Leicester, and their number is increasing at a very rapid rate, although there are more prosecutions under these Acts in this place than in all the other large towns of the kingdom put together. It is urged by the anti-vaccination party that, notwithstanding this state of things, the town is perfectly free from small-pox. This immunity is, however, mainly due to the energetic action taken by the medical officer of health for stamping out the disease upon its first appearance. In the present instances most of the defendants were fined 10s. each, or seven days' imprisonment.

A New Mydriatic.

HYOSCIN, prepared by Ladenburg, and crystallisable by hydriodic acid, has proved to possess, if dropped into the eye, a remarkably rapid mydriatic effect, and surpasses, in this respect, atropia in a high degree. But the solution should be only a half per cent. one, as stronger solutions ($\frac{1}{2}$ per cent.) cause already general symptoms, as, unconsciousness, disturbances of articulation, vertigo, and dryness of the throat. It may be mentioned that this preparation seems to be well tolerated by the conjunctiva, even if kept a long time in contact with it.

The Inland Revenue Report.

THE report of the Commissioners of Inland Revenue for the past year—a report of the Principal of the Laboratory—says that the work under his superintendence has recently very largely increased, the number of samples examined last year having amounted to upwards of 26,000, or an increase of 8,000 as compared with the number mentioned in the last report. This increase is attributed principally to the beer duty and to the new regulations. Besides the analyses made in connection with the Customs, there is now a large amount of work done in the examination of samples of goods supplied under contract. The necessity for the service may be estimated by the fact that, taking the India Office as an example, out of 488 general samples submitted, 87, or 17 per cent., were reported against. Nearly one-half of the samples of wine analysed fell below the standard, and 63 per cent. of the samples of brandy, which by the terms of the contract was required to be derived solely from the fermented juice of the grape, had to be rejected, as containing variable proportions of grain spirit. The adulteration of oils, too, has been found to have lately become very general, sophistication being effected in more subtle and ingenious ways than formerly. For the Board of Trade, 86 samples of lime-juice and 550 samples of lemon-juice had been examined, with the result that 6 per cent. of the lime-juice and 16 per cent. of the lemon-juice (the latter representing more than 14,000 gallons) were rejected. Most of the rejected lemon-juice, though otherwise satisfactory, contained free pulpy matter, having been prepared early in the season, when lemons are required for making candied peel, and the squeezing is done expediti-

ously, so that the juice is looked upon rather as a by-product. The pulpy matter has, however, to be got rid of by filtration before the juice is fit for use on shipboard, and as this operation is tedious, attempts are made to get juice containing pulpy matter passed, in order to avoid the inconvenience and expense of clarification.

British Prudery.

IN reproducing and commenting upon the article by Dr. S. Daniels, of St. Petersburg, on "Diseases of Sexual Organs in the Insane," in our columns under date of August 16, *La France Médicale* makes the following comment:—

"Le rédacteur de *The Medical Press* nous paraît à son tour se laisser avant tout dominer par ses instincts de pudeur britannique. Nous ne pouvons trouver aucune immoralité dans les examens faits dans l'intérêt des malades, et d'autre part nous ignorions qu'on ne pût chez les aliénés traiter toute affection autre que leur folie."

If the editor of *La France Médicale* had taken the trouble to understand what we did say his comment would have been needless. We think it quite consistent with *pudeur britannique* to treat any and all diseases our patients may suffer from; but we cannot say the same of the practice of making vaginal examinations in every case of lunacy occurring in females where there are no symptoms present pointing to possible disease of sexual organs, simply because the patient happens to be insane.

A Man of Great Brain.

ACCORDING to our excellent contemporary *Knowledge*, "The heaviest brain ever weighed in the United States was taken from the skull of James H. Madden, who died at Leadville on July 6th. The doctor who attended him during his last sickness had observed the immense frontal and lateral development of his head, and determined to weigh the brain, but his astonishment was great when it brought down the scales at sixty-two and a quarter ounces. Cuvier's brain weighed sixty-four and a-half ounces, considerably surpassing all other records; but the brains of Napoleon, Agassiz, and Webster, though phenomenally heavy, were much lighter than Madden's. It is an interesting circumstance that Madden was not a naturalist, a soldier, or a statesman, but a gambler."

THE annual death-rate last week in the large towns from the principal zymotic diseases was again below the average, if we except a few towns, such as Hull, Preston, Manchester, &c., where it was excessive, chiefly from diarrhoea, from which disease the mortality ranged last week from 0.6 and 1.0 in Huddersfield and Bristol, to 14.4 and 14.5 in Preston and Hull. The highest annual rates from whooping-cough were 2.4 in Birkenhead, and 2.5 in Blackburn; from scarlet fever, 1.3 in Nottingham and 1.4 in Sheffield and Newcastle-upon-Tyne; from measles, 2.5 in Huddersfield; and from fever, 1.3 in Leeds. The 35 deaths from diphtheria included 18 in London, 9 in Glasgow, and 2 in Birmingham. Small-pox caused 7 deaths in London, and one each in Nottingham, Manchester, Hull, and Newcastle-upon-Tyne.

The Cholera.

ACCORDING to an official despatch from Manila, 233 natives and four Europeans died there in one day last week of cholera, including the American Consul. In eighteen villages in the province of Manila there have been 368 deaths.

FURTHER news of a very terrible nature has been received here from Iceland. The population, who have already suffered severely from famine, is being decimated by an epidemic of measles.

THE University of Wurtzburg, at its third centenary *fête*, made Doctors of Medicine *honoris causâ* of MM. Ranvier and Charcot, and Surgeons of Messrs. Lister and Paget, of London. The Faculty of Philosophy also conferred the same honour on Prof. Huxley and Sir J. Lubbock.

LAST week a patient died under chloroform at the London Hospital in precisely the same way as the one reported in our last at University College Hospital. Both had gone to hospital for the purpose of undergoing an operation for cancer of the tongue, and both died whilst under the influence of the anæsthetic before operation.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 26, Bombay 25, Madras 33; Paris 23; Geneva 30; Brussels 25; Amsterdam 18; Rotterdam 23; The Hague 21; Copenhagen 33; Stockholm 37; Christiania 28; St. Petersburg 42; Berlin 30; Hamburg 26; Dresden 26, Breslau 40, Munich 24, Vienna 22, Prague 29, Budapesth, 29, Trieste 31, Rome 22, Naples 31, Turin 22, Venice 34, New York 40, Brooklyn 32, Philadelphia 26, and Baltimore 31.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

A FRENCH SURGEON ON GLASGOW LIMBS.—In an editorial notice in *Le Progrès Médical* of the 26th ult. of Dr. William McEwen's book on Osteotomy, the author is quoted as stating that, having practised 835 osteotomies on 557 limbs, and not having lost a single case as the result of the operation, he does not consider himself as exaggerating unduly in holding antiseptic osteotomy as one of the most certain operations of surgery. It is very reasonably stated by the French writer that it would be difficult to account for this large number of operations, if regard were not had to the special circumstances of the Scotch surgeon; and M. Desmons, of Bordeaux, is quoted as throwing light on the matter in the following terms:—"I considered at the onset how so much rachitis and so much *genu valgum* and *varicous* could be collected in one of the hospitals of a single city. In traversing the city I soon found an explanation of the circumstances. Every moment I encountered persons affected with bow-legs or curvatures of the thigh. It was the more easy to discover these, seeing that numbers of the people, women and children, paraded voluntarily with naked limbs and feet." We cannot help remarking that we regard this description of women and children in

Glasgow as savouring of the mental Orientalism of our Gallic neighbours. It is not at all unlikely that for the women of Glasgow Mons. Desmons may have mistaken some of Her Majesty's gallant forces often located in a suburb of the city.

REQUEST TO THE WESTERN INFIRMARY, GLASGOW.—Mr. A. F. Stoddard, of Broadfield House, Port-Glasgow, has bequeathed the sum of £1,000 to the Western Infirmary, Glasgow, for the upkeep of beds, which sum is to be paid in five annual instalments of £200 each. The amount required for the upkeep of one bed for a year is £50. The bequest will therefore maintain four beds annually for five years. During the past year the Western Infirmary has made considerable progress financially, but as the expense of the Free-laid Wards, which afforded an addition of 200 beds to the accommodation, has fallen upon the institution this year, there is the prospect of a considerable deficit in October next.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 2nd inst., was 89, and the death-rate 18 per 1,000. There were 18 deaths under 1 year, and 21 above 60 years, of which three were above 80 years. Only one death was reported from zymotic disease. It was one of erysipelas, and occurred in the Old Town.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 2nd inst., were at the rate of 23 per 1,000 per annum, against 20 in the preceding week and 21, 23, and 16 in the corresponding periods of 1831, 1880, and 1879.

CUPAR.—DECLINE OF THE FEVER EPIDEMIC.—Dr. Wm. Whitelaw, medical officer of health, forwarded his weekly report regarding scarlet fever to Bailie Simpson on Wednesday last, in which it is stated that there is a great improvement both in the number and the type of the cases. During the last week there have been reported only four fresh cases, all of an extremely mild type. No more cases have proved fatal, and all those which have occurred during the last fortnight have been of a much milder type—an almost unfailing indication that the epidemic is dying out. With reference to the proposal to close the public day-schools, the medical officer states that since they were opened eighteen fresh cases have occurred, and of these only five had attended school. He calculated that of those at school 0.7 per cent. had taken fever, while of those outside 1.2 per cent., or nearly double, had been laid up. The conclusion drawn was irresistible that the children are safer there than roaming about the streets. There therefore seems to be no necessity for closing the schools in the meantime.

Literature.

ON OVARIAN AND UTERINE TUMOURS: THEIR DIAGNOSIS AND TREATMENT. (a)

"The book which I now issue is professedly a second edition of that of 1872, but so far as the operation of ovariectomy is concerned, it is almost new, and as regards the uterine section still more so." Such are the author's words in the preface, and they indicate the vast progress which abdominal surgery has made in the last decade, an advance due in no small degree to the zeal and ability of the author.

Passing over the first 150 pages, which are devoted mainly to the pathology of ovarian tumours and their diagnosis, we come to an interesting chapter on "The Rise and Progress of Ovariectomy," including ovariectomy in France, Belgium, Germany, &c., which is in our opinion an

(a) "On Ovarian and Uterine Tumours: their Diagnosis and Treatment." By T. C. Wells, F.R.C.S., &c., &c. London: Churchill.

Impartial record of the history of ovariectomy, giving due prominence to the services rendered by each of the pioneers of ovariectomy from McDowell downwards.

The author's opinion on the antiseptic system are worthy of serious consideration. After Listerism has been well nigh universally adopted, we have recently seen most violent attacks made on it, so violent as to lead us to fear, in some cases at least, that personal motives have warped the judgment and biased the feelings of speakers and writers. Mr. Wells certainly can have no personal object in advocating the use of antiseptics, and when he throws the weight of his mature judgment and great experience in its favour it may well make us hesitate before we set aside at the dictum of some zealous, though we fear not judicious, opponents, a system to the value of which such a body of impartial evidence has on all sides been given. To the use of the spray Mr. Wells points out some objections which all practical surgeons are well aware of; but this is only a part of the system, and though we should be slow to omit it altogether, we agree with the author that in ovariectomy it has its disadvantages. Septicæmia is the cause of the majority of deaths after ovariectomy, and everything which can be done to lessen the chances of its occurrence should be adopted, but Listerism must not be exclusively relied on, and we are of opinion that with respect to ovariectomy its value has been to this extent overrated, that it has led to the abandonment of drainage in cases in which this should have been employed. While practising Listerism ourselves we cannot, in ovariectomy, at least rely on it as being an absolute safeguard against septicæmia.

Mr. Spencer Wells, in common with most operators, has abandoned the use of the clamp, and now returns the pedicle, when ligatured, into the abdominal cavity. He believes that Listerism has enabled this important change in practice to be adopted with safety. We think, however, that that system can hardly be credited with this improvement, and we know that Mr. Keith, of Edinburgh, who has ceased to use the spray, still practices the intra-peritoneal method with safety.

But after all, the most interesting, if not the most important, part of the work is that which treats of the "Recent Extensions of Ovariectomy." The first in order of time of these "extensions" is the so-called "Normal Ovariectomy" of Battey, "whose object was to bring on old age," or, more correctly, premature cessation of the menstrual function in women in whom that function was malperformed. On this subject Mr. Spencer Wells writes with his usual good judgment. He says: "I accept the principle, but see that the operation has a very limited application, and that the conditions justifying such an operation are exceedingly rare is evident from the fact that, since his enunciation of the principle upon which he proposed to act, Battey has only found fifteen cases in which he could see reason for carrying it into practice." When we hear, then, of a local practitioner in England performing this operation seventy or eighty times in one year we feel that the "abuse" of it, which Wells feared, has become a reality.

The chapter on "Uterine Tumours" is a very instructive one; it is but a short time ago since the removal of these by the abdominal section would have been considered entirely unjustifiable, yet Mr. Wells has himself operated on such seventy times—thirty-nine of these being cases of removal, and thirty-one of partial removal, or of exploratory incision. The mortality among these is large, but there can be no doubt but that in cases in which life is endangered the operation is justifiable.

The last chapter is "On Partial Amputation and on Complete Excision of the Uterus" the author is evidently not in favour of excision of the uterus in cases of cancer, and in this we agree with him. It is seldom the disease is recognised till it has extended to the adjacent parts, and then it is hopeless to attempt an operation; but our personal experience leads us to the conclusion that cancer attacking the fundus of the uterus is not so rare as has been supposed, and that with the improved means of making a diagnosis now at our disposal, we believe that this form of the disease will be more frequently recognised and the operation more frequently performed than it has hitherto been.

The whole work is written in a simple and clear style, abounds in clinical records of plain and unvarnished facts, and is worthy of the attentive perusal of all operating surgeons, as well as of such specialists as practise ovariectomy.

Correspondence.

RETENTION OF PLACENTA FOR FOURTEEN WEEKS AFTER ABORTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to a case of retained placenta published in your issue of August 30th, under the head of "Clinical Records," I have since received a letter, from which I send the following, with the explanation that something in my report has been supposed to reflect injuriously on the medical gentleman previously in attendance on the case. The letter says: "On March 4th I was summoned to see Mrs. G. I made an examination and found a small body protruding from the os, but as it still adhered I waited till the next day, when I introduced my finger and succeeded in detaching and removing all that the uterus seemed to contain. There were no signs of the foetus, nor did I succeed in eliciting anything which would have led me to conclude that I had any other than a very early ovum to deal with. It was evidently Mrs. G.'s intention to mislead me from first to last, and I certainly had no reason to suppose that I had to manage a case of abortion at the 10th or 11th week."

Signed,

THE "HOMŒPATH" IN QUESTION.

I feel constrained to ask you to insert this explanation as a matter of simple justice to the "homœopath in question."

I am &c.,

J. E. BURTON.

64 Rodney Street, Liverpool.

CORONERS AND MEDICAL CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am obliged by your insertion of my letter, and trust you will allow me to make some further remarks upon your note and Mr. Malcolm's observations.

I have never contended for the "necessity of holding an inquest into every uncertified death." For I have shown medical certificates to be given improperly—i.e., coroners' cases; and there may easily be cases, though no surgeon has attended, which do not fall within the definition of coroners' cases.

With respect to Mr. Malcolm's statement that a number of cases were "inquired into, but no inquests held on any of them, the coroner being satisfied in each case the death occurred from natural causes," I must again deny Mr. Malcolm's right to dispense with a jury and make inquiry himself, or to do more than ascertain whether the death was violent, sudden, non-natural, or suspicious. If it was, the coroner has simply to discharge his duty, whatever anyone may privately tell him as to the likelihood of there not having been foul play.

It has been truly said that no office or institution can fall except through the fault of those responsible for managing it; and I fear our own office is in danger from this cause.

I presume the cases in which the coroner's proper duty has been omitted are such as these:—Children found dead in bed, or dying suddenly in their mothers' arms, or from burns or other so-called slight injuries; persons dying from natural disease aggravated by want, exposure, removal, surgical operations, or want of medical attendance; or from fever due to foul smells, &c.; not to speak of cases where within twelve months there was some injury developing into pneumonia, for instance.

In all these cases it is easy for a coroner, by having a private conversation with some person or persons who want to prevent an inquest, to "satisfy" himself that there is nothing wrong. But it is self-evident that the coroner's refusal to make such cases a matter of open public inquiry must encourage all who are connected with similar cases in carelessness or neglect.

A solicitor in full practice who is applauded by his council, or who is paid by salary, for not "holding unnecessary inquests" may not unnaturally pass what is clearly a coroner's case under such circumstances. I am satisfied by five and thirty years' experience, both of the public protection of obeying the law strictly, and of the public danger of neglecting it. I may add that although a criminal verdict is seldom given, the presentment by a

jury of past neglect or of due precautions for the future, published with the case itself, is productive of much good, which is lost on the coronor's "private conversation" system.—Yours faithfully,

EDWARD HERFORD,
H. M. Coroner, City of Manchester.

Obituary.

DR. IRWIN, OF MONAGHAN.

WE regret having to notice this week the death of Wm. Nassan Irwin, Esq., M.D., which took place at his residence on Tuesday week. Dr. Irwin has been a resident in Monaghan for the past nineteen years. Previous to coming to Monaghan he had an extensive practice at Castleblayney, where, for over twenty years, he practised professionally. Dr. Irwin was appointed surgeon to the Monaghan Militia in 1854, which appointment he resigned about two years ago. He gave up practising when coming to Monaghan to reside in 1863. Dr. Irwin was a man of independent means, having considerable property in the counties of Leitrim and Armagh. He died in the 76th year of his age.

Notices to Correspondents.

65 CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MEDICAL PUFFING.—Our attention is called to a very gross and discreditable puff of Dr. Baptist Gamble, of Enniskillen, which appeared in the local paper last week. It appears that Dr. Gamble trephined a patient, which very insignificant surgical feat the local penny-a-liner calls an "extraordinary surgical operation." All the details of this splendid achievement are given in anatomical phraseology, as if there was something worthy of notice in this trifling performance. If Dr. Gamble is guilty of this nauseous advertisement he deserves the strongest professional censure; if not, he ought to sue the local paper for the damage done to his character by the puff, and to take care that his assistant does not in future supply reporters with details of every minor operation he performs.

MR. MAKUNA.—The communication has been put forward for publication; proof will be sent you in due course.

AUTOR OPUS.—We are extremely flattered by your offer, which, however, it is quite impossible that we should accept, the pressure on our space being too great to allow of publication of any but purely medical essays. The papers have been sent.

MR. CHERRY.—You will probably alter your opinion when you have obtained further experience of the use of the instrument. It is a little difficult to manipulate at first, but when once employed with facility none will compare with it for excellence of result. Prepared sheets for reception of tracings are sold by most instrument makers.

R. S. H.—The Society's meetings begin in October, and run on till the end of May. The Clinical meets twice a month—on Friday evenings. You will find no difficulty in being admitted as a visitor to one of the meetings; if you apply to the Secretary on the evening you wish to attend you will be courteously and kindly received.

DR. JONES (London).—The Membership of the Royal College of Physicians of London is accessible to you, but only after examination, and the classical part of it is a *sine qua non*. We do not think your proposal would be entertained for a moment.

DRESSER.—If you can support your statement with facts the disgraceful proceedings shall be fully exposed in our columns. The matter, however, is one of such gravity that nothing less than absolute and unmistakable proof will suffice; and unless you can produce it to complete satisfaction, it will be useless to proceed further. We do not doubt the occurrence; indeed, we know it to have frequently been so, but we have never yet been able to fix the blame in the right quarter.

THE ODOUR OF HELIOTROPE AS A NARCOTIC.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Having undergone a long illness of gastric fever, avoiding narcotics in the shape of opiates, I steadily refused to yield to my medical adviser this mode of obtaining relief for feverish sleepless nights. In lieu thereof, I desired that a small bunch of heliotrope should be placed in my bedroom at night. The result was, that I slept the rest of Nature every night. For a week I had a fresh bunch sent by my gardener, and for the rest thus obtained to recoup my shattered health I attach to the odour of this plant. This may be worth knowing, as it is generally thought the odour of flowers at night is not healthy.

St. John's Wood, N.W.

Yours truly,
M.D.

MR. WOMACK.—Thanks for forwarding communication; it shall receive early attention.

IMITATIONS OF COFFEE.—In the new Customs and Inland Revenue Act of this year, the sale of imitations of coffee and of coffee-mixtures are made subject to certain conditions, one of which is that the packets are to contain an exact number of quarters of a pound, and another is that a label shall be affixed to each packet, denoting the proper names of the substances of which the mixture is composed. The penalty for infringing the Act is forfeiture of the article and a fine of £20. But it is declared that the Act is not to affect any statute relating to adulteration of food.

DR. A. R. E.—The alterations do not come into force until November; write to the Secretary of the College on the second point of inquiry, as we have no information to guide us in the matter.

DR. S. B. B.—It would be impossible to mention all, and partial lists published by contemporaries are manifestly incorrect and unfair. We do not, therefore, propose devoting space to the subject, preferring students to choose for themselves or take the advice of their teachers.

AGED IN THE SERVICE.—We cannot suggest any formality you have not already gone through; your impatience for a definite reply to your application is reasonable enough; but you must allow something for the red-tapeism inseparable from official work. We opine there can be no doubt as to your superannuation.

A MEDICAL WITNESS.—The fee allowed to a medical witness in a recent similar case was £2 2s., with 15s. for the night's hotel expenses, and travelling expenses in addition.

THE DALRYMPLE HOME FOR INEBRIATES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In his second Annual Report, the able Inspector of Inebriate Retreats strongly urges the need for the opening of the Dalrymple Home for Inebriates. Though indefatigable in their efforts, the Committees have received very limited pecuniary support. They, however, hope to be able to commence operations before the end of the year. The triumphant progress of temperance missions is daily recorded by the Press, and it is to be hoped that the unselfishness and devotion which ought to be the motive power of such a crusade will be attested by liberal financial support to the projected Dalrymple Home as an attempt at the reformation and cure of the many habitual drunkards whose whole system has become so diseased by alcohol that absolute seclusion from temptation is essential to restore their shattered nerves and their utterly broken-down will power. Among the officers of the proposed home are the Archbishop of Canterbury, the Duke of Westminster, Lord Shaftesbury, Sir Thos. Watson, Sir Henry Thompson, Dr. Andrew Clark, and Dr. B. W. Richardson. £3,000 is still needed. Donations, also annual subscriptions, will be thankfully received by the Chairman, Canon Duckworth, Dr. Alfred Carpenter, J. P. Crodon, and your obedient servant,

NORMAN KERR, M.D.

Hon. Sec., Dalrymple Home.

42 Grove Road, Regent's Park, N.W.

Vacancies.

Downpatrick Union, Portaferry Dispensary District.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Sept. 20th.

Glenfies Union, Dungloe Dispensary District.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, Sept. 20th.

Lisamore Union.—Medical Officer for Workhouse and Fever Hospital. Salary, £100. Election, Oct. 4th.

Northampton General Infirmary.—Physician. Applications to be forwarded to the Secretary not later than Oct. 27th.

Radcliffe Infirmary, Oxford.—Resident Medical Officer. Salary, £150, with board and residence. Applications to be sent to the Secretary by Sept. 30th.

Winchcomb Union.—Medical Officer. Salary, £65. Applications to be sent to the Clerk not later than Sept. 22nd.

Births.

INGHAM.—September 2, at Speranza, Dalkey, the wife of Dr. Ingham, Medical Officer, Cappaduff Dispensary, co. Mayo, of a daughter.

SPENCER.—September 7, at Albion Road, London, N.E., the wife of E. R. Spencer, M.R.C.S., of a son.

SEMON.—September 9, at 59 Welbeck Street, London, W., the wife of Felix Semon, M.D., M.R.C.P., of a son.

Marriages.

MURRAY—MACKAY.—August 30, at the Cathedral, Inverness, R. D. Murray, M.B., Surgeon H.M. Bengal Army, to Mary M'Innes eldest surviving daughter of Deputy Surgeon-General Mackay M.D., H.M. Indian Army (retired).

SOUTHAM—HUGHES.—September 7, at the parish church, Staverton Devon, F. A. Southam, F.R.C.S., of Manchester, to Amy, daughter of the Rev. J. B. Hughes, Rural Dean, of Totnes.

Deaths.

IRWIN.—September 5, at Tirkeenan, Monaghan, William Nassan Irwin, M.D., J.P.

KINCHELLA.—August 27, at Kilkenny, Lewis Chapellier Kincella, M.I.

MULLIN.—September 1, at Fethard, co. Wexford, Esther Jane youngest daughter of Peter Mullin, M.D., of New Ross.

RAYNER.—September 8, at Birstall, near Leeds, Robert Rayner M.R.C.S., aged 57.

SHAW.—August 28, killed in the engagement at Kassania Loch, Surgeon-Major George Shaw, A.M.D.

SPENCER.—September 2, at his residence, Burton Port, co. Donegal, John Alexander Spencer, F.R.C.S.I.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 20, 1882.

STUDENTS' NUMBER.

PREFATORY.

CONTRARY to expectations expressed in the Students' Number of the *Medical Press and Circular* for 1881, we are no nearer solving the great problem of medical reform at this moment than we were twelve months ago. It is true a certain amount of energy in this direction has been shown both in the appointment of a Royal Commission and the issue of a report by that body, but it would be premature to infer from this that we have really advanced very much farther on the path of improvement. Whether the coming year is destined to witness the introduction of radical changes in the mode whereby candidates for the medical profession are admitted to qualification, it would be rash, indeed, to prophecy. If we would accept the dictum of the most capable judges of the position, we should hesitate to expect any sweeping modifications; and more especially since the remarkable document issued by the Royal Commission includes a variety of independent opinions on the main points for consideration, and the points, too, which, from an educational aspect, are of the highest importance.

Disappointingly slow, however, as the progress towards reform has been, there are not a few indications to encourage hopes of substantial amendment of existing defects at no very distant date. If it does no more than keep alive an interest in the question, and enlarge the circle of those who take intelligent cognisance of it, the agitation in favour of change cannot fail to be productive of good results; and to the extent that general sympathy is excited in the ranks of the profession in behalf of reform, will success attend the efforts of those who maintain the demand for it. As matters are at present, we have to repeat in great measure the substance of remarks made in preceding years, in pointing out to intending medical students the course they must pursue with a view to joining the profession they have chosen; while, at the same time, we offer such advice on certain details connected with the calling they embrace as may enable them to avoid mistakes which, once committed, it may be difficult to escape the consequences of.

WHO SHOULD BE MEDICAL STUDENTS.

The late Professor Rolleston was a strong advocate of the principle of selection applied to candidates for the medical profession, and Sir William Gull at the present time reflects similar opinions in the demand for an "intellectual test" in respect to medical students. Each year new burdens are laid upon these students, both by reason of the ever-increasing ground over which the field of medical study extends, and through the constant additions thereby made to the requirements of examining bodies. There is

this peculiarity also about such studies as are included in the medical curriculum, that though they may be easily mastered in the abstract by dint of sheer perseverance, yet it is only a certain class of mind that can successfully appreciate the facts that constitute the main teaching of the wards, a right understanding of which alone enables the student to become an able practitioner. Hitherto the friends of intending students have, as such, paid little attention to any questions of this nature; they have not discussed the likelihood that the destined physician or surgeon may be eminently unfitted to prosecute the labours that will fall to his lot; that his capabilities may be opposed to all chance of successful practice; and that, in his own interest, almost any profession but medicine would have suited him infinitely more advantageously, and with the performance of infinitely better and more serviceable labour to his fellows. It is to this want of perception that we are indebted for the presence in the profession of innumerable unsuccessful men. Often enough they are eminently conscientious, industrious, and well intentioned, but lacking the indispensable qualities that go to make up a skilful practitioner; they plod wearily through life, unrecompensed, and, alas! too frequently unhappy. Unfortunately, also, we cannot even now put into set form of words rules for guidance in deciding on the possession of requisite endowments in any particular case. We recognise that successful practitioners possess certain well-marked characteristics, and we can easily enough associate their success with such marks of superiority; but it would be difficult to say what traits in a youth will develop into them until we see him at work amidst cases of illness in the wards or out-patient room. Even the most ordinary practitioner requires to possess certain powers of mind in order to be of service to his patients; and it seems but wise that some consideration should be given to the question whether the would-be medical student offers evidence of exhibiting capacity for the profession he is about to enter on.

Bodily physique, too, is a detail in this connection not enough regarded. The life led by a medical man is at the best a trying one, and when his lot falls in country districts he must needs be strong in health to overcome all the difficulties of his position. Not a few young men yield early in their career to the strain put upon them by professional work, a strain they have been unable to support; and within our own personal experience cases have occurred in which most promising lives have been early sacrificed in this way. It should, therefore, be always a point for anxious determination whether the incipient student bids fair to grow into a toil supporting practi-

assert distinctly also that, so far as my experience goes, sterility is the constant result. The affection, is moreover, in many cases, perhaps the majority, exceedingly difficult of cure, and for this simple reason: it is not only the uterine cervical and superior cavity which is affected, but the tubes likewise. A temporary cure by local applications to the uterus may be effected in the cavity, and for a few days a practitioner may believe he has cured the patient. Perhaps, a fortnight later, he is mortified in finding his patient as bad as ever. There has been no cure of the catarrh of the Fallopian tube, and, through the continuity of surface, the uterine mucous membrane has been affected.

I believe one of the reasons why peritonitis is not more common in these cases is that the expulsive or downward action of the cilia of the tube directs the unhealthy secretion into the cavity of the uterus rather than into the peritoneum.

I think it will facilitate the description of the points I wish to bring especially before your notice if I speak of this disease under three varieties, although they are but stages of the same disease—namely, 1. Where it is confined to the cervix; 2. Where it extends to the superior cavity of the uterus; 3. Where it reaches the Fallopian tubes and peritoneum.

1. Let us speak first of the cervical variety. On examining a woman affected with this form of tenacious leucorrhœa we generally find an accumulation of mucus around the cervix. This is generally removed with difficulty; but even then a more or less thick cord of the same secretion projects as a piece of string from the os, and cannot be detached. Even if a piece of thick wire or a sound, around which some medicated cotton has been wound, be introduced into the uterus, it cannot be so removed. More and more seems to have accumulated above, and the mucus is as tenacious as ever. It is rare, however, that in such cases the operation can be done without exciting pain just as you pass the internal os, and sometimes higher up. The severity of this pain varies. In more chronic cases it may be slight; in others, and in these generally the dysmenorrhœa is very troublesome also, it amounts to an agony, which lasts for hours afterwards. I may here state, however, as useful, not only in these cases, but in others where the passage of the sound is attended with pain, that the injection, *per vaginam*, of water as hot as the patient can properly bear it, is the most effective way of checking or relieving it. The moment the internal os is passed, the exact pains which the patient is accustomed to have during a period are reproduced. The patient, indeed, will spontaneously exclaim, "Oh, you are bringing on all my poorly pains!" The point of starting the pain is, therefore, probably at the internal os. I have also noticed that in a large proportion of cases uterine version or flexion exists, especially anteversion; but there can be no doubt that the internal os, by reason of the pain, is the seat of spasm, which, for a time at least, precludes the passage of the cervical fluid into the superior uterine cavity. This spasm, as well as the version where it exists, is in a measure a preservative action, and often prevents the development of the second stage.

If we now look to the mechanism of the production of this affection, we may trace some of the concomitants which render it so permanent, especially with married women, or women having relations with men, and which make it so obnoxious to treatment. These are mainly two:—1. Direct suction upwards of the diseased fluid by the uterus; 2. The natural pressure downwards, and partial opening of the os during copulation.

I have elsewhere shown that, by means of a very simple instrument, we may prove that there exists a power of suction upwards by the vagina and uterus during expiration, which is entirely due to atmospheric pressure. Take an ordinary speculum; close the uterine end by a thin membrane, and the other end by a cork through which a glass tube bent at right angles passes, and which is of some length; if this speculum be filled with water,

which is allowed to extend also up the tube, at each inspiration the patient makes the water will rise in the tube, while with each expiration it will fall—i.e., there is a fall of the water in the tube. The mechanism of this change is too obvious to require comment. In some women, owing possibly to some peculiar folds of the mucous membrane of the vagina, which acts in a valvular manner, air is being continually sucked up, and at last fills the vagina till it provokes an expulsive effort, and the air is forcibly propelled outwards, and sometimes with a noise similar to flatus expelled *per anum*. I believe it is an operation very analogous to this which takes place in *utero*, through some condition, also of a valvular character, in the external os which causes vaginal fluids to enter into the uterus during expiration. It is, perhaps, for this very reason that, at the critical moment of the orgasm induced by sexual intercourse, repeated and sudden expirations occur, which facilitate the upward passage of the semen into the uterine cavity.

Dr. Matthews Duncan has referred this suction upwards of vaginal fluids in *utero* rather to a reverted action of the muscular fibres of the uterus; and in this manner he explains the occasional drawing upwards of intra-uterine pessaries and their enlarged discs at their distal end right up into the uterus, which often taxes disagreeably the practitioner's ingenuity to get them out again. I have also had some of these unpleasant accidents to meet. Nor is this confined to the uterus. In cases where an artificial anus has been made, I have seen large pieces of lint and cotton sucked up and disappear altogether, and never found again. Nay, more; when an anus was made in the groin, and an ivory tube with a large cap placed in it, this has also been sucked up and disappeared. In one case where this occurred, the patient is still living. Here, perhaps, there may be some reversed peristaltic action to account for it. Still it seems more rational to attribute, at least in the uterus, these effects rather to propulsion upwards by atmospheric pressure during expiration: first, because it necessitates the dilatation of the external os, which would imply an uterine contraction, which, we should suppose, would expel the contained intra-uterine pessary; and, secondly, because the uterine cilia have also an action in the expulsion of contained fluids. The moment, however, we explain it by atmospheric pressure forcing fluids upwards during expiration, and some accidental valvular action of the mucous membrane at the os uteri, the result is obvious. That such valvular action of folds of the mucous membrane does take place, is often made sufficiently palpable; but, conversely, when we try to introduce a sound, in some cases, we are prevented altogether by some fold of mucous membrane, and also by the result often noticed, and well instanced by Dr. Barnes, that, when the external os is cut a large quantity of mucus, previously retained, obtains at once a free exit.

There is another cause also operative in such cases; the fact that, during intercourse, the uterus is forced downwards to meet the male organ, and probably the os undergoes a sort of dilatation at the same moment, both of which circumstances mechanically facilitate passage of acid fluid upwards in the uterus. The way in which gonorrhœal fluid may thus pass into the uterine organ is sufficiently obvious.

Be it, however, gonorrhœal or other acrid vaginal fluid, it is equally obvious how, once in the cervical cavity, it will act as an irritant. It is well known that the vaginal secretion is acid, sometimes intensely so, whereas the uterine secretion is alkaline and markedly so. When an excess of acid fluid is thus sucked up in *utero*, of itself it will produce irritation leading to inflammation of the mucous membrane; and secondly, the contents of the uterus, now being acid, will kill any spermatozoa which are present, and so sterility follows as a matter of certainty. In these cases, the dysmenorrhœa is mainly due to obstruction at the external os, and the pain is chiefly referred to the lowest parts of the pelvis.

It was the examination of many of these cases that led

me to conclude that, in a large proportion, the fluid sucked up did not pass the internal os, but was by constriction there prevented from going beyond. I have been met by the statement that there are no special circular fibres here forcibly to close the opening. All we notice are merely a few fibres which here decussate. I do not in any measure question the anatomical fact. But I am certain it is not a pathological fact. Like muscle everywhere when frequently taxed, it becomes hypertrophied, and then it acts distinctly as a sphincter. I have verified this over and over by the use and retention of caoutchouc intra-uterine pessaries, where at this point there has been left a very distinct circular impression. And more than this, such constrictions may under disease take place elsewhere within the uterine cavity, especially in certain forms of version or flexion, as these tubes prove. This is possibly sometimes the seat of ulceration, a state of things being here produced which is analogous to fissure of the rectum; as, when touched with the sound, not only is the pain intense, but blood follows its use.

Certain it is, however, that constriction does occur at the internal os, and here we have the explanation of the intense pain sometimes experienced by women. As you pass the sound through the internal os you at once provoke a spasm, which continues for a time, and not unfrequently you find your sound comes out bloody, exactly as it does in some cases of stricture of the male urethra, so forcible has been the local resistance. It may be that there may also exist at such parts slight ulceration.

2. Sometimes there is not such a complete closure or resistance at the internal os, or the cervical cavity is so full and dilated with muco-pus, that the fluid, not being expelled downwards, is forced up into the upper uterine cavity of the uterus, and we have the second variety of tenacious gonorrhœal uterine leucorrhœa. Sooner or later this result follows, and gradually but completely the uterine cavity becomes filled with fluid. The symptoms now are altogether different. They are, in a few words, those of greater and higher local uneasiness; sometimes phenomena of spurious pregnancy, followed often by symptoms not unlike those of miscarriage; but I shall again refer to them. Exacerbation of pain recurs not only at the onset of menstruation, but at other times, when the contained fluid, whether catamenial during menstruation, or muco-pus during the interval, is forcibly expelled by a powerful uterine contraction which overcomes all before it, and relief follows. Fortunately, the disease does not always extend beyond. But sometimes it does, and then the case is one of very serious import, at best one of confirmed invalidism. This constitutes the third variety, where the Fallopian tubes become inflamed, and even perimetritis may occur. In the worst cases we may have those results insisted upon by Noeggerath, when a few drops of the inflammatory secretion of the tube escape, possibly by a contraction of the tube giving rise to perimetritis, and sometimes rapid and fatal acute peritonitis. Fortunately, in this country at least, this unhappy complication is not common. It cannot be said, at least in Great Britain, if it can be elsewhere, that all our young married ladies are diseased by their husbands, so that young ladies are afraid to be married, because they know that all their married acquaintances were made ill directly and never again recovered.

The dysmenorrhœa in these cases is very severe, accompanied with general uterine pain, tenderness reaching high up, and very aggravated.

Let us now distinguish how far from symptoms we may diagnose these three different varieties. I have already spoken generally of the general symptoms. We have considerable assistance, as I have shown in my paper read before the Obstetrical Society (*Transactions*, vol. xii., p. 136) "On Fundal Endometritis," by the special localisation of the pain which is influenced by the nerve-distribution. In the cervical variety, the pain is referred to the lower part of the sacrum, the lower part of the pelvis, where there will be heavy, dull pain, sometimes reaching as high as the groins, but not higher. The vagina also,

especially at the upper part, feels sore, so that connection becomes sometimes very painful, or, if pressure be made with the finger on the cervix, it gives pain. Once become chronic, however, all these symptoms are greatly diminished in intensity. In the second variety we have pain extending higher up, more marked just above the pelvis and pubes, markedly in the groins, and extending down the thighs, generally the left. Occasionally it extends, as in ordinary cases of fundal endometritis, up to the waist, in the region of the semilunar ganglion, and over both ovaries, specially the left. In the third variety the symptoms are those of perimetritis or peritonitis, which need no special description, except that I may remark that I have noticed in several of those milder or more chronic forms, where neither perimetritis nor peritonitis existed, that on pushing the finger high up on either side of the uterus, or with the index finger placed there, making pressure from the abdomen, I produced intense pain and a sickening sensation even in those cases where there was no enlarged ovary, although in some I have noticed these organs also enlarged and very painful.

So much for the pain. But in the second variety it often occurred that sudden relief was obtained, at least for a time, by a forcible expulsion of the uterine contents by a sort of labour-pain. In these cases also, except where the disease had lasted many years, and sensation, as if it had worn itself out, was diminished, intense dysmenorrhœa was present, and the pains extended higher in the abdomen, according as cervix, fundus, or tubes were affected. I should remark that the breasts not only swell and become uncomfortable in these cases, as is commonly observed during menstruation, but become exceedingly painful, constituting mastodynia, which even persists after the period, and occasionally gives rise to hypertrophy of the organ. In these cases the second variety is always present.

Treatment.—For a long time I was greatly puzzled with these cases. If I cured them for a time, they were sure to recur. It is so even now with a few cases, and especially with those which include the third variety. The principles of treatment indicated here are three-fold; first, local antiphlogistic measures and other general agents to relieve the local congestion or inflammation; second, free exit to all contained irritable fluids, and the prevention of the suction upwards of the same; third, local appliances to correct the diseased action of the mucous membranes, and to keep the cavities patent. It is my conviction that the cases are very few and far between, which will yield unless these three measures be combined; and even in ordinary cases of leucorrhœa of an uterine origin, where the tenacious mucus does not exist, the same treatment is most efficacious.

First, of the local antiphlogistic measures and other general agents to relieve the local congestion or inflammation, blood-letting by means of leeches applied to the cervix uteri is both safe and effective. It is, in fact, a *sine quâ non*, the backbone of success, and much to be preferred, in my estimation, to the lancet. The uterus in these cases is more or less hardened. Fibrinous deposit has, in measure, taken place in its parenchyma, and blood will not flow, though the cervix be pricked heroically and extensively. The hysterotome, or cutting the os on both sides from within, if a knife were used at all, limiting the cut to the cervical cavity, was the best way of doing it. But leeches are to be preferred. The very suction of the leeches brings down the blood, favours the downward course; and, when they fall off, the oozing of blood continues. In a plethoric woman (six leeches at a time), the leeching may be repeated half a dozen times at least. It is the best preservative against subsequent inflammatory complications. If there be also much abdominal pain, then leeches may also be applied on the abdomen; but here I think blisters, or iodine paint applied to the belly, and frequent saline purgatives with anodynes, and alterative doses of mercury, are the best adjuncts.

The patient thus prepared, we are in a position to put in operation the second mode of treatment, viz., to give a free exit to all contained irritable fluids, and to prevent the further upward suction of the same. This, after all, is one of the first principles of surgery. If matter be cooped up in any cavity we must let it out. If the external os be small, and its action valvular, as before explained, it must be cut through. Mere dilatation, without a bougie or intra-uterine pessary, at best can only have a temporary effect. Nor have I ever seen the slightest danger occur from cutting the external os in a patient previously prepared by the measures before indicated. A pair of scissors, a bistoury, or Dr. Barnes's instrument, is sufficient. Precisely as when we cut a fissure in the anus, the parts are at rest. No more suction can take place upwards, and a free exit is given to all contents. We have, in fact, one abscess with a free external opening. The cervical cavity can now be locally treated by local agents, and its diseased action cured. A number of these are in daily use. A small stick of nitrate of silver may be advantageously left in the cavity, which will often correct and change the acrid secretion, and recovery may follow. Another agent is pure carbolic acid, placed on a piece of wire previously covered with cotton-wool, and afterwards dipped in crystals of iodoform. This last is very successful, and, moreover, relieves pain. I have sometimes used iodine paint, as advised by Dr. Wynn Williams, made by mixing iodine, iodide of potassium, water, and spirit, in equal parts; but I have not found in my practice anything as a local agent so successful as the iodoform and carbolic acid conjoined.

When, however, we have to treat the second variety of this disease, we tread upon more dangerous ground. It should be stated unequivocally that, if local remedial measures, such as the hysterotome and intra-uterine pessaries, be employed before full and effective antiphlogistic regimen has been premised, inflammatory complications of serious character, and death by septicæmia, may follow. If this regimen, however, have been observed, it is comparatively safe to cut the internal os by the hysterotome, or dilate by a sea-tangle or sponge-tent. The morbidly contracting decussate fibres of the internal os must be overcome. If we cut, it is wise to let the patient bleed awhile. If the bleeding seem too profuse, then it is wise to introduce a small piece of sea-tangle; but one important caution should be remembered. It should not be straight; it should have the exact curve of the uterus. To attempt to put a straight one in mars and injures the cut position, and is favourable to the development not only of severe pain, but of inflammation. For this purpose I invariably use sea-tangle of various curvatures; or if I use a sponge-tent, I pass through it a piece of steel wire, which I then bend to the curve required. Sometimes, by pulling down the uterus a little way, the tangle or tent is more easily introduced. But the uterus should not be pulled down far or violently, for peritonitis may be the result. Be it tangle or tent which is used, another precaution is necessary. Surround either by a little cotton-wool, and dip it in a solution of glycerine and iodine. This is an antiseptic agent which prevents subsequent poisoning.

Sometimes, however, notwithstanding every care, the pain produced is so great, that neither tent nor tangle can be borne. We must then proceed another way. If the pain and bleeding persist, inject into the vagina water as hot as the patient can bear. This almost invariably arrests them both. If the bleeding persist, then I plug the vagina only. An anodyne suppository helps the patient, if used in addition. Within forty-eight hours, all plugs being removed, I then insert into the uterus a small taper, such as I show you; it is covered with cotton, shaped to the cavity, dipped then in carbolic acid, introduced, and left *in utero* for about twelve hours. It is seldom that this process need be repeated. The uterine tenderness generally disappears, and a

large sound can be introduced without pain. The case may be left then, and will often do well; but I prefer using an intra-uterine pessary, one of the various forms I now show you, and which are for the most part well known to the profession. I have kept in the cautious ones I show you for a year; the combined Hodge's and intra-uterine pessaries which I described at Bath before the Association, for six or eight months. The mucous membrane then assumes a healthy character. The catamenia are copious and painless often from the very first, generally by the third subsequent catamenial period. The dysmenorrhœa and the tenacious uterine leucorrhœa alike disappear.

Lastly, as regards the third variety; in the more acute forms, the antiphlogistic treatment should be fully and heroically carried out at the onset, if we be fortunate to see the case early. Local leeching to the cervix and over the abdomen, followed by blisters, are here indicated; but even general bleeding should not be feared if there be much pain. Calomel and opium in half-grain doses should be given every three hours; and five minims of tincture of aconite, two drachms of liquor ammoniac acetatis, for every two hours, till temperature and fever abate. This treatment may prove effective. More often, however, the disease assumes a chronic form.

I have noticed that, in cases where the early symptoms have been of this serious import, once the chronic symptoms have occurred, the treatment recommended for the second variety has altogether cured the disease; possibly by insuring a free exit of the contents, possibly because the intra-uterine pessary, if *in situ*, precluded the influence of atmospheric pressure of suction upwards; possibly because an uterine pessary always favours a copious flow of catamenia, and thus relieves all local congestion. And what is more agreeable to the sufferer, the matrimonial alliance, which had hitherto proved an occasion of sorrow by the disease produced, has passed into one of joy through the birth of a child.

THE EXPEDITIONARY FORCE FROM INDIA TO EGYPT IN 1800.—II.

By Surgeon-General C. A. GORDON, M.D., C.B., Q.H.P.

CONTINUING remarks already made in the *Medical Press and Circular* on the Indian expedition to Egypt in 1801, it is well for statistical purposes to give the numerical strength of that force. The first portion of the contingent sailed from Bombay on December 28, 1800, but did not reach Suez until the end of April, 1801, this great delay having been due to adverse winds in the Red Sea. Shortly afterwards the remaining portion of the force followed, and was joined by artillery, cavalry, and infantry sent from the Cape. The entire force numbered 3,759 Europeans, and 4,127 Asiatics, making a grand total of 7,886. It continued in Egypt till June, 1802, that is, a period of fifteen months. As already stated it had no fighting to do, so that the casualties which occurred were altogether due to endemic causes, and accidents incidental to ordinary service in that country. These particulars premised, records before us show that among the Europeans there occurred during the time in question 315 deaths; that there were sent away to India and England as invalids 117; equal to a ratio per 1,000 per annum of 105 under the former head, 37 under the latter, and to a total ratio of loss by both causes combined of 142. Among the Asiatic troops the deaths numbered 377; the invalided 41; equal respectively to 114 and 12, and a total ratio of loss of 126 per 1,000. So far, therefore, the results obtained show, on the occasion referred to, that, whereas the ratio of deaths was greater by 9 per 1,000 among the Asiatics than among the Europeans, that of invaliding was only one-third of what it amounted to in the latter; yet that the

"wear and tear" of the force by disease was so nearly alike in both classes that it amounted only to 16 more in the one than in the other. The balance, small as it was, was against the British.

To quote the words of Sir James McGrigor, from whose "Sketches" much of the data for the present remarks are gathered: "Perhaps it may be thought that I have descended to a great degree of minuteness. However, I conceive that from the facts stated important and useful deductions may be made. I think it a matter of regret that such journals are not more frequently kept; with a little industry on the part of the profession they might always be so. Had such records been always faithfully kept, many practical points would not, as they now are, be involved in doubt and uncertainty." (Page 56). The words quoted were printed in 1804.

With reference to the diseases by which mortality occurred, the statistics available show that their ratio of incidence differed to a great extent in the two classes of troops already alluded to. Taking the diseases as enumerated in the "Sketches" (Table II.), the subjoined abstract represents actual numbers of deaths by each respectively among Europeans and Asiatics, namely:—

Plague	38	Europeans ...	127	Asiatics.
Fever	18	"	92	"
Liver	64	"	12	"
Dysentery	148	"	47	"
Diseases of the	4	"	6	"
lungs... ..		"		
Stroke of the sun	2	"	—	"
Casualties and	41	"	93	"
diseases un-		"		
known		"		
Totals	315	"	377	"

In the above abstract the "diseases unknown" include casualties the precise nature of which is unrecorded, small-pox and other cases lost in the *Julia* hospital ship; also nine deaths which happened in corps previously to the surgeons taking charge of them.

Before passing on to consider the remarks made eighty years ago upon the diseases incidental at that time (shall we say only then?) to troops employed in Egypt, a few notices from the "Sketches" may serve to indicate certain points bearing upon hygiene of armies in the field that seem to have an importance of their own if considered in reference to our forces now operating there.

Although a good deal of sickness had occurred among the troops during their long voyage to Suez (this is now avoided by our modern means of transport), the general state of health was so satisfactory that "rarely indeed have troops on any expedition been landed in equally good physical condition (p. 58). When sickness attacked the troops it affected in different degrees those of the same class who came from different localities. Thus, of the artillery, the Bombay suffered the most; next to them the Royal; next the Madras; then the Bengal; and least of all the horse artillery. The prevailing diseases were dysentery and hepatitis. At one time fever prevailed among those from Bombay. The cavalry continued remarkably healthy throughout the whole period of occupation. Some of the infantry, having performed a long and arduous march across the greater desert, suffered considerably from fever, the disease terminating in hepatitis or dysentery.

Special reference is made to the 61st Regiment, on account of it having been chiefly composed of young men. When that corps arrived in Egypt it was in a high state of health and discipline. At Alexandria it was quartered in the Pharos, the locality damp, and surrounded by sea, except on the side of the mound which connects it with that city. The men became attacked with dysentery and hepatitis, and,

next to the regiment already alluded to (10th Foot) as having suffered from an especially arduous march in the desert, the 61st had the greatest proportionate loss of any in the force (p. 61 and Table II). (How very important therefore in reference to the present expedition are the particulars thus extracted!)

The 80th Regiment had come from Trincomalee. It had been quartered at that unhealthy station during five years, and had there lost many men. On landing in Egypt the regiment was very healthy (p. 61). It was composed of drafts of men from other corps who had volunteered to it after having themselves served in India "fifteen or twenty years." At Ghizeh, El Hammeh, and Alexandria they were the most healthy corps. Many of the old men suffered severely from the march to Alexandria, and especially during the cold weather; yet many others who were never free from liver complaint at Trincomalee never complained of it in Egypt. (These are also very important points, in one respect as bearing upon the views entertained now-a-days on the subject of old men, and old soldiers, in another as illustrating the very striking curative influence exerted by "climate" in cases of liver disease.)

(To be continued.)

THE CHINESE MATERIA MEDICA.

By FREDERICK NEWCOME, F.S.S.

(Concluded from page 106.)

OF animal products, musk probably stands highest in repute among Chinese doctors, but owing to prohibitive prices, the use of it is confined exclusively to the wealthier classes. For the pure unadulterated article obtained from the male *moschiferus*, or Thibet musk, from twenty to forty shillings an ounce is the common price to pay, and although the dose given is small—seldom more than half a drachm to a drachm at a time—it is impossible that the poor can afford such a luxury. Even high prices are frequently paid *wholesale* by Chinese merchants for home consumption, and this fact, viewed in connection with the average value of the musk exported to this country (during last year it was less than a guinea an ounce all round), leaves but one conclusion in our minds, namely, that the supply for this market is adulterated to a greater or less extent, despite London druggists charging for it gold price or higher. Last year (1881) the total exportation from China amounted to 1,877 catties, or say 2,503 lbs., valued at 149,780 taels, or about £41,501; in other words, the average was something like a guinea an ounce, whereas true musk always fetches from thirty to sixty shillings an ounce at Shanghai or Tientsin. Here, again, it is just possible that some of the unfavourable results attributed to musk, and its bad repute among Europeans, may have been owing to adulteration, which, as everyone knows, was, and still is, largely carried on.

Bezoar stones are equally in repute, almost fabulous sums being given for the genuine article. For *Bezoar bovine*, classified in the Returns of Trade as "Cow Bezoar," the export price varies from four to five hundred taels the catty; that is to say, from £6 to £7 10s. per ounce. Probably, however, several kinds of bezoar, including stones derived from animals of the goat tribe, are included under the generic term; but upon this point our knowledge is deficient. When such an astounding price is paid for the Chinese article by native dealers, there is little wonder if the samples that formerly reached Europe were spurious as alleged. Whether there is any great medical virtue in bezoar, or whether there is none, is a question that will probably be decided in time; but to settle the point it is necessary to examine and test the true Chinese article, which evidently cannot be sold under double its weight in gold.

The Chinese also import a considerable quantity of Indian Cow Bezoar. This, after transport to China, is

only worth about 5s. to 5s. an ounce, or [barely one-tenth] that of the genuine native article, which we have no hesitation in asserting to be one of the dearest drugs in existence. Beargall is another expensive animal product, being commercially worth some sixteen shillings an ounce in Shanghai; but for what medical purposes it is used we are unable to state. All we know is that it forms a part of their *matéria medica*, the same as the ordinary vegetable nutgalls, with which the country-side everywhere abounds.

Although allusion has already been made to a considerable number of Chinese drugs, the list is still far from perfect. Hundreds more could be enumerated, and yet our task would be incomplete. Indeed, all that can be done within the limits of this series of articles is to particularise the more important—those which play a recognisable part in the commercial economy of the empire.

In their everlasting struggle against disease, these remarkable people have evidently ransacked the whole vegetable kingdom from end to end. Nothing that afforded the least hope of relief seems to have escaped their attention, nor have the other products of Mother Earth wholly passed unnoticed. Several kinds of earth have been made to pay homage at the shrine of *Æsculapius*. One—*hoa-che*—deserves some passing comment. From this stone, or rather from this species of chalk, the Chinese manufacture their finest porcelain vases. At the world-famed factories of King-te-ching, *hoa-cho* is commonly used instead of kaolin whenever transparency is the chief desideratum, or expense but a secondary consideration. However, like many things in China, it serves a double purpose, physicians preparing from it a draught said to be aperient, cooling, and detersive. When first dug up, the stone is exceedingly glutinous, bearing a strong resemblance to soap, and from this peculiarity it presumably derives its name of "*hoa*."

Little progress has yet been made in the way of gaining knowledge of the properties peculiar to the various metals, and the less said about this branch of medical science in China the better. Excepting a few foreign preparations, with which constant intercourse with Europeans is rendering the native populations at the Treaty Ports slowly conversant, quicksilver is the only metal with which their physicians can be said to have any proper acquaintance. From early times this poison has been given by them in severe cases of venereal or scorbutic taint; but, as earlier remarked, the Chinese as a race have conceived a widespread objection to its use, alleging that it creates impotence in the one sex and barrenness in the other. As an ointment, on the other hand, it is still frequently used by native practitioners, who likewise manufacture a mercurial plaster, in the efficacy of which considerable faith is seemingly placed.

Beeswax plays a by no means unimportant rôle in Chinese medicine, forming the base of most ointments and plasters, in the manufacture of which an enormous quantity is annually consumed. So vast, indeed, is the consumption of beeswax for this purpose that one is inclined to join the good Dominie in crying "*Prodigious!*" That the Chinese should elect to use beeswax as the base for their ointments is somewhat curious, seeing how many other equally suitable substances are to be found within the borders of the empire. Among the many strange and wonderful commodities deemed of utility, silver dross may be specially mentioned. Upon the eternal principle of wasting nothing, "*Ah Sing*" converts this rubbish into a miraculous plaster—a sort of universal "*Heal all*." That this remedy possesses any intrinsic merit cannot for an instant be supposed. If any cures at all are effected by it, they may be set down to faith and imagination—two tonics of amazing potency. The "*red pills of unfailing efficacy*," distributed by the Bandcham Rembouchi to the deluded yearly flock in thousands to visit the

famous Lama College at Djachi-Loumbo, also belong to the world of superstition. These pills, it was long since ascertained, are good for little else save filling the empty coffers of this sink of iniquity, and keeping a set of idle vagabonds in luxury, while much the same remark may be made about a dozen other remedies used by the medical Lamas in the interior.

The asserted skill of these worthies is generally recognised as a pretence; but then they understand the races with whom they have to deal. So simple are the Tartars, and so exquisite is the faith they place in their spiritual teachers, that any amount of chicanery or nonsense is credited. According to M. Huc and later travellers, it sometimes happens that the medical Lama, not having at hand the specific medicine he requires, contents himself with scribbling its name upon a piece of paper. This, when rolled into the shape of a pill, is given to the confiding patient, who swallows the indigestible bolus in the full satisfaction that his stomach will derive just as much benefit from it as if he had swallowed the drug itself. Time seems scarcely to have weakened this and a score other wretched superstitions; indeed, quackery is little less prevalent in the China of to-day than in the China described so long ago by Nieuhoff and Le Compte: it still pervades their therapeutics to a vast—we may say, to an inconceivable—extent; but, in justice to this people, we must remember that quackery is equally diffused throughout all Oriental science. Even "*Westernism*" is not free from its pernicious taint. European science always has been, and always will be, subject to a certain amount of imposture; this is inevitable: but, nevertheless, many cures once used by charlatans or empirics alone are now included in the British Pharmacopœia, and this memory should render English doctors lenient in condemning as humbug all Chinese medicines. Besides facts—that is to say, excessive fecundity and comparative longevity—have demonstrated the value of some among their manifold drugs. Doubtless, many are worthless; but some must be good, and it remains for Science to eliminate the chaff from the wheat, and to ascertain which are suited to the European temperament and constitution.

Physicians are not likely to pay much attention to the wondrous stories related about cures resulting from the use of "*young deer horns*," "*crocodiles' scales*," and "*tigers' bones*"—all of which, by a stretch of imagination, may be included in the Oriental Pharmacopœia. These are probably mere travellers' tales, and, whether founded on fact or superstition, are simply charlatanism in its more brazen forms. Crocodiles' scales and a hundred other Chinese nostrums may be dismissed without a moment's consideration, but English science will do well to investigate to the utmost the several herbs most in favour. Common sense is against the presumption that herbs consumed by the hundreds of tons annually, and which have maintained their reputations for centuries, contain none of the many virtues attributed to them. To argue otherwise would be plainly illogical, else why should China be the most populous of all countries? This consideration alone, it might be thought, should dispose of all objections to properly testing these almost unknown drugs, but we fear it will not. For some occult reason, Englishmen have always felt inclined to deride China and things Chinese. Perhaps the feeling is only natural. Their stupendous conceit and strange aversion to progress early rendered them the laughing-stock of European travellers. Our two wars with them proved simple burlesques—mere holiday rambles for our soldiers and sailors—while in many other respects we have, doubtless, found these people contemptible to a degree. But in double-dealing, adulteration, cheating, and similar recondite sciences, Europe has discovered its match in the "*child-like and bland Chinese*." Herein he displays talents and intelligence of a no common order, as all who have frequent dealings with him are bound to admit. Is it not likely, then, that he may be equally

well skilled in the other Arts of Peace?—that he does know a good deal about medicine? What are the facts? What are the pro's and con's? Let us reflect for a moment.

China is credited with containing from one-fourth to one-third of the human race. True, its total area is immense; but, like the Russian Empire, the greater part is sterile, and very sparsely inhabited. China proper is not nearly so large as Russia in Europe, but it feeds a population estimated at about five times as great. Acre for acre, it is almost as densely peopled as the United Kingdom, while general provinces—each singly as extensive as England—find sustenance for three persons to its two. Even little Belgium cannot compare, in the matter of population, with such provinces as Chihili, Kiangsu, Anhwei, or Chéhkian, although their bulk is many times as great. Neither climatic influence nor personal habits, neither religious nor matrimonial customs, fully account for this preternatural fecundity, especially when considered in connection with the many adverse influences ever working in a contrary direction. From time immemorial China has suffered patiently under a long succession of plagues, pestilences, and famines. With sanitary arrangements that simply outrage all European notions of cleanliness and decency; with habits of life dirty and disgusting in the extreme; eternally scourged with cholera, famine, yellow fever, war, oppression, and a dozen other causes, this surprising people has increased and multiplied to an unparalleled extent. Half-starved, constantly afflicted with some or other disease (as with most Oriental nations, they are subject to diseases in their more active and virulent forms), in short, with every incentive to short-livedness, the Chinese, both male and female, attain to a relatively old age. Large families are common, while, notwithstanding the admitted incompetence of native nurses, the ratio of deaths during, or shortly after, parturition is surprisingly small. Hard-worked, badly fed, hovelled—not housed—and downtrodden from birth to death by the Mandarin classes, the lower orders contrive to live to ages that would render them anything but hazardous lives to assure.

Moreover, children are brought into the world in a fashion that has raised the ire of many an English surgeon, and which would inevitably destroy the life of both mother and infant were Europeans treated in a similar brutal manner. Concerning the utter incompetence of native nurses as a body there seems no two opinions. Every European doctor settled in China bears testimony to this fact, and we fail to remember seeing a single copy of the medical reports, issued by the Imperial Maritime Customs of China, wherein several illustrations are not given of their astounding ignorance. Cases of cross or hand presentation generally prove fatal, unless some foreign medical man is in close attendance. Alone by itself, this incompetence must occasion a widespread destruction of human life; but, further, the lower rank of Chinese are still addicted to the crime of infanticide, though, of course, to an extent very inconsiderable with what was once supposed. These, and many other lethal influences we could mention, tend to retard the growth of population. Yet, live as these people may, or act as they may, nothing seems to stay their abnormal fecundity.

Unhappily, we have hitherto obtained no sufficient data whereby to estimate the mean duration of native life in China, but such few vital statistics as have reached this country go to prove an average longevity quite out of keeping with European expectancy, when allowance is made for the destructive influences alluded to above. May we not fairly ascribe some portion, at least, of this result to the medicines prescribed by native practitioners? Supposing English medical science retrogressed to the bigotry, ignorance, and superstition existing in the seventeenth century, would life be nearly as long, or marriages as fruitful as now,

seeing under what different conditions we dwell? Congregated by hundreds of thousands in our great cities: what would the death-rate probably be had our sanitary arrangements and medical skill remained *in statu quo*? In a vast emporium like modern London, with breathing room utterly inadequate for its four million inhabitants, plagues would surely have been about as common as eclipses had not science fortunately made such miraculous advances. Nor would our provincial capitals have found themselves much better off than the metropolis in this respect; and yet, in this connection, we should bear in mind two facts: first, that China is, in most respects, two centuries behind Europe; and secondly, that several of its cities contain a million or more inhabitants, while those holding between one hundred thousand and a million are reckoned by the score. Sanitation, or its Chinese equivalent, is a word unknown in a practical sense, the arrangements for removing refuse being simply an offence to English civilisation. Yet, despite this drawback and a multitude of others, the death-rate in Canton, Tientsin, Ningpo, Foochow, and other great centres in closer contact with the west, is comparatively light. What is the reasonable construction to put upon this undeniable fact? Is it not that some real virtue is to be found in most of the local medicines, of which, in the course of a lifetime, the natives swallow such a surprising quantity? The absence of oxygen in a common Chinese lodging-house alone seems sufficient to extinguish the flickering spark of life, while the mode of sleeping is enough to breed a dozen new pestilences. No European, however strong his stomach, could exist a twelvemonth, or even a week, under the distressing conditions which are the common lot of poor "Ah Sing." He would simply asphyxiate and die; yet somehow the natives seem to exist. To call their existence life would be somewhat hyperbolic, seeing they are constantly ailing; nevertheless, the drugs perpetually swallowed counteract, to a large extent, the evil effects of their many objectionable habits.

In concluding this series of papers, it may be in place to refer to a few matters that have hitherto been overlooked, or else have met with scant notice. We have already mentioned China root as among their favourite drugs. Of this plant (the *Smilax China*) such enormous quantities are consumed that it invariably obtains separate notice in the Trade Returns. It is put to much the same purposes that sarsaparilla is with us, and apparently answers as well, though experience certainly goes to show that the *smilax sarsaparilla* of Jamaica is the superior herb where European ailments are concerned. Fuling medicine is also largely used by the Cantonese; but here, again, we must admit to partial ignorance of its character and uses.

In the matter of oils the Celestials are exceptionally great. From sandal wood, cinnamon, red pepper, juniper seeds, aniseed, cassia, and cassia leaves, and many other spices, they express essential oils employed medicinally among other purposes. Even the oils extracted from tea and flower seeds are made to serve some curative purpose or another. In brief, scarce one vegetable or animal substance exists that has not, in the course of ages, been devoted to the service of *Æsculapius*—that does not minister to the necessities of China's millions.

For some occult reason—fortunately, or unfortunately, shall we say?—science has hitherto paid little attention to this interesting study. Few investigations have been made into the qualities of the thousand and one drugs that kill or cure one-quarter of the human family; and those few, we fear, were more the outcome of a desire to expose than of anything else: certainly they were not inspired always by the highest of motives, nor from a desire to add fresh items to the already over-lengthy list in the British *Materia Medica*. The long and short of the matter is that the nineteenth century, which prides itself upon its enlightenment and knowledge, remains in comparative ignorance regarding

the whole subject of Chinese therapeutics. This vast, this most fertile, field for research is as yet but partially explored. Perhaps one drug in ten finds a place in our wholesale druggists' lists; scarcely more, even if we include the several animal products with which the eastern and western worlds are equally familiar. Is this because the medicines themselves are worthless, or because they have been insufficiently tested, if tested at all? The writer's opinion leans to the latter hypothesis.

Clinical Records.

INTRA-ABDOMINAL FIBROUS TUMOUR— CÆSAREAN OPERATION—RECOVERY.

Under the care of DR. CATALIOTTI.

IN October, 1879, the maid servant of the Princess Giardinelli came under notice as having a large intra-abdominal tumour which was causing her great pain. She was on the eve of marriage when Dr. Cataliotti examined her, and he was chiefly consulted as to whether she could enter into wedlock without endangering life.

Her antecedents proved that in youth she had always been healthy, with regular menstruations. She had been at a convent where, at the end of the twelfth year of her stay, she lifted a heavy kettle, when she felt a pain in the abdomen. About a month later, at the time of menstruation, she spat blood and had violent hysterical attacks. Having left the convent, she accepted a situation as maid to the Princess, where she was seized with repeated vomiting during menstruation; it was not checked by any remedy, but stopped suddenly after the two first days. At the same time a tumefaction appeared on the lower part of abdomen, of which the origin was uncertain.

This much being known, the abdomen was examined, although certain indispensable observations could not be made, patient being a virgin. The tumour occupied chiefly the middle of the abdomen, extending beyond the umbilicus, had its chief dimension towards the right with a large lobiliform extension towards the hepatic region, and descended deeply into the cavity of the left iliac region. This tumour, most irregular in shape, hard in some places, soft in others, was but slightly movable and sensitive when touched. The patient being in the knee-breast position, the tumour was found adherent in its dorsal parts. The general state of health had suffered materially through continued illness, and the consequent abstinence from nourishment. The diagnosis arrived at was that it was a case of an inter-peritoneal fibrous tumour, most likely uterine.

In spite of the representations and warnings of the medical attendant the patient was married on the 9th February, 1880, being already in her fortieth year. After one catamenia she became pregnant. The pain was not long in reappearing, and after three months became intolerable. Called in to alleviate it, Dr. Cataliotti was unable to assist her, and the pains increased to such an extent that in the fifth month the poor woman was unable to sit or lie, and only found some relief in constant walking. Overcome by fatigue, she rested against the wall or in the corners of the room. She complained of continual shooting pains in the abdomen, and this lasted until the operation, when she repeated despairingly, "Cut me to pieces."

In the seventh month Dr. Cataliotti was again requested to procure premature confinement. The condition in which the vagina was at that time rendered this difficult. Introducing his finger into the vulva he found at the right a large tumour, immovable, and of excessive hardness, apparently emanating from the corresponding ischium. The tumour gave the vagina a conical shape; the neck of the uterus was curved on itself, and seemed to have no share in gestation. Then, as far as possible, he tried to introduce the point of his forefinger in order to reach the head of the foetus, but the patient moved so much that this was not possible. At any rate, the vagina was so contracted as to render the passage of the head of the foetus impossible, and likewise preventing the introduction of any instruments or the hand. After consultation it was agreed to attempt Cæsaean section. Two days later contractions of the uterus set in, with unbearable pain, especially in

the epigastrium, the thorax, and more especially in the shoulders. On the 28th October, the patient having been suffering for hours, Dr. Cataliotti, assisted by several other medical men, then proceeded to perform the operation. At half-past one the patient was placed on the table. She was resigned and seemed even impatient at the delay. Chloroform being administered, an incision of about five inches in the linea alba between the umbilicus and the pubes was made. When opened, a jet of serum escaped, indicating dropsy, which in itself compromised the success of the operation. This exceptional fact will be interesting from a pathological as also from a therapeutic point of view. The operation was interrupted by the abundant flow of the peritoneal effusion, and the uterus offered exceptional resistance, being entirely covered with varicose vessels. The amniotic fluid was of a limpid colour, and the foetus extracted in good condition. The umbilical cord was cut and the placenta taken out without any adhesion. This done, everything was cleared and put into order. The carbolic acid spray continued, and as the patient showed signs of coming to, the chloroform was again administered.

The operator then introduced his hand into the abdomen in order to ascertain the position of the tumour and its adhesion. The tumour formed an integral part of the uterus, its walls had entirely disappeared, and had been replaced by the neoplasm. Near the incision a mass of substance was found reaching the hepatic region. The assisting medical men having confirmed these observations, the mass was easily removed, excepting near the liver, where it was hardened by the pressure, and more adherent. Having freed it, the operator enlarged the primary incision in the direction of the umbilicus three inches to the left. He then lifted out the tumour with the whole of the uterus and adhesions. This part of the operation was extremely successful. The remaining part of the neck of the uterus being drawn out as far as possible, was next tied with a strong piece of wire fixed with a knot. Another ligature was also made half an inch lower with a piece of catgut in order to secure the former. The operator had to carefully avoid coming into contact with the bladder or the rectum, which were now in direct contact with the remaining part of the neck of the uterus; a small sharpened metallic sound between the two ligatures fixed the uterine parts outside the abdominal wall.

The operation had lasted about an hour in all. The patient was then removed to a room where a warm moist temperature had been established, and a few spoonfuls of curacao were administered to her.

During the first three days subsequently there were several slight attacks of retching accompanied by heartburn and tympanites. The patient complained of a dull pain in the abdomen, the temperature rose to a maximum of 39° C. and the tongue was dry. These symptoms indicated intestinal disturbance, more mechanical than vital; but applications of ice, lukewarm injections and hypodermic injections of morphia, and a few drops of tinct. opii, afforded relief.

After two consecutive evacuations the patient had good nights till the third day. On the fourth day the bandages were removed, when the wound was found to be nearly healed, except where the pedicle emerged and where the wound was still open, the pedicle being mortified by the strangulation through the ligature. The open wound was in good condition, and reparation continued with wonderful rapidity. The fifth day the urine flowed spontaneously without the aid of a catheter. The abdomen had gone down, and the patient felt sufficiently well to ask insistently for more solid food, and was given a little broth. On the seventh day the piece of wire fell off, and only the catgut remained. On the side of the pedicle there was putrid matter in rather large quantity of a greenish colour, which required two applications a day. The rapid gain of strength alleviated the fears of purulent dropsy. On several occasions opium and bismuth were given to stop excessive evacuations. The pedicle having fallen off the discharge of pus diminished. The patient slept quietly, and the temperature relaxed to 38° C. The moral condition was excellent, the appetite considerable; the wound granulated visibly, but did not yet make any rapid progress towards cure. The suture was still maintained for several days, and there was no great resistance in the tissues. The general condition had evidently suffered severely, as well from the pain caused by the operation as by the diet which had necessarily to be observed during the last two months of pregnancy. On the fifteenth day the suture was entirely removed, but another stitch at the lower

part of the wound was necessitated on account of the diseased state of the edges. On the eighteenth day, the weather having suddenly changed, the patient had an attack of rheumatic pleurodynia, which defied all medical remedies. The new stitch in the wound gave way in consequence of the tenderness of the tissues, and the wound had, therefore, to be treated by cauterisation. To keep the borders of the wound together a dry suture was made with collodion, which, however, was not successful. The iliac prominences rendered the use of diachylon impossible. Bands of court plaster were, therefore, placed on the wound, and fixed with small pieces of thread over the thighs, and fixed with ordinary gum, which proved most successful. So far the patient had been progressing favourably, and could have even risen had not the state of the tissues prevented. She ate and slept well, when suddenly a dry colic set in, accompanied by retching of a bilious green substance. Violent pains in the region of the spine with absolute constipation, such as even to prevent the emanation of gases, depressed pulse, dry tongue, intermittent sobbing, and depressed looks were the symptoms which caused fears of a fatal issue. All the most radical remedies were at once applied to avert the danger. Drs. Poggi and Urso again assisted Dr. Cataliotti, and they succeeded in relieving the patient. Irritant injections produced copious foetid discharges, which proved the intestinal obstruction was caused by the reduced peristaltic movement during so long a period through pressure of the tumour. The slow digestion and the heavy food to which the patient was unaccustomed probably caused these symptoms. An error of diet must have been committed, and therefore two confidential nurses were put to watch her until she was quite restored.

Her voracious appetite was such as to necessitate constant restraint, but, on the other hand, the nourishment she took rapidly restored her strength. The dry suture sustaining the wound, the same healed very slowly. It was constantly necessary to touch it with nitrate of silver. The funnel-shaped aperture gradually became smooth, and the scar was completed towards the end of the third month. Lastly, to protect the walls of the abdomen against any strain which might occur, and to guard against any accident which might arise in case the wound were not perfectly healed, the patient was bandaged with flannel.

Dr. Cataliotti expresses an opinion that this case, with its complications, presents some entirely new features, and he lays special stress on the occurrence of acid dropsy which was specially noticeable by the undulating movements of the abdomen, which was filled with the water from the amnion. The diagnosis of this was most difficult. It was confirmed by the motion of the foetus and by the fluctuation of the liquid which was concentrated, and the abdomen did not present the form usual in cases of common dropsy, because it had been completely deformed by the pregnancy, which one might almost say was within the tumour. It was not possible at the first examination to fix the exact position of the uterus, because the left lobule of the tumour descending into the lower part of the iliac cavity had displaced the corresponding wall of the vagina, rendering the neck of the uterus tortuous and not attainable by surgical means. A long and deep furrow divided the tumour of the uterus, and all the medical men were agreed that this organ had been displaced by the settling and slow development of the neoplasm, which was exceptionally hard. The uterus could not be easily distinguished before the operation, because, during pregnancy, the foetus formed the chief part of the tumour, and the furrow divided the tumour and foetus, the large lobule adhering to the concave part of the liver. The foetus, the tumour, and the uterus forming but one rendered accurate diagnosis impossible. Pathological anatomists say that when the uterus contains a new growth the complete development of the foetus becomes impossible. Dr. Cataliotti quotes two other cases of some interest; in one case a living child was born, although a tumour existed in the womb.

The patient above referred to returned to work as maid to the Princess Giardinelli, and was evidently entirely restored. A subsequent examination per vaginam showed that the organs had resumed their normal positions.

Medico-Military Items.

A CABINET MINISTER'S LEISURE.

THERE are few things more indefinite than a Cabinet Minister's leisure, and the reply to the appeal of a body of public servants that the subject of their remonstrance shall receive attention when that particular period has arrived is equivalent to classing its fulfilment in point of time with the lying down of the lion with the lamb. A year and a-half ago, when the sad list of killed, wounded, and sick among the medical officers who had served in the Cape, the Zulu, the Afghan, and the Boer wars had reached a serious total, it was brought by Mr. Findlater to the notice of Mr. Childers, in the House of Commons, that the Army Medical Department, notwithstanding their full participation in all the risks of war, were, by the introduction of the word "combatant" into certain recent warrants, excluded from the benefits conferred upon all other commissioned ranks of the army whose duties led them to be present upon the field of battle. To this the Secretary of State replied with more sophistry than justice, "I cannot undertake to lay down the broad proposition that *non-combatant* officers are to have all the advantages of combatant officers, unless the converse be also accepted; but when I have more leisure I will look into it." During the lapse of eighteen months that expected leisure has not arrived.

In the concluding action of our last war on the fatal Majuba Hill, out of five officers killed, two were medical officers.

In the opening fight of the present Egyptian campaign at Kassassin Loch the only officer killed was a surgeon-major. Surely it cannot need much leisure to enable Mr. Childers to arrive at the conclusion that medical officers, though not receiving the advantages of combatant officers, share to the full their disadvantages, and it will scarcely require much time on the part of an unbiassed observer to perceive that nothing but the rooted jealousy of "those boulders of prejudice and superstition" compels medical officers to continue to be killed on the field of battle as *non-combatants*.

CERTAIN ITEMS OF EQUIPMENT OF OUR TROOPS IN EGYPT.

ACCORDING to a published list of equipment and supplies issued for the use of the army now engaged in Egypt, every requirement, both in a sanitary and medical point of view, appears to have been provided for on a most liberal, if not actually lavish scale. For the protection of the troops when encamped, double tents have been issued to them in the proportion of one to ten men, in place of the ordinary single tents. The helmets of the men are covered with brown cloth. Not only are their eyes protected by "goggles," but the eyes of the cavalry horses are so also, by "fringes." Each man has a blanket of grey warm material. Camp kettles, for cooking, are supplied in the proportion of one to every five men. Each battalion has accompanying it two water carts. Pocket filters are issued in the proportion of fifteen to every hundred men. Arrangements on an elaborate scale are also made to ensure as far as practicable a supply of drinkable water. Each man has on his person a small quantity of bandages, calico and lint. No mention, however, occurs of a card of identity, and the experience subsequent to the skirmish at Kassassin shows how desirable such a means of recognising some of those who had fallen would have been on that occasion.

DR. JOHN MACMUNN, has left a sum of £200 to the Royal Medical Benevolent Fund Society of Ireland, and £1,000 divided among several Irish medical charities.

"SANITARY" INSTRUCTIONS FOR OUR TROOPS IN EGYPT.

It was to be expected that the authorities at the War Office would issue a code of instructions with a view to protect the health of the British troops now serving in Egypt. Considering the great advances in the science of sanitation said to have taken place of late years, and also the very elaborate details with which that "science" has come to be surrounded, if not *mystified*, the terms of the "instructions" in question have been looked for with some degree of anxiety.

The code in question includes the following instructions—viz., not to encamp upon ground recently flooded, nor upon ground recently occupied; camps to face the North; the vicinity of burial places to be avoided; to avoid drinking turbid water—it should be allowed to subside, or a little alum added to it, or filtered or boiled, or have tea infused in it. In the event of cholera or "typhoid" fever prevailing, the water to be boiled. As to meat, that containing parasites should be rejected; all should be inspected; cooking to be thorough. The use of fruit and vegetables to be encouraged. Tea, coffee, gruel, and lime-juice are recommended; the use of stimulants discouraged. The men to have a cup of coffee in the early morning. After exertion they are to allow themselves to cool before they undress. That "a sanitary committee" be appointed, and so on.

With every desire to write deferentially regarding this code, is it not really the case that among the instructions now abstracted from it there are several that no man of ordinary sense would ever think of contravening, even had they never been written? There are others that cannot be utilised under the exigencies of active service against an enemy, and there are some that would be of no earthly use were they put in force to-morrow. Is it not the case that in drawing up codes sanitary, or as regards other matters for the guidance of the British soldier, the terms of such codes have reference to what, according to the estimate of their writer, the British soldier ought to be, rather than to what he is?

RATIONS FOR THE TROOPS IN EGYPT.

It appears that the scale adopted for the supplies of our troops in Egypt is that of a strength of 25,000 men for two months. There is a contract for meat, of which a considerable quantity has already arrived at Ismailia. Preserved meat sufficient for 25 days' consumption, and biscuit sufficient for 30 days have also been received at the same place. Besides large quantities of *erbswurst*, the stores are well supplied with lime-juice and preserved vegetables. Spirits, wines, and tobacco also figure largely. And then there are "groceries," "comforts," disinfectants, and so on, almost in any quantity.

THE EMPLOYMENT OF RETIRED DEPARTMENTAL OFFICERS.

AMONG the Army circulars for the current month one gives power to the Secretary of State for War to employ retired departmental officers under such conditions as he may from time to time determine. When employed, such officers are to receive a consolidated salary, which, however, is not to exceed the amount of their retired pay by more than £150 a year. No retired officer shall, however, be liable for employment after attaining the age of 65. On attaining that age, and on ceasing to hold such appointment, they shall revert to the retired list, with the rate of retired pay of which they

were in receipt when so appointed. Retired officers, while holding such appointments, shall cease to draw their retired pay, and shall receive a consolidated salary, to be determined by our Secretary of State, but which shall not in any case exceed the amount of retired pay by more than £150 a year, and shall include all allowances, except forage, when specially authorised.

Whether the terms declared in the above Warrant are, or are not, sufficient to induce retired officers to resume the cares and responsibilities of active duty remains to be seen. The omission in the published statement of all mention of "house rent" and "servants' allowance" appears ominous. But perhaps the omission is accidental. At any rate, as in the great majority of cases retired officers have taken leases of houses, they will no doubt "consider" the terms above held out to them.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 13, 1882.

LAST WEEK'S PROSECUTIONS.

DURING the past week no less than three inquiries have been held into the circumstances surrounding deaths which had been certified in a way to demand investigation. Two of these cases will form subject for further proceedings, but in the third penalties of £10 each were inflicted on a registered medical practitioner and his unqualified assistant. The offence committed consisted in the signing of a death certificate by one defendant, W. H. Dry, M.R.C.S., whereas he had not seen the patient named in it; and in issuing this same certificate by the second defendant, an assistant named Upfield. The

summonses were taken out at the instigation of the Medical Alliance Association, under the Registration of Births and Deaths Act, 1874, and charged Upfield with having given the father of a child he had attended, in the capacity of a medical man, a certificate stating that the child had died of scarlatina, the signature to the certificate being "W. H. Dry, M.R.C.S., L.S.A.," whereas Upfield had been the sole attendant on the child up to the time it died. The result of the hearing was that named above, each defendant being fined in the full penalty.

This case possesses very great importance, and we are glad to be able to congratulate the magistrate, Mr. Bushby, on so clearly perceiving the practical necessity of dealing severely with such offenders. It probably did not assist the latter much to urge against a conviction that the Medical Alliance was actuated by spite, because Mr. Dry was not a member of the Alliance. The contention was, on the face of it, eminently feeble; for we assume that Mr. Dry, being an employer of unqualified assistants, could not, even had he desired to do so, have joined the Association as a member. We confess to knowing little of the Alliance, except to admire it for its prompt and commendable action in several instances; but if it is so constituted that its ranks can by any chance remain open to persons who outrage the profession of medicine by employing unqualified men to impose on the credulous and unsuspecting poor, then it is certainly high time the Society should be remodelled. For the present, however, we shall continue to regard the assertions made by Mr. Dry and his assistant as of an impossible kind.

This case brings out also very clearly a point we have so often insisted on, that the poor who flock to dispensaries are gulled into the belief that they are receiving duly qualified services; and paying sixpence or a shilling a week, as it may be, for advice given by registered medical men. How grossly they are imposed upon such examples prove; and it is with much satisfaction that we note the increasing frequency with which exposures of the fraud are being made. Of the intention to deceive, moreover, it is no longer possible to have a doubt; for when death occurs, as it frequently must, the *modus operandi* of providing the necessary certificate is a clear indication of the deliberate swindling which goes on in dispensaries of the kind Mr. Dry has been conducting. It is no excuse for the employer of unqualified labour to urge that his assistant has been his pupil. He must know that each time he signs a death certificate in a case of which that assistant has had charge, he is committing an act of perjury, inasmuch as he distinctly puts his name to the declaration—"I attended," &c., &c. But he also knows that an unqualified man cannot legally act as a surgeon in any capacity, else why should anyone incur the cost and trouble of qualification? So that it is an act of conscious fraud for a duly qualified practitioner to send one who is not ex-qualified on the errand to which he has himself been called in his capacity as a qualified medical man.

This point is one on which we must again and again insist, for it is one which most affects the cases that are occurring now with such frequency as to be both

alarming and encouraging—alarming, as showing the extent to which evil obtains; encouraging, as showing the exertions made to oppose it. It is raised, too in connection with the second of the three cases referred to above: likewise a dispensary scandal. This inquiry was held into the circumstances attending the death of a coal porter, who was attended for some time preceding death by an unqualified assistant named Power, who had charge of two dispensaries in Islington, and who "had walked some of the hospitals in America." On the death of the coal porter, who was seen when in a dying condition by a qualified practitioner, the latter arrived at a very different diagnosis of the disease from that given by Power, whose verdict was, alcoholism. Post-mortem examination revealed extensive pneumonia; and these facts being made known to the jury, they speedily returned a verdict of manslaughter against Power. The coroner, Dr. Danford Thomas, in addressing the jurymen on the conclusion of the evidence, expressed a fear that very many London dispensaries are superintended by unqualified men; and we are of the same opinion. He likewise remarked on the injustice done to the poor, who are robbed of fees under the pretence that they are being paid for valuable medical attendance; and though, of course, he did not comment in such terms at the time on this case, we assume that Dr. Thomas would agree that no more typical illustration than that afforded by this particular instance has recently been given of the way in which money is obtained by dispensary speculators from the unfortunate dupes on whose credulity they trade.

The third case last week was investigated at the Westminster Police Court, where a certified midwife was remanded on a charge of being suspected of causing the death of a woman, by administering to her a poisonous drug for purposes of abortion. The prisoner is under remand, and will be again brought up to-day (Wednesday) in connection with the charge, which, however, is somewhat different in nature from the others we have dealt with. It has, also, less direct importance for the profession; and if substantiated, it will only serve as an indication of the fact, scarcely doubted by anyone probably, that the precautions taken to ensure that none but worthy candidates for midwifery certificates shall receive them, are not proof against the admission of an occasional black sheep. We may regret the circumstance, but cannot easily, at present, avoid its possible repetition.

CERTAIN PHASES OF THE OPIUM QUESTION.

As a matter of public health, the opium question must always possess an interest, and in these remarks our references are drawn from official and other documents of very matter-of-fact nature, in relation to the use of this drug in different parts of the globe. It appears for example that in 1871 there were in the city of Kiu Kiang on the Po-Yang lake, 197 opium smokers. Of these some had smoked the drug almost thirty years, others during various periods down to ten years, but apparently none for less than that period; hence it was probably only those who had persisted during a decade in the habit who

were looked upon as experienced smokers. It is especially observed, however, that the whole of these one hundred and ninety-seven persons had, during the year named, applied for medicine to break them of the habit. And yet it would appear that the use of opium has its advantages. Thus, not only has it the reputation of operating as a prophylactic against malarial fevers, but that several persons who had abandoned the practice became attacked by ague with or without diarrhoea; also that two opium smokers having been similarly attacked, the circumstance was looked upon as altogether exceptional. At Peking, in the same year, opium was described as being "of all our luxuries, the surest destroyer of health, prosperity, position, and life." In the reports for 1877-78 we learn that in Wenchou poisoning by opium is common during certain seasons of the year; also that during the prevalence of cholera, opium smokers, when attacked, almost always succumbed to the disease. It is observed also that the effects of opium, when consumed in smoking, differ from those of the same drug when eaten, or when injected hypodermically.

According to official reports, the use of opium is very frequent among the native criminal classes in Burmah. Of the native prisoners in jail at Rangoon in 1881, twenty three per cent. were addicted to opium smoking. Of this number, twenty per cent. had suffered in health or constitution from the practice. It is observed, however, that the sudden deprivation of the drug to which they were subjected in prison produced no ill effect upon them—a circumstance which is somewhat opposed to the usually entertained belief as to the difficulties and dangers which attend sudden cessation of the habit. Thus, the results of most recent observations fully confirm the statements made by a late Commissioner of that province with regard to the demoralisation, misery, and ruin produced among the Burmese by opium smoking. In fact, there is reason to believe that evil results from the use of opium are even more pronounced among them than in China itself. The great and rapid increase of opium smoking among the criminal classes in Burmah has become a subject of serious importance. Its extent is shown by the fact above recorded, that whereas in 1880 thirteen per cent. of the prisoners in Rangoon jail were opium smokers, the proportion in 1881 had increased to twenty-three per cent.

A second report of the Customs Department in China gives some very interesting particulars regarding the use of opium in that Empire. From calculations therein detailed, it appears that opium smokers in proportion to the population number about three and a third per thousand; that the average smoker expends daily in the purchase of opium a sum equivalent to tenpence three farthings sterling, provided he indulges in the foreign drug, but only equal to fivepence farthing if he is contented with that grown in the country itself. As to the total amount in money spent by China upon this luxury, including that produced at home and imported from abroad, it is estimated to be no less than twenty-five millions of pounds sterling per annum. Chinese who have studied the question are opposed to a traffic which more or less harms smokers now numbering over two millions, and annually

increasing. At the same time, they admit that opium provides a large revenue; that the expenditure for opium, and liability to the incidence of opium taxation, touch an infinitesimally small percentage of the population; and that neither the finances of the State, nor the wealth of its people, nor the growth of its population can be specially damaged by a luxury which only draws from fivepence to elevenpence a-piece a day from the pockets of those who indulge in it—namely, two-thirds of one per cent. of the population. They admit all this, but they do not find in either the revenue produced, or the statistical demonstration of its percentage innocuousness, any sufficient reason for welcoming the growth of the trade, or for desisting from the attempt to check the consumption of opium. In reference to these remarks, however, it is asserted that in 1854 the estimated number of persons in China addicted to opium smoking was three millions; that in 1871 there were supposed to be three or four millions of smokers; and that more recently the numbers have increased to six millions of smokers; moreover, that "there is a deeply-rooted conviction in the Chinese mind that opium does unutterable harm to the country." In America the habit of opium smoking, introduced in 1868, has already spread to an alarming extent, not only among Chinese, but also among Europeans.

The first mention of the use of opium by the Chinese occurs in their Herbal, (a) written over two hundred years ago. Under the name of *opien*, the drug was then manufactured from the native grown poppy; but there appears also to have existed a foreign trade with the drug, the Portuguese alone importing it, and continuing to import it up to the year 1767. With the fall of the Mogul Empire, the monopoly of the growth of opium in British India descended on the conquerors. In 1773 the English made their first venture to introduce it to the China market. In 1796-9 the Chinese Government prohibited its importation, and forbade its consumption, under severe penalties, but without lessening in any way the quantity entering the country, as smuggling and bribery from that time forward took the place of open trade. In 1839 the seizure by the Chinese authorities of the opium on board British ships led to the "opium war," which continued during the subsequent three years. From the date of its conclusion till 1858, smuggling continued as before; but in that year, in accordance with Treaty, opium was admitted at certain ports, subject to a duty. In 1860, after a second war, the Chinese legalised the trade—whether under compulsion, or of their own good will, is a question apparently answered variously, according to individual predilection. In 1869 an appeal against the traffic was made to the English Government, who, it is asserted, "passed it by unnoticed;" and so, "from the beginning of this century to the present hour, opium has been cultivated in India expressly for the China market." Then follows a series of tables, for the purpose of showing the steady increase from this source to the revenue of India, from £838,450 in 1834-5 to £6,521,456 in 1877-8, the total net revenue of that Dependency being in the first-named period £14,392,309, and in the second £38,656,484. According to the Budget statement recently made in the

(a) "Opium Smoking," by H. H. Kane, M.D. New York. 1882.

House of Commons, the estimated revenue from opium in India for 1881-2 was £7,250,000.

The opium question, in as far as it bears upon the finances of India, has been discussed somewhat after this manner:—To sever the direct connection of the Government of India with the trade would be—so it is surmised—to stimulate instead of checking the consumption of the drug, not only by the Chinese, but by the natives of India; while to suppress the trade would be to entail bankruptcy on the country for the sake of an illusory advantage. The Chinese, if unable to obtain the drug from India, would procure it from somewhere else, and home production of it would greatly increase. In addition to this, the abolition of the opium traffic would entail upon the Indian Government a loss of five millions sterling per annum, and besides would for a time at least, so depreciate exchange as to derange the commercial relations of the country. As matters stand, the duty on salt in India has been reduced on the strength of the opium surplus in the last Budget. Thus our own subjects have directly benefited. Hopes have also been expressed that the charges on salt may be still further reduced from a continuance of the same surplus, although the uncertainty of the latter is well known and recognised. In reference to the revenue which India derives from the opium trade, the remark has been made that that revenue is as justifiable as the Excise duties of the United Kingdom, and that few administrators would seek altogether to abandon the latter as an item of public revenue; and, further, that sumptuary laws have never succeeded. In reference to the views thus obtained from official utterances, however, the circumstance is noteworthy that according to recent accounts from India the export duty on Malwah opium has been reduced by Rs. 50 per chest to enable that drug to compete with the opium grown in Persia and China. The circumstance has an important significance. It shows that the revenue from this source must be fluctuating and uncertain; that, therefore, upon fiscal grounds alone the cultivation of the poppy must less and less be depended upon; that other industries must more and more take its place.

From these references, therefore, several points are prominently brought out, namely, that confirmed opium smokers, as a very general rule, are themselves very desirous to abandon the evil habit. That the drug (in moderation) is considered to be a prophylactic against malarial fever, although its operation as such is not invariable and constant. The evil effects of opium in regard to health, morals, and prosperity are acknowledged and represented by the Chinese themselves. The effects differ according to the manner in which the drug is used. In Burmah, a large and rapidly increasing proportion of the convicts are addicted to the use of opium. There is reason to that believe in China the actual number of persons addicted to opium smoking far exceeds the official estimate, also that the vice is rapidly extending in that empire. Opium smoking only introduced into America so recently as 1868, has there already increased greatly. Although the opium traffic with China existed before it was taken up by the British, it has greatly increased under them, and at the present time supplies a very material item in the revenues of India. Importation of the drug into China prohibited by the Chinese Government was subsequently effected by

illicit means; it led to two successive wars, and according to some accounts is now legalised by the Chinese against their own convictions. The drug is cultivated in British India, especially for the Chinese market. It is argued that to sever the existing communication of the Government of India with that trade would tend to increase the supply and demand for the drug. It would further involve a serious pecuniary loss to the Government, and also derange financial transactions with England; it would moreover necessitate increased taxation on salt in India. Finally, the revenue which India derives from the opium traffic is considered to be as justifiable as is that which England derives from her excise duties.

Therefore, the whole gist of the matter is that the opium traffic is confessed to be most pernicious in its results alike to health and morals of a large proportion of persons in China, Burmah, and America, nevertheless; but as it supplies India with a very large money revenue, on the same principle that excise duties add materially to the revenues of the United Kingdom, the continuance of that traffic on its present footing is unavoidable. But inasmuch as the extent to which opium is now produced elsewhere than in India has already to a material degree affected the revenues from this source in that country, the fluctuations and uncertainties from the same cause promise in the future to increase from year to year.

THE MEDICAL SIDE OF THE WAR.

A SEVERE and trying climate; desert tracts, on the surface sand of which the feet of men and horses sink deeply; scanty and otherwise unwholesome water; food neither overabundant in quantity nor very palatable in quality, such are some of the items that militate against our troops now in Egypt. Of these, the greater number are inseparable from active service anywhere out of the temperate zone; others are in some respects peculiar to that country—among them, notably, the physical conditions just alluded to. With such difficulties, among others to be encountered, it was natural to anticipate the occurrence of a large amount of sickness among our forces; hence it is that the hospital establishments provided for the expedition have been upon a scale as regards *personnel* and *matériel* hitherto unknown, except perhaps those for the comparatively small force some years ago fitted out for Ashantee. With that portion of the force which has proceeded from the west there have been sent not only the means for first help to sick and wounded of individual regiments, but also for field and general hospitals to be established at suitable points; while for such men and officers as, on account of wounds or sickness, require removal from the country, hospital ships are provided for their transport to Cyprus, Gozo, Gibraltar, or England, according to circumstances. As regards the forces sent to Egypt from the east, the liberal and efficient scale upon which the Government of India on all occasions provides for sick and wounded soldiers on active service gives assurance that on the present occasion the principle has not been departed from.

Records of the campaign in which, at the beginning of the present century, our forces were engaged in Egypt, gave ample information regarding the diseases to which

our men on the present occasion are most exposed, as to the classes and description of men most liable to be attacked by them; they further contain ample directions as to the protective measures to be taken against the occurrence of endemic illness and epidemic disease, in the event of the latter occurring. But in many respects our troops are in far better hygienic circumstances than were their predecessors eighty years ago. In respect to food, clothing, protection, and general attention to personal comfort, they are looked after in a manner then not dreamt of. And what is likely to be the result upon their health of such improved conditions? Time alone can furnish a reply. As far as experience on the present occasion has taught a lesson, it is that the diseases most to be dreaded among our troops are fever and exhaustion from exposure to sun and high temperature; dysentery and diarrhoea, partly from the use of bad water, partly from alternations between day and night temperature, and exposure, such as is inseparable from duties in times of war. No doubt it is with reference to the latter diseases that, under sanction of the medical authorities on the spot an allowance of spirits has been issued to the troops; no doubt also, a "tot" of rum under the circumstances is both grateful and beneficial.

So far, our troops are free from epidemic disease in any form. It is true that from the Red Sea on the one hand, and from the direction of Western Persia on the other, danger in this respect is not altogether absent. As regards the first, quarantine imposed for a few days on ships has been removed; as regards the second, no steps whatever have been taken as yet. How far the maintenance of quarantine regulations compatible with military exigencies in time of war is a question not yet presented; neither is it necessary for the time being to consider how far that measure may be expected to prove effectual for its intended purpose. All that need now be said is that, fortunately no measures of quarantine are called for. The general state of health of the army now operating from Ismailia appears to be neither better nor worse than might naturally be expected under the particular circumstances of that portion of the expeditionary force.

According to some of the published reports from Egypt certain difficulties exist in regard to transport, food, and medicines for soldiers in the advanced positions. Such things are inseparable from a state of war, and it is altogether too much to expect or look for regularity in these or any other respect such as characterise the ordinary regimental routine of an English garrison. War cannot be carried on without "roughing," and it is only the physically strong who can, uninjured, go through the process.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Bristol 15; Cardiff 16; Derby, Plymouth 18; Norwich, London, Edinburgh 19; Portsmouth 20; Birkenhead, Nottingham 21; Bradford, Glasgow, Oldham 22; Newcastle-on-Tyne, Leeds 23; Brighton, Leicester, Bolton 24; Huddersfield, Liverpool 25; Salford 26; Dublin, Blackburn, 27; Birmingham, Wolverhampton 28; Sheffield 29; Sunderland, Manchester 30; Preston, Hull 34.

Notes on Current Topics.

Fever-spreading Arrangements.

WE have so often drawn attention to sanitary defects and other causes which contribute to the spread of infectious diseases that it might almost be imagined the number of contrivances of this description has been completely catalogued. Not a week, however, elapses without the belief which encourages such a notion being rudely shaken, and we may confidently anticipate that the ingenuity of sanitary officers will long continue to be exercised in overcoming the constant tendency to invent new means of spreading infection apparent among the more crowded populations of this country. A very striking example to this effect came to light on Friday last at an inquest held at Southwark on the body of a four years' old child, which had died from scarlet fever. The mother of the victim, with an unusually intelligent perception of the relation between cause and effect, attributed the fatal illness of her child to the evil influence of a neighbouring dust-bin, which had some time previously been removed from its original position to a spot immediately beside her own back kitchen. The smells from this undesirable addition to its surroundings rendered the back of the house entirely uninhabitable, and the unfortunate family were driven to live entirely in the front room of the establishment. The children, however, could not be so confined; it was impossible to prevent them from playing more or less closely about the intolerable nuisance near by; and the not surprising consequence was serious illness, terminating so far in the death of one of the children. It was elicited during the inquest that such occurrences may take place with considerable frequency, since the neighbourly feeling which regulates the inter-communication of the poor prevented the registration of such complaints as might have resulted in removal of so great a nuisance. It is quite clear, nevertheless, that under a system of periodical inspection of all tenements and dwellings, existence of a foul source of disease could not long remain undiscovered and unremoved. It may be urged with strict justice that considerable additions would have to be made to our present sanitary service in order to carry out regular and systematic inspections; but it has been so often of late conclusively shown that inspection of this nature can alone be trusted to for effectually remedying a vast number of fatal defects in poorer dwelling places, that it may be well to make early provisions for what will some time else be inevitable. Certainly such frightful dangers as those described before Mr. Collier ought never to be seen in any civilised community.

Sunday Recreation.—How it is Prevented.

IT is now so generally admitted that the efforts of the Sunday Society to secure for the people means of healthy and rational recreation and enjoyment by throwing open public museums, libraries, &c., &c., are calculated to advance the national progress that it is impossible not to feel surprised at the action of a presumably intelligent body of men who condemn the principles involved. Such action, however, has been taken by a society of persons engaged in attending libraries, called the Library Asso-

ciation, and which has, during the past week, been holding a series of meetings at Cambridge, under the presidency of the University Librarian.

Among the resolutions proposed was one by Mr. E. B. Nicholson, Bodleian librarian at Oxford, in favour of the general principle of opening museums, libraries, and galleries for at least part of each Sunday. We are informed that in place of discussing it, the previous question was carried "by acclamation." It is right that the circumstances under which this remarkable evidence of a sagacity was exhibited, should be remembered. The vote was the vote of men, as a rule, but little cultured, the 'Library Association' being made up almost entirely of the officers who are chosen to superintend free libraries and similar institutions in this country. But few of them would be actuated in a question of the kind under notice by any higher feeling than that of self-interest, which necessarily urges them to persistently oppose any movement, the success of which would entail additional labour on themselves. The few highly cultured members of the Association, like Mr. Nicholson, who is a distinguished Oxford graduate, naturally view the action of their fellow members with deep regret, as also must all who value the welfare of the British Nation. That interested librarians, however, can influence the success of the Sunday movement by passing any number of resolutions of the "we don't want to work" type, is absolutely impossible; but it says little for their intelligence as a body that they should so strongly oppose a proposal for extending the usefulness of their own services.

The Fever at Accrington.

THE epidemic of scarlet fever at Accrington, in spite of all precautions is spreading. One medical man alone reported no less than 20 fresh cases during last week. There were 22 deaths registered, 18 of them being children under eleven.

The Poison of Mushrooms.

A PARAGRAPH has been going the round of the press stating that Prof. Ponfick has been making experiments on the common mushroom, and has discovered that it is highly poisonous, particularly when uncooked. It may relieve the minds of some to learn that the professor's experiments were made on the *Morchella esculenta*, and not on what is generally known as the common mushroom (*Agaricus campestris*). The latter, we have often eaten uncooked, and in pretty large quantities, and are, therefore, quite in a position to place our experiments by the side of the dictum of our contemporary which made the discovery. There is hope, moreover, even for those who have eaten the *Morchella esculenta* uncooked, as the smallest quantity that invariably proved fatal was two per cent. of the body weight of the animal experimented on. This would represent in a person 150 lbs. in weight three pounds of the mushroom in question, a quantity, we need hardly say, not likely to be consumed by one person at one meal.

DR. GRIFFIN reported last week to the Westport Guardians that there were eight cases of typhus fever at present in Clare Island.

An Australian Medical Insurance Fraud.

THE Melbourne *Argus* of May 10th gives the history of a case lately tried in the colony. The principal defendants were Barker and Hicks. Barker who was a trusted servant of the Mutual Provident Society, having acted as a canvassing agent for many years, had a tent in the Exhibition grounds, in which he held forth as to the advantages of life assurance, and solicited business for his company. To him came Hicks, a broker and canvasser for the society, with the suggestion that "this gambling in lives" might be turned to profitable account. His proposition was that some person with only a short time to live should be insured as a "good life" and that arrangements should be made so that when death occurred the proceeds of the policy should go into the pockets of the conspirators. Barker agreed, and it was resolved to effect an insurance for £3,000 in the Mutual Provident Society, and another for £5,000 in the Alliance Assurance Company, making together £8,000. For the purposes of the plot, two confederates were required, viz, a medical man, who would give a false report, and a person to whom the policies might be assigned, for, of course, to make the money directly payable to Barker and Hicks would have been to excite suspicion. The medical man was found in Dr. Horton, while a person named Forsyth, who absconded before the trial, acted as assignee, and the compact was that the proceeds of the conspiracy should be equally divided amongst these four. The next thing was to select a fit subject for insurance, and the conspirators laid their hands upon a man named Weatherhead, who was completely destitute, and almost in the last stage of consumption. He was passed as a "first-class life" by Dr. Horton for the Mutual Provident Society, and another practitioner, Dr. Morrison, was induced, partly by a bribe and partly by a statement as to what Dr. Horton had done, to certify in a similar manner for the Alliance Company. It seems to have been an easy matter to persuade two people who had never seen Weatherhead in their lives to sign their names to the usual "friends" report. The question now was, what to do with Weatherhead, whose end was rapidly approaching. It was not considered prudent to allow him to die in Adelaide, so he was taken to Melbourne, with the intention of placing him on board a ship then about to sail for London. It was morally certain that he would expire during the voyage, and it was thought that he could be quietly buried at sea without awakening suspicion. Weatherhead, however, was too far gone to be taken on board, and he died in Melbourne. At this stage of the affair occurred an incident which requires some explanation. Hicks, (who was accepted as Queen's evidence), swore that the certificate given by Dr. Beaney set out that the cause of death was laryngeal phthisis, and that the deceased had been ill about twelve months. As Weatherhead had been insured for less than six months, this, as Hicks said, "would never do." Upon representations made by Hicks to the undertaker the words "twelve months" were altered to "three months." This was after the certificate had been filed in the Registrar general's office. How such an important alteration could have been made in this manner it is difficult to understand. The conspiracy, therefore, seemed to be in a fair

way to succeed, when the whole fabric of deception was blown to the winds by a simple act of carelessness on the part of Hicks. A tell-tale letter and telegram which Hicks had torn up and thrown on the floor, were picked up by a woman, who joined the pieces together, and read words which induced her to communicate with the Mutual Provident Society. Barker, Hicks, Forsyth, and Dr. Horton were charged with conspiring to defraud the Mutual Provident Society, and Dr. Morrison was charged with defrauding the Alliance. Forsyth absconded, and Hicks turned Queen's evidence. The case was so strong against all the defendants that they would probably have been convicted without the testimony given by Hicks in the witness-box. Indeed, if anything could have saved the prisoners, the fact that Hicks was their accuser would have done so. Barker was sentenced to two years' imprisonment for each offence, Horton to two years' imprisonment, and Morrison (who was recommended to mercy by the jury) to one year's imprisonment.

Neglect of Death Registration.

It seems to us that medical officers of public institutions in Ireland need some more stimulation to discharge their duty in respect of registration of deaths, and that, inasmuch as the official mention of their neglect of duty in the Registrar-General's report does not appear to influence them to punctuality and business habits, it is necessary that that functionary should take, as the lawyers say, "such steps as he may be advised" to enforce regularity in this matter. We are familiar with the paragraphs in the Registrar-General's reports respecting the negligence of certain officials of institutions in Dublin, and we find from the report for this week that the Registrar of Waterford No. 1 District remarks, "*apparent increase of total death-rate due to registration of 14 deaths at District Lunatic Asylum, dating from December 3rd, 1881, to the present.*" It is, we think, a very gross piece of mismanagement in any institution that the deaths therein should be held over for eight months without being reported to the proper authority, and we hope we shall not again be obliged to notice a similar occurrence at the Waterford Asylum or elsewhere.

Alleged Poisoning of a Town by Lead.

THE Keighley (Yorks) Town Council had to answer last week in the Coroner's Court on a charge of having slow-poisoned a citizen by the lead dissolved in the drinking water supplied by them to the town. The widow of the deceased deposed to his death, and that both he and she had suffered two years ago from lead poison. The pathological appearances were suspicious, but inconclusive; but the medical witness admitted that he did not find sufficient disease to cause death except from lead poisoning. Deceased visited him about two years ago, and then he was suffering from lead poisoning. At that time he advised him to discontinue using the water. A juror asked if he had come across many cases of lead poisoning. Witness said he had reported *sixty-four cases* to the local board twelve months ago. The lead was dissolved from the pipes by the action of the water. It was his opinion but for lead poisoning the deceased would have lived an average life.

Newspaper Paragraphing respecting Dublin Surgeons.

WE are reluctantly obliged to notice again the extent to which paragraphing is employed in Dublin as a means to public notoriety. It is not unreasonable that a physician or surgeon leaving his business for a prolonged absence should let his patients know that he has left home in order that they may be saved a fruitless journey to town. But there can be no necessity for the publication of this form of advertisement when a practitioner is going on a commonplace country call for the night, or from Saturday to Monday. Nor is the advertisement at all improved by the statement that the gentleman in question has been summoned by telegraph or by post-card or any of the ordinary means of communication. Two of these announcements have recently appeared—in reference to one Dublin surgeon—in the daily papers of that city, and our opinion has been challenged respecting their style and respecting the following paragraph cut from the newspaper of the locality to which the anxious public had already been informed that the gentleman had gone:—

"Dr. . . . of No. . . . Square, Dublin, Fellow and Examiner (*sic*) of the Royal College of Surgeons, the very eminent and consulting surgeon of Ireland, paid a visit to . . . yesterday, and was much pleased with what he saw of our city, particularly with our noble river, which that excellent authority considered ought to keep us free from epidemic disease. Surgeon . . . returned to Dublin this day."

The ill grammar and errors of fact of this paragraph make it obvious that it was not written by the gentleman in question; but we feel it necessary to say that such a professional puff is indecent, and certainly not calculated to maintain the reputation, honour, and dignity of any person or institution. It needs to be at once publicly and sternly repudiated. Reporters are men of business. They print these paragraphs because they think that their doing so will be agreeable to the person referred to; and they have some justification for that impression when they see every trip for a day out of town "by telegram" chronicled in the fashion columns of the papers. Those who suffer as the surgeon here referred to has done owe it to the profession that they shall at once make the public aware that they utterly repudiate such puffs, and that surgeons of respectability do not descend to such means of achieving publicity.

The Parkes Museum of Hygiene.

THE Council of the Parkes Museum have just acquired new premises in the West-end of London, near Cavendish Square, to which the contents of its present temporary home in University College will be removed as soon as the necessary alterations and additions are completed. The new building will consist of a central hall suitable for meeting and lectures, a library, and corridors, all lighted from the top, and well suited for exhibition purposes. The meetings and lectures on sanitary and other matters connected with the health of the people, which were only occasional while the museum was at University College, will henceforth form a permanent feature of the institution.

Anti-Vaccination.

RECENTLY, at the Leicester Police Court, a large number of persons were summoned for refusing to comply with the Compulsory Vaccination Acts, by not having their children vaccinated. There are several thousand unvaccinated children in the town of Leicester, and their number is increasing at a very rapid rate, although there are more prosecutions under these Acts in this place than in all the other large towns of the kingdom put together. It is urged by the anti-vaccination party that, notwithstanding this state of things, the town is perfectly free from small-pox. This immunity is, however, mainly due to the energetic action taken by the medical officer of health for stamping out the disease upon its first appearance. In the present instances most of the defendants were fined 10s. each, or seven days' imprisonment.

A New Mydriatic.

HYOSCIN, prepared by Ladenburg, and crystallisable by hydriodic acid, has proved to possess, if dropped into the eye, a remarkably rapid mydriatic effect, and surpasses, in this respect, atropia in a high degree. But the solution should be only a half per cent. one, as stronger solutions ($\frac{1}{2}$ per cent.) cause already general symptoms, as, unconsciousness, disturbances of articulation, vertigo, and dryness of the throat. It may be mentioned that this preparation seems to be well tolerated by the conjunctiva, even if kept a long time in contact with it.

The Inland Revenue Report.

THE report of the Commissioners of Inland Revenue for the past year—a report of the Principal of the Laboratory—says that the work under his superintendence has recently very largely increased, the number of samples examined last year having amounted to upwards of 26,000, or an increase of 8,000 as compared with the number mentioned in the last report. This increase is attributed principally to the beer duty and to the new regulations. Besides the analyses made in connection with the Customs, there is now a large amount of work done in the examination of samples of goods supplied under contract. The necessity for the service may be estimated by the fact that, taking the India Office as an example, out of 488 general samples submitted, 87, or 17 per cent., were reported against. Nearly one-half of the samples of wine analysed fell below the standard, and 63 per cent. of the samples of brandy, which by the terms of the contract was required to be derived solely from the fermented juice of the grape, had to be rejected, as containing variable proportions of grain spirit. The adulteration of oils, too, has been found to have lately become very general, sophistication being effected in more subtle and ingenious ways than formerly. For the Board of Trade, 86 samples of lime-juice and 550 samples of lemon-juice had been examined, with the result that 6 per cent. of the lime-juice and 16 per cent. of the lemon-juice (the latter representing more than 14,000 gallons) were rejected. Most of the rejected lemon-juice, though otherwise satisfactory, contained free pulpy matter, having been prepared early in the season, when lemons are required for making candied peel, and the squeezing is done expeditiously,

so that the juice is looked upon rather as a by-product. The pulpy matter has, however, to be got rid of by filtration before the juice is fit for use on shipboard, and as this operation is tedious, attempts are made to get juice containing pulpy matter passed, in order to avoid the inconvenience and expense of clarification.

British Prudery.

IN reproducing and commenting upon the article by Dr. S. Daniels, of St. Petersburg, on "Diseases of Sexual Organs in the Insane," in our columns under date of August 16, *La France Médicale* makes the following comment:—

"Le rédacteur de *The Medical Press* nous paraît à son tour se laisser avant tout dominer par ses instincts de pudeur britannique. Nous ne pouvons trouver aucune immoralité dans les examens faits dans l'intérêt des malades, et d'autre part nous ignorions qu'on ne pût chez les aliénés traiter toute affection autre que leur folie."

If the editor of *La France Médicale* had taken the trouble to understand what we did say his comment would have been needless. We think it quite consistent with *pudeur britannique* to treat any and all diseases our patients may suffer from; but we cannot say the same of the practice of making vaginal examinations in every case of lunacy occurring in females where there are no symptoms present pointing to possible disease of sexual organs, simply because the patient happens to be insane.

A Man of Great Brain.

ACCORDING to our excellent contemporary *Knowledge*, "The heaviest brain ever weighed in the United States was taken from the skull of James H. Madden, who died at Leadville on July 6th. The doctor who attended him during his last sickness had observed the immense frontal and lateral development of his head, and determined to weigh the brain, but his astonishment was great when it brought down the scales at sixty-two and a quarter ounces. Cuvier's brain weighed sixty-four and a-half ounces, considerably surpassing all other records; but the brains of Napoleon, Agassiz, and Webster, though phenomenally heavy, were much lighter than Madden's. It is an interesting circumstance that Madden was not a naturalist, a soldier, or a statesman, but a gambler."

THE annual death-rate last week in the large towns from the principal zymotic diseases was again below the average, if we except a few towns, such as Hull, Preston, Manchester, &c., where it was excessive, chiefly from diarrhoea, from which disease the mortality ranged last week from 0.6 and 1.0 in Huddersfield and Bristol, to 14.4 and 14.5 in Preston and Hull. The highest annual rates from whooping-cough were 2.4 in Birkenhead, and 2.5 in Blackburn; from scarlet fever, 1.3 in Nottingham and 1.4 in Sheffield and Newcastle-upon-Tyne; from measles, 2.5 in Huddersfield; and from fever, 1.3 in Leeds. The 35 deaths from diphtheria included 18 in London, 9 in Glasgow, and 2 in Birmingham. Small-pox caused 7 deaths in London, and one each in Nottingham, Manchester, Hull, and Newcastle-upon-Tyne.

The Cholera.

ACCORDING to an official despatch from Manila, 233 natives and four Europeans died there in one day last week of cholera, including the American Consul. In eighteen villages in the province of Manila there have been 368 deaths.

FURTHER news of a very terrible nature has been received here from Iceland. The population, who have already suffered severely from famine, is being decimated by an epidemic of measles.

THE University of Wurtzburg, at its third centenary *fête*, made Doctors of Medicine *honoris causâ* of MM. Ranvier and Charcot, and Surgeons of Messrs. Lister and Paget, of London. The Faculty of Philosophy also conferred the same honour on Prof. Huxley and Sir J. Lubbock.

LAST week a patient died under chloroform at the London Hospital in precisely the same way as the one reported in our last at University College Hospital. Both had gone to hospital for the purpose of undergoing an operation for cancer of the tongue, and both died whilst under the influence of the anæsthetic before operation.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 26, Bombay 25, Madras 33; Paris 23; Geneva 30; Brussels 25; Amsterdam 18; Rotterdam 23; The Hague 21; Copenhagen 33; Stockholm 37; Christiania 28; St. Petersburg 42; Berlin 30; Hamburg 26; Dresden 26, Breslau 40, Munich 24, Vienna 22, Prague 29, Budapesth, 29, Trieste 31, Rome 22, Naples 31, Turin 22, Venice 34, New York 40, Brooklyn 32, Philadelphia 26, and Baltimore 31.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

A FRENCH SURGEON ON GLASGOW LIMBS.—In an editorial notice in *Le Progrès Médical* of the 26th ult. of Dr. William McEwen's book on Osteotomy, the author is quoted as stating that, having practised 835 osteotomies on 557 limbs, and not having lost a single case as the result of the operation, he does not consider himself as exaggerating unduly in holding antiseptic osteotomy as one of the most certain operations of surgery. It is very reasonably stated by the French writer that it would be difficult to account for this large number of operations, if regard were not had to the special circumstances of the Scotch surgeon; and M. Desmons, of Bordeaux, is quoted as throwing light on the matter in the following terms: "I considered at the onset how so much rachitis and so much *genu valgum* and *varicus* could be collected in one of the hospitals of a single city. In traversing the city I soon found an explanation of the circumstances. Every moment I encountered persons affected with bow-legs or curvatures of the thigh. It was the more easy to discover these, seeing that numbers of the people, women and children, paraded voluntarily with naked limbs and feet." We cannot help remarking that we regard this description of women and children in

Glasgow as savouring of the mental Orientalism of our Gallic neighbours. It is not at all unlikely that for the women of Glasgow Mons. Desmons may have mistaken some of Her Majesty's gallant forces often located in a suburb of the city.

BEQUEST TO THE WESTERN INFIRMARY, GLASGOW.—Mr. A. F. Stoddard, of Broadfield House, Port-Glasgow, has bequeathed the sum of £1,000 to the Western Infirmary, Glasgow, for the upkeep of beds, which sum is to be paid in five annual instalments of £200 each. The amount required for the upkeep of one bed for a year is £50. The bequest will therefore maintain four beds annually for five years. During the past year the Western Infirmary has made considerable progress financially, but as the expense of the Free-laid Wards, which afforded an addition of 200 beds to the accommodation, has fallen upon the institution this year, there is a prospect of a considerable deficit in October next.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 2nd inst., was 89, and the death-rate 18 per 1,000. There were 18 deaths under 1 year, and 21 above 60 years, of which three were above 80 years. Only one death was reported from zymotic disease. It was one of erysipelas, and occurred in the Old Town.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 2nd inst., were at the rate of 23 per 1,000 per annum, against 20 in the preceding week and 21, 23, and 16 in the corresponding periods of 1881, 1880, and 1879.

CUPAR.—DECLINE OF THE FEVER EPIDEMIC.—Dr. Wm. Whitelaw, medical officer of health, forwarded his weekly report regarding scarlet fever to Bailie Simpson on Wednesday last, in which it is stated that there is a great improvement both in the number and the type of the cases. During the last week there have been reported only four fresh cases, all of an extremely mild type. No more cases have proved fatal, and all those which have occurred during the last fortnight have been of a much milder type—an almost unfailing indication that the epidemic is dying out. With reference to the proposal to close the public day-schools, the medical officer states that since they were opened eighteen fresh cases have occurred, and of these only five had attended school. He calculated that of those at school 0·7 per cent. had taken fever, while of those outside 1·2 per cent., or nearly double, had been laid up. The conclusion drawn was irresistible that the children are safer there than roaming about the streets. There therefore seems to be no necessity for closing the schools in the meantime.

Literature.

ON OVARIAN AND UTERINE TUMOURS: THEIR DIAGNOSIS AND TREATMENT. (a)

"The book which I now issue is professedly a second edition of that of 1872, but so far as the operation of ovariectomy is concerned, it is almost new, and as regards the uterine section still more so." Such are the author's words in the preface, and they indicate the vast progress which abdominal surgery has made in the last decade, an advance due in no small degree to the zeal and ability of the author.

Passing over the first 150 pages, which are devoted mainly to the pathology of ovarian tumours and their diagnosis, we come to an interesting chapter on "The Rise and Progress of Ovariectomy," including ovariectomy in France, Belgium, Germany, &c., which is in our opinion an

(a) "On Ovarian and Uterine Tumours: their Diagnosis and Treatment." By T. Crozer Wells, F.R.C.S., &c., &c. London: Churchill.

impartial record of the history of ovariectomy, giving due prominence to the services rendered by each of the pioneers of ovariectomy from McDowell downwards.

The author's opinion on the antiseptic system are worthy of serious consideration. After Listerism has been well nigh universally adopted, we have recently seen most violent attacks made on it, so violent as to lead us to fear, in some cases at least, that personal motives have warped the judgment and biased the feelings of speakers and writers. Mr. Wells certainly can have no personal object in advocating the use of antiseptics, and when he throws the weight of his mature judgment and great experience in its favour it may well make us hesitate before we set aside at the dictum of some zealous, though we fear not judicious, opponents, a system to the value of which such a body of impartial evidence has on all sides been given. To the use of the spray Mr. Wells points out some objections which all practical surgeons are well aware of; but this is only a part of the system, and though we should be slow to omit it altogether, we agree with the author that in ovariectomy it has its disadvantages. Septicæmia is the cause of the majority of deaths after ovariectomy, and everything which can be done to lessen the chances of its occurrence should be adopted, but Listerism must not be exclusively relied on, and we are of opinion that with respect to ovariectomy its value has been to this extent overrated, that it has led to the abandonment of drainage in cases in which this should have been employed. While practising Listerism ourselves we cannot, in ovariectomy, at least rely on it as being an absolute safeguard against septicæmia.

Mr. Spencer Wells, in common with most operators, has abandoned the use of the clamp, and now returns the pedicle, when ligatured, into the abdominal cavity. He believes that Listerism has enabled this important change in practice to be adopted with safety. We think, however, that that system can hardly be credited with this improvement, and we know that Mr. Keith, of Edinburgh, who has ceased to use the spray, still practices the intra-peritoneal method with safety.

But after all, the most interesting, if not the most important, part of the work is that which treats of the "Recent Extensions of Ovariectomy." The first in order of time of these "extensions" is the so-called "Normal Ovariectomy" of Battey, "whose object was to bring on old age" or, more correctly, premature cessation of the menstrual function in women in whom that function was malperformed. On this subject Mr. Spencer Wells writes with his usual good judgment. He says: "I accept the principle, but see that the operation has a very limited application, and that the conditions justifying such an operation are exceedingly rare is evident from the fact that, since his enunciation of the principle upon which he proposed to act, Battey has only found fifteen cases in which he could see reason for carrying it into practice." When we hear, then, of a local practitioner in England performing this operation seventy or eighty times in one year we feel that the "abuse" of it, which Wells feared, has become a reality.

The chapter on "Uterine Tumours" is a very instructive one; it is but a short time ago since the removal of these by the abdominal section would have been considered entirely unjustifiable, yet Mr. Wells has himself operated on such seventy times—thirty-nine of these being cases of removal, and thirty-one of partial removal, or of exploratory incision. The mortality among these is large, but there can be no doubt but that in cases in which life is endangered the operation is justifiable.

The last chapter is "On Partial Amputation and on Complete Excision of the Uterus" the author is evidently not in favour of excision of the uterus in cases of cancer, and in this we agree with him. It is seldom the disease is recognised till it has extended to the adjacent parts, and then it is hopeless to attempt an operation; but our personal experience leads us to the conclusion that cancer attacking the fundus of the uterus is not so rare as has been supposed, and that with the improved means of making a diagnosis now at our disposal, we believe that this form of the disease will be more frequently recognised and the operation more frequently performed than it has hitherto been.

The whole work is written in a simple and clear style, abounds in clinical records of plain and unvarnished facts, and is worthy of the attentive perusal of all operating surgeons, as well as of such specialists as practise ovariectomy.

Correspondence.

RETENTION OF PLACENTA FOR FOURTEEN WEEKS AFTER ABORTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to a case of retained placenta published in your issue of August 30th, under the head of "Clinical Records," I have since received a letter, from which I send the following, with the explanation that something in my report has been supposed to reflect injuriously on the medical gentleman previously in attendance on the case. The letter says: "On March 4th I was summoned to see Mrs. G. I made an examination and found a small body protruding from the os, but as it still adhered I waited till the next day, when I introduced my finger and succeeded in detaching and removing all that the uterus seemed to contain. There were no signs of the fœtus, nor did I succeed in eliciting anything which would have led me to conclude that I had any other than a very early ovum to deal with. It was evidently Mrs. G.'s intention to mislead me from first to last, and I certainly had no reason to suppose that I had to manage a case of abortion at the 10th or 11th week."

Signed,

THE "HOMCEPATH" IN QUESTION.

I feel constrained to ask you to insert this explanation as a matter of simple justice to the "homcepath in question."

I am &c.,

J. E. BURTON.

64 Rodney Street, Liverpool.

CORONERS AND MEDICAL CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am obliged by your insertion of my letter, and trust you will allow me to make some further remarks upon your note and Mr. Malcolm's observations.

I have never contended for the "necessity of holding an inquest into every uncertified death." For I have shown medical certificates to be given improperly—i.e., coroners' cases; and there may easily be cases, though no surgeon has attended, which do not fall within the definition of coroners' cases.

With respect to Mr. Malcolm's statement that a number of cases were "inquired into, but no inquests held on any of them, the coroner being satisfied in each case the death occurred from natural causes," I must again deny Mr. Malcolm's right to dispense with a jury and make inquiry himself, or to do more than ascertain whether the death was violent, sudden, non-natural, or suspicious. If it was, the coroner has simply to discharge his duty, whatever anyone may privately tell him as to the likelihood of there not having been foul play.

It has been truly said that no office or institution can fall except through the fault of those responsible for managing it; and I fear our own office is in danger from this cause.

I presume the cases in which the coroner's proper duty has been omitted are such as these:—Children found dead in bed, or dying suddenly in their mothers' arms, or from burns or other so-called slight injuries; persons dying from natural disease aggravated by want, exposure, removal, surgical operations, or want of medical attendance; or from fever due to foul smells, &c.; not to speak of cases where within twelve months there was some injury developing into pneumonia, for instance.

In all these cases it is easy for a coroner, by having a private conversation with some person or persons who want to prevent an inquest, to "satisfy" himself that there is nothing wrong. But it is self-evident that the coroner's refusal to make such cases a matter of open public inquiry must encourage all who are connected with similar cases in carelessness or neglect.

A solicitor in full practice who is applauded by his council, or who is paid by salary, for not "holding unnecessary inquests" may not unnaturally pass what is clearly a coroner's case under such circumstances. I am satisfied by five and thirty years' experience, both of the public protection of obeying the law strictly, and of the public danger of neglecting it. I may add that although a criminal verdict is seldom given, the presentment by a

jury of past neglect or of due precautions for the future, published with the case itself, is productive of much good, which is lost on the coroner's "private conversation" system.—Yours faithfully,

EDWARD HERFORD,
H. M. Coroner, City of Manchester.

Obituary.

DR. IRWIN, OF MONAGHAN.

We regret having to notice this week the death of Wm. Nassau Irwin, Esq., M.D., which took place at his residence on Tuesday week. Dr. Irwin has been a resident in Monaghan for the past nineteen years. Previous to coming to Monaghan he had an extensive practice at Castleblayney, where, for over twenty years, he practised professionally. Dr. Irwin was appointed surgeon to the Monaghan Militia in 1854, which appointment he resigned about two years ago. He gave up practising when coming to Monaghan to reside in 1863. Dr. Irwin was a man of independent means, having considerable property in the counties of Leitrim and Armagh. He died in the 76th year of his age.

Notices to Correspondents.

✂ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MEDICAL PUFFING.—Our attention is called to a very gross and discreditable puff of Dr. Baptist Gamble, of Enniskillen, which appeared in the local paper last week. It appears that Dr. Gamble trephined a patient, which very insignificant surgical feat the local penny-a-liner calls an "extraordinary surgical operation." All the details of this splendid achievement are given in anatomical phraseology, as if there was something worthy of notice in this trifling performance. If Dr. Gamble is guilty of this nauseous advertisement he deserves the strongest professional censure; if not, he ought to sue the local paper for the damage done to his character by the puff, and to take care that his assistant does not in future supply reporters with details of every minor operation he performs.

MR. MAKUNA.—The communication has been put forward for publication; proof will be sent you in due course.

AUCTOR OPERIS.—We are extremely flattered by your offer, which, however, it is quite impossible that we should accept, the pressure on our space being too great to allow of publication of any but purely medical essays. The papers have been sent.

MR. CHENERY.—You will probably alter your opinion when you have obtained further experience of the use of the instrument. It is a little difficult to manipulate at first, but when once employed with facility none will compare with it for excellence of result. Prepared sheets for reception of tracings are sold by most instrument makers.

R. S. H.—The Society's meetings begin in October, and run on till the end of May. The Clinical meets twice a month—on Friday evenings. You will find no difficulty in being admitted as a visitor to one of the meetings; if you apply to the Secretary on the evening you wish to attend you will be courteously and kindly received.

DR. JONES (London).—The Membership of the Royal College of Physicians of London is accessible to you, but only after examination, and the classical part of it is a *sine quâ non*. We do not think your proposal would be entertained for a moment.

DRESSER.—If you can support your statement with facts the disgraceful proceedings shall be fully exposed in our columns. The matter, however, is one of such gravity that nothing less than absolute and unmistakable proof will suffice; and unless you can produce it to complete satisfaction, it will be useless to proceed further. We do not doubt the occurrence; indeed, we know it to have frequently been so, but we have never yet been able to fix the blame in the right quarter.

THE ODOUR OF HELIOTROPE AS A NARCOTIC.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

FIR.—Having undergone a long illness of gastric fever, avoiding narcotics in the shape of opiates, I steadily refused to yield to my medical adviser this mode of obtaining relief for feverish sleepless nights. In lieu thereof, I desired that a small bunch of heliotrope should be placed in my bedroom at night. The result was, that I slept the rest of Nature every night. For a week I had a fresh bunch sent by my gardener, and for the rest thus obtained to recoup my shattered health I attach to the odour of this plant. This may be worth knowing, as it is generally thought the odour of flowers at night is not healthy.

St. John's Wood, N.W.

Yours truly,
M.D.

MR. WOMACK.—Thanks for forwarding communication; it shall receive early attention.

IMITATIONS OF COFFEE.—In the new Customs and Inland Revenue Act of this year, the sale of imitations of coffee and of coffee-mixtures is made subject to certain conditions, one of which is that the packets are to contain an exact number of quarters of a pound, and another is that a label shall be affixed to each packet, denoting the proper names of the substances of which the mixture is composed. The penalty for infringing the Act is forfeiture of the article and a fine of £30. But it is declared that the Act is not to affect any statute relating to adulteration of food.

DR. A. R. E.—The alterations do not come into force until November; write to the Secretary of the College on the second point of inquiry, as we have no information to guide us in the matter.

DR. S. B. B.—It would be impossible to mention all, and partial lists published by contemporaries are manifestly incorrect and unfair. We do not, therefore, propose devoting space to the subject, preferring students to choose for themselves or take the advice of their teachers.

AGED IN THE SERVICE.—We cannot suggest any formality you have not already gone through; your impatience for a definite reply to your application is reasonable enough; but you must allow something for the red-tapeism inseparable from official work. We opte there can be no doubt as to your superannuation.

A MEDICAL WITNESS.—The fee allowed to a medical witness in a recent similar case was £2 2s., with 15s. for the night's hotel expenses, and travelling expenses in addition.

THE DALRYMPLE HOME FOR INEBRIATES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In his second Annual Report, the able Inspector of Inebriate Retreats strongly urges the need for the opening of the Dalrymple Home for Inebriates. Though indefatigable in their efforts, the Committee have received very limited pecuniary support. They, however, hope to be able to commence operations before the end of the year. The triumphant progress of temperance missions is daily recorded by the Press, and it is to be hoped that the unselfishness and devotion which ought to be the motive power of such a crusade will be attested by liberal financial support to the projected Dalrymple Home, as an attempt at the reformation and cure of the many habitual drunkards whose whole system has become so diseased by alcohol that absolute seclusion from temptation is essential to restore their shattered nerves and their utterly broken-down will power. Among the officers of the proposed home are the Archbishop of Canterbury, the Duke of Westminster, Lord Shaftesbury, Sir Thos. Watson, Sir Henry Thompson, Dr. Andrew Clark, and Dr. B. W. Richardson. £3,000 is still needed. Donations, also annual subscriptions, will be thankfully received by the Chairman, Canon Duckworth, Dr. Alfred Carpenter, J. P. Crodon, and your obedient servant,

NORMAN KERR, M.D.,
Hon. Sec., Dalrymple Home.

42 Grove Road, Regent's Park, N.W.

Vacancies.

Downpatrick Union, Portaferry Dispensary District.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Sept. 20th.
Glenties Union, Dungloe Dispensary District.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, Sept. 20th.
Llamore Union.—Medical Officer for Workhouse and Fever Hospital. Salary, £100. Election, Oct. 4th.
Northampton General Infirmary.—Physician. Applications to be forwarded to the Secretary not later than Oct. 27th.
Radcliffe Infirmary, Oxford.—Resident Medical Officer. Salary, £150, with board and residence. Applications to be sent to the Secretary by Sept. 30th.
Winchcomb Union.—Medical Officer. Salary, £65. Applications to be sent to the Clerk not later than Sept. 22nd.

Births.

INGHAM.—September 2, at Speranza, Dalkey, the wife of Dr. Ingham, Medical Officer, Cappaduff Dispensary, co. Mayo, of a daughter.
SPENCER.—September 7, at Albion Road, London, N.E., the wife of K. R. Spencer, M.R.C.S., of a son.
SEMON.—September 9, at 59 Welbeck Street, London, W., the wife of Felix Semon, M.D., M.R.C.P., of a son.

Marriages.

MURRAY—MACKAY.—August 30, at the Cathedral, Inverness, R. D. Murray, M.B., Surgeon H.M. Bengal Army, to Mary M'Inda, eldest surviving daughter of Deputy Surgeon-General Mackay, M.D., H.M. Indian Army (retired).
SOUTHAM—HUGHES.—September 7, at the parish church, Staverton, Devon, F. A. Southam, F.R.C.S., of Manchester, to Amy, daughter of the Rev. J. B. Hughes, Rural Dean, of Totnes.

Deaths.

IRWIN.—September 5, at Tirkeenan, Monaghan, William Nassau Irwin, M.D., J.P.
KINCHELA.—August 27, at Kilkenny, Lewis Chapellier Kinchela, M.D.
MULLEN.—September 1, at Fethard, co. Wexford, Esther Jane, youngest daughter of Peter Mullen, M.D., of New Ross.
RAYNER.—September 8, at Birstall, near Leeds, Robert Rayner, M.R.C.S., aged 57.
SHAW.—August 28, killed in the engagement at Kammanna Loch, Surgeon-Major George Shaw, A.M.D.
SPENCER.—September 2, at his residence, Burton Port, co. Donegal, John Alexander Spencer, F.R.C.S.I.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 20, 1882.

STUDENTS' NUMBER.

PREFATORY.

CONTRARY to expectations expressed in the Students' Number of the *Medical Press and Circular* for 1881, we are no nearer solving the great problem of medical reform at this moment than we were twelve months ago. It is true a certain amount of energy in this direction has been shown both in the appointment of a Royal Commission and the issue of a report by that body, but it would be premature to infer from this that we have really advanced very much farther on the path of improvement. Whether the coming year is destined to witness the introduction of radical changes in the mode whereby candidates for the medical profession are admitted to qualification, it would be rash, indeed, to prophecy. If we would accept the dictum of the most capable judges of the position, we should hesitate to expect any sweeping modifications; and more especially since the remarkable document issued by the Royal Commission includes a variety of independent opinions on the main points for consideration, and the points, too, which, from an educational aspect, are of the highest importance.

Disappointingly slow, however, as the progress towards reform has been, there are not a few indications to encourage hopes of substantial amendment of existing defects at no very distant date. If it does no more than keep alive an interest in the question, and enlarge the circle of those who take intelligent cognisance of it, the agitation in favour of change cannot fail to be productive of good results; and to the extent that general sympathy is excited in the ranks of the profession in behalf of reform, will success attend the efforts of those who maintain the demand for it. As matters are at present, we have to repeat in great measure the substance of remarks made in preceding years, in pointing out to intending medical students the course they must pursue with a view to joining the profession they have chosen; while, at the same time, we offer such advice on certain details connected with the calling they embrace as may enable them to avoid mistakes which, once committed, it may be difficult to escape the consequences of.

WHO SHOULD BE MEDICAL STUDENTS.

The late Professor Rolleston was a strong advocate of the principle of selection applied to candidates for the medical profession, and Sir William Gull at the present time reflects similar opinions in the demand for an "intellectual test" in respect to medical students. Each year new burdens are laid upon these students, both by reason of the ever-increasing ground over which the field of medical study extends, and through the constant additions thereby made to the requirements of examining bodies. There is

this peculiarity also about such studies as are included in the medical curriculum, that though they may be easily mastered in the abstract by dint of sheer perseverance, yet it is only a certain class of mind that can successfully appreciate the facts that constitute the main teaching of the wards, a right understanding of which alone enables the student to become an able practitioner. Hitherto the friends of intending students have, as such, paid little attention to any questions of this nature; they have not discussed the likelihood that the destined physician or surgeon may be eminently unfitted to prosecute the labours that will fall to his lot; that his capabilities may be opposed to all chance of successful practice; and that, in his own interest, almost any profession but medicine would have suited him infinitely more advantageously, and with the performance of infinitely better and more serviceable labour to his fellows. It is to this want of perception that we are indebted for the presence in the profession of innumerable unsuccessful men. Often enough they are eminently conscientious, industrious, and well intentioned, but lacking the indispensable qualities that go to make up a skilful practitioner; they plod wearily through life, unrecompensed, and, alas! too frequently unhappy. Unfortunately, also, we cannot even now put into set form of words rules for guidance in deciding on the possession of requisite endowments in any particular case. We recognise that successful practitioners possess certain well-marked characteristics, and we can easily enough associate their success with such marks of superiority; but it would be difficult to say what traits in a youth will develop into them until we see him at work amidst cases of illness in the wards or out-patient room. Even the most ordinary practitioner requires to possess certain powers of mind in order to be of service to his patients; and it seems but wise that some consideration should be given to the question whether the would-be medical student offers evidence of exhibiting capacity for the profession he is about to enter on.

Bodily physique, too, is a detail in this connection not enough regarded. The life led by a medical man is at the best a trying one, and when his lot falls in country districts he must needs be strong in health to overcome all the difficulties of his position. Not a few young men yield early in their career to the strain put upon them by professional work, a strain they have been unable to support; and within our own personal experience cases have occurred in which most promising lives have been early sacrificed in this way. It should, therefore, be always a point for anxious determination whether the incipient student bids fair to grow into a toil supporting practi-

tioner, and mainly because this matter is rarely properly considered we have dwelt upon it in this way at the present time.

As a means of livelihood, in which light it will practically be regarded by a very large number just now, medicine offers very varying prospects. Except as general practitioners, the younger race of qualified men can hope for no immediate return on the capital expended on their education; and it must be at once admitted that the prizes of the profession do not fall to general practitioners. Specialism, however much decried, has long been, and will probably long continue to be, the high road to fortune and renown. But only the few can hope for the success represented by a successful consultant's income; the rank and file have to be content with less than this, and it is their fortune to be able to cherish the thought of medicine as the highest, the noblest, and the most deserving of all the arts.

REGISTRATION.

Having once decided to become a student of medicine, the aspirant is required to conform with certain regulations ere he can enrol his name in the registrar of such students kept by the General Council of Medical Education and Registration, the high authority in all matters pertaining to the instruction and qualification of medical men. This Council was created in 1858 with a view to maintaining order and dignity in the profession, and empowered to carry out this duty. Its mode of performing the work entrusted to it, however, has always been peculiar, and has mainly consisted in incessant additions, subtractions, multiplications, and distractions of the elementary examinations admitting to the register of students. At present every such student must, before registration, give evidence of having passed one or other of a large number of arts examinations, among them being all recognised University examinations, such as the local, the various degree examinations; the examinations of the College of Preceptors, &c., &c. Several of the qualifying bodies also hold a special preliminary, success at which equally admits to the students' register. Following registration the actual medical education commences, and may be pursued either at a hospital, medical school, or for a time under a registered medical practitioner. No time spent in the study of those subjects on which future examinations for licences, &c., to practise are held, before registration is recognised as forming part of the minimum period over which the curriculum must extend, save in the case of physics, chemistry, pharmacy, and osteology, these being subjects in which attendance on lectures prior to registration is acknowledged.

THE CURRICULUM.

The life of the medical student is minutely marked out for him by the regulations of the licensing boards, which all agree in certain principal features. Thus, no student is admitted to final examination for a licence to practice until the termination of forty-five months spent in medical study, nor until he has succeeded in passing an examination in anatomy and physiology not earlier than the end of his second winter session as a student. There is, likewise, general agreement as to the subjects of examination, these including all the principal branches of medi-

cal knowledge and practice, such as medicine, surgery, midwifery, materia medica, and therapeutics, pathology, medical jurisprudence, &c. Moreover, in order to ensure that the curriculum has been appropriately pursued, all candidates must produce evidence of having attended certain lectures and demonstrations in duly recognised schools of medicine, and of having obtained practical acquaintance with disease in the wards of general hospitals. Hence the consideration of the student's career naturally divides itself into two sections, one EDUCATION, the other QUALIFICATION. We shall consider it under each heading, giving an account first of the various educational institutions, and subsequently of those which confer licences, &c., to practise. For purposes of easy reference also the three divisions of the United Kingdom, England, Ireland, and Scotland, will be treated separately, and we shall conclude the number with a general chapter on the services, &c.

England.

I.—EDUCATION.

English medical students have the choice of a very considerable number of schools whereat to obtain the instruction necessary to fit them for examination ordeals, some being situate in the metropolis and others in the provinces. At all, very similar arrangements exist for teaching purposes, and each is in connection with a general hospital containing everything essential to the adequate study of the science and practice of medicine and surgery. As the majority of young men who enter the profession as students are so circumstanced that their removal to lodgings is necessary in order for them to be near their schools, the question of expense in this connection has to be considered in addition to the subject of fees pure and simple, and it may at once be stated that for the first two years of his student career, the pupil who can, by attending a provincial in preference to a London school, receive the advantages conferred by frequent home intercourse will do well to postpone his town experiences until after passing the first, or first two examinations, as the case may be, for the licence towards which his aim is directed. At the present time anatomy and physiology are so well taught in the majority of non-metropolitan schools, that London schools enjoy no superiority in this respect; and if the comparative tables issued each year by the Royal College of Surgeons have any value at all, they demonstrate this fact very clearly indeed.

When, however, the purely professional work is entered on, the study of medicine and surgery, it must be admitted that London hospitals present opportunities which it is impossible for country institutions to offer, and at least one year of study should be passed at a great hospital by every student before qualification, or if he can afford it, more than one. To those who aspire to hold resident appointments this course may seem unwise, because of the restrictions which confine such appointments to perpetual pupils, but in such cases arrangements are possible by which the payment of half the composition fee at some places, or even less, confers the desired privilege.

COURSE OF STUDY.

The curriculum of study is practically the same for all students at all hospital schools, and is regulated by the requirements of examining boards. The first eighteen months is mainly spent in acquiring a knowledge of anatomy and physiology, with a view to passing the first professional examination in these subjects, and at the same time the subject of chemistry is taken up. During the winter session, particularly, assiduous attendance in the dissecting-room is enforced, and will be faithfully carried out by every student who is mindful of his own interests, while during the intervening summer he should make the most of the opportunities he will be afforded of being instructed in practical physiology and histology.

The commencement of the second winter is at many hospitals taken as the period at which attendance on lectures in medicine and surgery should commence, but we would strongly advise the neglect of such subjects until the primary is successfully put away, for until that is accomplished any distraction from the pursuit of the studies connected with it cannot but assist the chances of misfortune. Such knowledge, moreover, as may possibly be gained from the lectures which could be attended during the second winter in medicine and surgery will be as satisfactorily acquired during the summer, when the primary is over, by laying a foundation by reading for systematic attendance in the succeeding winter session. In the same way we would recommend avoidance of the wards for the same reason until after the first examination is passed, or the second in the case of those bodies which require three to be gone through by candidates for qualification under them.

FEES.

The fees charged for the full course of instruction vary at different hospitals, and we cannot help a feeling of dissatisfaction at the spectacle presented by competition between those metropolitan schools which have, and those which have not, raised the amounts payable to a scale which represents a proper return for the privileges conferred. Nor can it be denied that the few hospitals which exact reduced fees suffer in comparison with those which demand larger amounts, in respect to the general character of their pupils; for, as it is unquestionable that the less desirable class of students are, as a rule, influenced by pecuniary considerations, so they flock in greater numbers to those institutions which will receive them on lower terms. In time this must affect these schools, to their detriment, by collecting at them in overpowering proportions men who are not always influenced in action by the motives which weigh most with persons of culture and refinement. Indeed, it is sincerely to be hoped that the existing differences in respect to fees may not long continue to exercise the ill-effect it is calculated to encourage. At present, the fees payable for the full curriculum vary between £90 10s. and 125 guineas in London, and in the provinces they amount to about £100 at each institution.

Scholarships and Prizes, however, offer a means by which diligent students may materially assist their resources, and even obtain assistance sufficient to all but cover their total expenses while in *statu pupillari*. At most hospitals "entrance" scholarships, equivalent to the

total "perpetual" fee, are awarded at the commencement of each winter session to new students; and in each year valuable money prizes and exhibitions worth from £5 to £50, or more, are regularly awarded after competition. Particulars relating to them will be found below.

LONDON SCHOOLS.

The Schools of Medicine in London are the following, the scholarships, prizes, students' appointments, fees, &c., being set forth in connection with each place named:—

ST. BARTHOLOMEW'S HOSPITAL.—*Appointments:* Four house-physicians and ten house-surgeons are appointed annually without fee; each is provided with rooms and receives a salary of £25. A resident midwifery assistant and an ophthalmic house-surgeon are appointed every six months; they are provided with rooms, and receive a salary of £25 per year. Two assistant chloroformists, salary £25 and rooms; in-patient clinical clerks; clerks and dressers to the assistant physicians.

Scholarships, etc.—There are two open scholarships in science, value £130, tenable for one year, and a Jeaffreson exhibition, value £50, tenable for two years; preliminary scientific exhibition, value £50, tenable for one year; three junior scholarships, of £50, £30, and £20 respectively; Treasurer's prize for practical anatomy; Foster prize for practical anatomy; senior scholarship, value £50, for anatomy, physiology, and chemistry; Wix prize; Hichens prize; Lawrence scholarship and gold medal, value 40 guineas, for medicine, surgery, and midwifery; two Brackenbury scholarships of £30 in medicine and surgery; Bentley prize, for reports of surgical cases; the Kirkes gold medal for clinical medicine.

Scale of Fees.—Fees for perpetual attendance on lectures and hospital practice, 132 guineas, payable in the following instalments: First winter, 40 guineas; first summer, 46 guineas; second winter, 46 guineas; or a single payment of 125 guineas. Fee for general subjects for students of dental surgery:—First winter, 31½ guineas; first summer, 31½ guineas; or a single payment of 63 guineas.

CHARING CROSS HOSPITAL.—*Appointments:* Medical and surgical registrars, each with a salary of £40 a year; resident medical officer, assistant medical officer, resident surgical officer, assistant surgical officer, resident obstetrical officer, assistant demonstrator, pathological assistant, clinical clerks and dressers. The resident officers are provided with rooms and commons, and the assistant officers with commons, in the hospital.

Scholarships, etc.—Two entrance scholarships of £30 and £20 respectively, tenable for one year; the Llewellyn scholarship of £25, open to all matriculated students who have completed their second year; the Golding scholarship of £15, open to matriculated students who have completed their first year; the Pereira prize of £5; the Governor's clinical gold medal. Silver and bronze medals and certificates of honour are awarded to the most deserving candidates in the various classes.

Scale of Fees.—Composition fee for matriculated students, £91 7s., payable in instalments of—First year's fees, £38 17s.; second year's fees, £36 15s.; third year's fees, £10 10s. Composition fee for the course of dental surgery, £42 2s. This school is now located in the complete and extensive new building erected for the purpose.

ST. GEORGE'S HOSPITAL.—*Appointments:* House physicians and house surgeons are elected half-yearly from among the perpetual pupils. They are entitled to hold their appointments for twelve months, and to board and reside in the hospital, free of all expense. Assistant house physician; assistant house surgeon; obstetric assistant, with a yearly salary of £100, and board and residence in the hospital; pathological curator, with a salary of £50; microscopical pathologist, with a salary of £25; medical and surgical registrars, each with a salary of £50 per annum; assistant medical registrars; assistant surgical registrars; ophthalmic registrar; ophthalmic assistant; demonstrator of anatomy, with a salary of £50; senior assistant demonstrator, with a salary of £20.

Exhibitions, etc.—The Brown exhibitions, one of £100 per annum, tenable for two years, and open to perpetual pupils possessing a registrable diploma; and one of £40 per annum, tenable for three years, and open to students in their third

year. The Brackenbury prizes: one each in medicine and surgery. The Clarke good conduct prize, the Thompson medal, the Brodie clinical prize in surgery, the Acland clinical prize in medicine, the Johnson memorial prize in anatomy, the Treasurer's prize, and three general proficiency prizes of ten guineas each.

Scale of Fees.—Composition fee for perpetual pupils, £125, or in the following instalments: First year, £45; second year, £45; third year, £40. For attendance on the hospital practice and lectures required by the examining corporations, £45 for the first year, £45 for the second year, and £20 for each succeeding year. The latter scale of payment does not entitle the pupil to become house physician or house surgeon, or to compete for the Brown exhibitions. The fee for general subjects in dental surgery is £55, payable in two instalments; first year, £30; second year, £25.

GUY'S HOSPITAL.—*Appointments:* The house-surgeons and house-physicians, the obstetric residents, clinical assistants and dressers, are selected from the students, according to merit, and without payment. There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

Scholarships, etc.—Open scholarship of £125 guineas, in classics, mathematics, and modern languages. Open scholarship of 125 guineas, in chemistry, physics, botany, and zoology. Six scholarships, varying in value from £10 to £50 each, for general proficiency in medical study, open to students of different years. The Joseph Hoare prizes; the Treasurer's gold medal in medicine; the Treasurer's gold medal in surgery; the Gurney Hoare prize of £25, for clinical study; the Sands Cox scholarship of £15 per annum for three years, for physiology and physics; the Michael Harris prize of £10, for anatomy.

Scale of Fees.—For the entire course of lectures and hospital practice, 125 guineas, if paid in one sum on entrance, or by two equal instalments of £68, payable at the commencement of the first winter, and of the following summer session; or payment may be made by instalments of £50, £50, and £37 10s., payable at the beginning of the first, second, and third years respectively. Fee for the dental course, 63 guineas, or in two annual instalments of 40 guineas and 23 guineas.

KING'S COLLEGE HOSPITAL.—*Appointments.*—One physician's assistant, two house-surgeons, and one physician-accoucheur's assistant appointed every six months. They are supplied with board and residence in the hospital on payment of £30 each. Assistant house-physician, assistant house-surgeon, and assistant resident accoucheur appointed every six months; in-patient clinical clerks and dressers; out-patient clinical clerks and dressers; obstetric clerks, ophthalmic, dental, and aural assistants; post-mortem clerks; assistant demonstrators and prosectors of anatomy.

Scholarships etc.—Three Warneford scholarships, each of the value of £25 per annum, two tenable for three years, and one tenable for two years; one Warneford scholarship of £25 per annum, tenable for two years, open to resident students; three junior scholarships of £20 each, tenable for one year, and open to students of the first year; one second year scholarship of £30, tenable for one year, and open to students of the second and third years; the senior scholarship of 40l., tenable for two years, and open to students of the third and fourth years; Daniell scholarship of 20l. per annum, tenable for two years, for work in the chemical laboratory; two Sambrook registrarships, each of 50l. per annum; two science exhibitions of 50l. and 25l.; two Warneford prizes of 25l. and 15l. respectively; Leathes prize; Todd medical clinical prize; Jelf medal; Tanner prize of 10l. for obstetrics. Class prizes, each of the value of 3l., are awarded annually in particular subjects.

Scale of Fees.—Payment for the entire course of hospital practice and college lectures may be made in one sum, viz., 125l. on entrance, or by the following instalments:—70l. and 60l., or 60l. on entrance, 50l. at the beginning of the second winter session, and 25l. at the beginning of the third winter session. Fees for the dental course, 95l. 1s. 6d.

LONDON HOSPITAL.—*Appointments.*—The resident and other hospital appointments are free to full students. The resident appointments consist of five house-physicians, five house-surgeons, and one accoucheurship; also two dresserships and two maternity assistantships. All these officers are provided with board and lodging free of expense. There are also—non-resident—three clinical out-patient assistants, receiving 80l. per annum each, and two registrars, each with a salary of 100l.

Scholarships, etc.—Two entrance science scholarships, value 60l. and 40l., and two Buxton scholarships, value 30l. and 20l., will be offered for competition at the end of September to new students. A scholarship, value 25l., in anatomy, physiology, and chemistry, to first and second year's students; a scholarship, value 20l., in clinical medicine; a scholarship, value 20l., in clinical surgery; a scholarship, value 20l., in clinical obstetrics; the Duckworth Nelson prize, value 10l. (biennial), in clinical medicine and surgery; the Letheby prize of 30l. for chemistry. Prizes, value 60l., to dressers of out-patients, in minor surgery.

Scale of Fees.—Perpetual fee for lectures and hospital practice, and two years' practical anatomy, payable in three instalments of 45, 40, and 15 guineas, at the commencement of the first, second, and third years respectively, 100, or if in one payment, 90 guineas. Composition fee for students entering at or before the beginning of their second winter session, their first year having been spent elsewhere, payable in two instalments of 45 and 30 guineas, 75 guineas; or if in one payment, 70 guineas. Fee for lectures alone, 50 guineas; fee for hospital practice alone, 50 guineas; dental students (general hospital practice and lectures) 40 guineas; fee for dental practice, 10 guineas. Special advantages in the shape of reduced fees are offered to full students, who, having attended classes in natural science at other places, succeed within a certain time in passing the preliminary scientific examination. The composition fee covers four years' attendance only.

ST. MARY'S HOSPITAL.—*Appointments:* There are four resident medical officers, three of whom are appointed for twelve months, and one, the obstetric officer, for six months; all of them live, free of every expense, in the hospital. Two paid prosectors appointed annually; a demonstrator of anatomy, a medical tutor, and a resident registrar, each with a salary of £100 a year, appointed annually, and eligible for re-election. Clinical clerks and dressers.

Scholarships, etc.—Three scholarships in natural science, tenable for three years, value £120; an exhibition in natural science of £20, tenable for one year; a scholarship in anatomy of £20, tenable for one year; a scholarship in pathological anatomy of £40, tenable for one year. At the end of each session prizes ranging in value from £2 2s. to £4 4s. are given for proficiency in particular subjects.

Scale of Fees.—For unlimited attendance on lectures and hospital practice, 125 guineas if paid by instalments, or 119 guineas if paid in one sum. Fee for hospital practice and lectures required by the examining bodies, 107 guineas in instalments, or 101 guineas in one sum. Fee for dental students, 62½ guineas.

MIDDLESEX HOSPITAL.—*Appointments:* Two house-surgeons, three resident physician's assistants, resident obstetric physician's assistant. The above officers have residence and board in the hospital free of expense, but they pay on appointment fees varying according to circumstances from 10 to 30 guineas.

Scholarships, etc.—One entrance science scholarship of £50; two Broderip scholarships of £30 and £20 per annum respectively, tenable for two years, for medicine and surgery; two entrance scholarships of £25 and £20 per annum respectively, tenable for two years; John Murray medal and scholarship, awarded every third year; the Governors' prize of £21; clinical prize of £10 10s.; class prizes in particular subjects.

Scale of Fees.—General fee for the entire course of hospital practice and lectures, £90 if paid in one sum on entrance, or by instalments of £40, £35, and £20, payable at the commencement of the first, second, and third years respectively, and £10 for every additional year's attendance. Course of dental surgery, £42, or in two instalments of £30 and £15.

ST. THOMAS'S HOSPITAL.—*Appointments:* Two house-physicians, two house-surgeons, a resident accoucheur, two assistant house-physicians, two assistant house-surgeons, holding office for three or six months. The assistants are non-resident, but the other officers are provided with rooms and commons in the hospital free of expense. An ophthalmic clinical assistant, with salary of £50; surgical ward clerks, clinical clerks and dressers to in-patients and out-patients, obstetric clerks, two hospital registrars, each with a salary of £100; assistants in the dissecting-room, prosectors, pathological assistants, and assistants in the physiological laboratory.

Scholarships, etc.—Two entrance scholarships in natural

science of £100 and £60 respectively; for first year's students the William Tite scholarship of £30, and four college prizes, ranging in value from £10 to £20; for second year's students, the Musgrove scholarship of £42, and college prizes ranging in value from £10 to £20; for third year's students, three college prizes of £20, £15, and £10 respectively. In addition there are awarded the Cheselden medal for surgery, the Mead medal for medicine, the Solly medal for reports of surgical cases, the Grainger testimonial prize of £20 for a physiological essay, and the Treasurer's gold medal for general proficiency.

Scale of Fees.—For the entire course of hospital practice and lectures, £125, paid on entrance, or £130 in two payments, £70 on entrance, and £60 at the beginning of the next year; or by three instalments of £60, £50, and £30, at the beginning of the first, second, and third years respectively. The fee for the attendance on the general subjects required of students in dental surgery is for the two years £55, or by instalments, £50 for the first year, and £10 for the second year.

UNIVERSITY COLLEGE HOSPITAL.—*Appointments:* Six physicians' assistants, six house-surgeons, and four obstetric assistants are selected annually by examination from among the senior students without additional fee. They reside in the hospital, paying only for their board, and have charge of the resident patients in the absence of the physicians and surgeons. The offices of physicians' clerks, surgeons' dressers, surgical ward clerks, and ophthalmic surgeons' assistants are selected from among the pupils who are also students of the college, without additional fee.

Scholarships, &c.—Three entrance science exhibitions of 100*l.*, 60*l.*, and 40*l.* respectively, tenable for two years; Atkinson-Morley surgical scholarship of 45*l.* a year, tenable for three years; Atchison scholarship, value about 55*l.*, tenable for two years; Sharpey physiological scholarship, value about 70*l.* a year, tenable for three years; Filletter exhibition for proficiency in pathological anatomy, value 30*l.*; Dr. Fellows' clinical medal; the Liston gold medal; Alexander Bruce gold medal; Cruik memorial prize; class medals, &c.; gold and silver medals, or other prizes, as well as certificates of honour, are awarded, after competitive examinations in particular branches of study. Prizes to the value of 10*l.* will be given in the class of hygiene. The Jews' commemoration scholarship of 15*l.* for two years; the Tufnell scholarship of 100*l.* for chemistry, two years; and the Clothworkers' exhibition of 50*l.*, for two years, can also be held in the Medical Faculty.

Scale of Fees.—125 guineas, if paid in one sum at the commencement of the course, or 130 guineas if paid by instalments, as follows: First year 60 guineas, second year 50 guineas, third year 20 guineas. Hospital practice and clinical instruction, perpetual, 36*l.* 15*s.*; one year, 15*l.* 15*s.*; six months, 10*l.* 10*s.* Practical pharmacy, three months, 5*l.* 5*s.*

WESTMINSTER HOSPITAL.—*Appointments:* There are numerous dresserships and clerkships: the posts of medical and surgical registrar, each with 40*l.* a year, and of house-physician, house-surgeon, resident obstetric assistant, assistant house-surgeon, physician's assistant, surgeon's assistant, ophthalmic assistant, and assistant in the skin department.

Scholarships, &c.—Entrance scholarships, in October. The Fees, 40*l.* a year for two years, and one other, value 40*l.* Subjects—Latin, Mathematics, French or German, and Chemistry and Natural Philosophy. The Latin books the same as the June examination of the University of London matriculation—Livy, Bk. II. There are also—an exhibition, value 10*l.* 10*s.* for first year's men; a scholarship in anatomy and physiology, value 21*l.*, for second year's men; prizes for clinical medicine and surgery of 5*l.* each; the Frederic Bird medal and prize, value 15*l.*; the Chadwick prize for proficiency, value 21*l.*

Scale of Fees.—In one payment, 100*l.*; in two payments of 50 guineas each, payable on entrance and at commencement of second year respectively, or by five payments distributed over five sessions, amounting to 115*l.* There are no extras, except parts for dissection. Fees for shorter periods or for single courses may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, 45*l.*

Medical students are admitted to the practice at the following metropolitan hospitals, to which no medical school is attached; more complete particulars will be supplied on application to the various secretaries.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,

Victoria Park.—This is a large and important hospital at the East End, containing 164 beds.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—The largest institution for the treatment of affections of the chest in the United Kingdom; 192 beds. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms, 3*l.* 3*s.* for three months; perpetual, 5*l.* 5*s.*

HOSPITAL FOR DISEASES OF THE THROAT AND CHEST, Golden Square, W.; contains 21 beds, outposts, Newington Butts, Walworth, and St. John's Gardens, Notting Hill.—The practice of the hospital is open to students on payment; fee for three months' course, 3*l.* 3*s.*; for six months, 5*l.* 5*s.*; perpetual, 7*l.* 7*s.* Laryngoscopic demonstrations are given daily at half-past two.

CENTRAL LONDON THROAT HOSPITAL, Gray's Inn Road.—Twenty beds. Six clinical assistants, being either qualified practitioners or students of three years' standing, are elected to assist the surgeons. Fees for three months' attendance, 2*l.* 2*s.*; six months', 3*l.* 3*s.*

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—This hospital treats above 6,000 out-patients annually, and makes up 40 beds.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Queen's Square, W.C., and Cromwell House, Highgate.—Fee for three months' attendance, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.* Secretary: Mr. S. Whitford. There are now 104 beds in the hospital, Great Ormond Street, and 52 beds in the country branch; total, 156. The practice at the hospital has been thrown open gratuitously to pupils of the different hospitals and medical schools of London, on conditions which may be ascertained of the secretary.

THE HOSPITAL FOR WOMEN, Soho Square, W.—The hospital contains 61 beds. Clinical instruction is regularly given in the wards, and in the out-patient room daily at 10, to members of the profession and to students after their third year. Clinical clerks and assistants are appointed from time to time, application to be made to the physicians.

BRITISH LYING-IN HOSPITAL, Endell Street, St. Giles's.—Twenty-five beds. This institution receives women only as midwifery pupils. The fee for the course of three months is 10*l.* 10*s.* Pupils who prove themselves competent receive a certificate signed by the physicians enabling them to practise midwifery.

THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Lower Seymour Street, W.—Fifty-two beds.

ROYAL LONDON OPHTHALMIC HOSPITAL, Bloomfield Street, Moorfields, is the largest of its class in the metropolis, and contains 100 beds.

LONDON FEVER HOSPITAL, Islington.—280 beds.

GREAT NORTHERN HOSPITAL, Caledonian Road.

WEST LONDON HOSPITAL.—A well-appointed hospital at the western extremity of the metropolis in the Hammer-smith Road, containing 60 beds. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information by application to Mr. Gilbert, at the hospital.

BETHLEM HOSPITAL.—This hospital is open for the admission of two resident medical students who have recently obtained their diplomas to practise medicine and surgery, for the acquisition of knowledge regarding the insane. The next election takes place in October, at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

ROYAL FREE HOSPITAL, Gray's Inn Road.—This hospital contains 150 beds. Of the smaller metropolitan hospitals few offer a more extensive field for students in medicine and surgery. At this hospital the students at the London School of Medicine for Women take out their medical and surgical practice. Clinical clerkships and surgical dresserships are held by these students. The fees payable are £20 the first, and £15 each succeeding year. The *School of Medicine* is situate away from the hospital. The composition fee for all classes and lectures, except clinical, is £80 in one sum, or three payments of £40, £30, and £15.

PROVINCIAL MEDICAL SCHOOLS.

BIRMINGHAM—QUEEN'S COLLEGE.—Students are admitted—(1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

Scholarships, Prizes, &c.—The Sands Cox prize, value £20.

Open to students who have completed their curriculum. Subjects:—Medicine, Surgery, and Midwifery. Two Ingleby scholarships for obstetric medicine and surgery and diseases of women, Sydenham and Queen's scholarships of £30. The Warden's prize, value £5 5s., for first year's students, for general proficiency. The Percy prize, value £5 5s., for German.

Fees.—College fees for all lectures amount to 60 guineas, payable by two equal instalments.

Hospital practice is obtained at the General and Queen's Hospitals, which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board, by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of a very high order.

All students will be required to attend six months alternately at each hospital, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

Clinical Prizes.—The following prizes are given annually: Senior medical prize for third and fourth year's students, first prize, £5 5s.; second prize, £3 3s. Senior surgical prize for third and fourth year's students, first prize £5 5s.; second prize, £3 3s. Junior medical prize, for second year's students, first prize, £3 3s.; second prize, £2 2s. Junior surgical prize for second year's students, first prize £3 3s.; second prize £2 2s. Midwifery prize £4. Medals and certificates are awarded in each class. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £42.

BIRMINGHAM.—THE MASON COLLEGE.—The magnificent institution, founded, built, and endowed by the late Mr. Josiah Mason, and devoted to the spread of scientific information, is now open for the reception of students under a staff of eminent professors. Special facilities are offered at the college to intending medical students to complete the preliminary scientific work, without which they cannot hope to succeed in obtaining any one of the higher University degrees. Classes have been formed in chemistry, physics, biology, physiology, and practical work in all these subjects is carried out in well appointed and commodious laboratories. The fees for each course of lectures are payable in advance, and arranged on a scale of the most moderate kind, varying from half a guinea to three guineas for the whole. Further particulars will be found in the advertisement pages of the present number.

BRISTOL SCHOOL OF MEDICINE (University College).—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals—the Royal Infirmary containing 250 beds, and the General Hospital with 154 beds. Competitive examinations are held amongst students of the first, second, and third years respectively, and prizes of money, instruments, and books are awarded annually. The certificates of this school are accepted by all the examining boards. Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional prizes are annually offered for competition amongst the students. The existing medical school is affiliated to University College, Bristol.

Scholarships, Prizes, &c.—Prizes and certificates of honour are given in the medical school to first, second, and third year's students, and also in practical anatomy. At the Royal Infirmary—Supple's medical prize, a gold medal and £7 7s.; Supple's surgical prize, as the medical; Clark prize (interest of £100) for third year's students; pathological prize, £3 3s. At the General Hospital: Martyn memorial scholarship, £20; Clarke scholarship (surgical), £15; Sander's scholarship (interest of £500), medicine and surgery; Lady Haberfield's prize (interest of £1,000), for general proficiency.

Clinical lectures are given at both institutions three and four times a week.

Fees.—School fees for unlimited attendance on all courses of lectures except comparative anatomy, £63. For hospital practice, 35 guineas.

LEEDS SCHOOL OF MEDICINE.—Clinical lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable six clinical clerkships and eight dresserships. Besides the infirmary there is a large dispensary and a fever hospital, both of which are open to students of the school. Students at this school have excellent opportunities of acquiring a thorough insight of psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Dr. Major lectures on mental diseases during the summer. The systematic lectures are given at the school, and the clinical lectures at the asylum, which now accommodates 1,500 patients.

There is the Hardwicke scholarship in clinical medicine, value £10, the Thorp, in forensic medicine, value £10; three surgeons' clinical prizes, of £8, £5, and £3 respectively. Silver and bronze medals, books, and certificates of honour are awarded for proficiency in particular subjects.

The composition fee for attendance upon all the required courses of school lectures is £50 5s., to be paid on entrance; or £27 6s. on entrance, and a second sum of £27 6s. twelve months afterwards.

At the General Infirmary the perpetual fee for medical practice and clinical lectures is £26 5s. The same amount is charged for the perpetual attendance on the surgical practice and clinical lectures. These fees are not included in the composition fees for lectures, and are payable separately.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—The infirmary attached to this school, which contains 300 beds, with 40 special wards for the treatment of diseases of women, is, perhaps, second to none in England in its general appointments, and the facilities it offers to students for gaining practical knowledge.

A payment of 60 guineas on entrance, or in two equal instalments (one-half on entrance, and the remainder within twelve months), entitles the student to attendance on all the necessary lectures and demonstrations. The Royal Infirmary contains nearly 300 beds. There are special wards for the treatment of uterine and other diseases of women. During the year 1880, 2,600 patients were admitted into the infirmary; the number of out-patients was 5,300. The Lock Hospital, adjoining the infirmary, contains 60 beds; during the past year 658 males and females were admitted as in-patients.

Two house physicianships and three house surgeons, tenable for six months, and open to pupils of the school who have obtained a legal qualification; clinical clerks and dressers; post-mortem clerks.

Two Roger Lyon Jones scholarships, each of £21, for two years, one awarded as an entrance scholarship, and the other being open to students who have completed their second year; the Torr gold medal for anatomy and physiology; the Bligh gold medal for anatomy and physiology. School medals and certificates of honour are awarded for proficiency in certain groups of subjects.

The fee for a perpetual ticket for hospital practice is £42, and may be paid in two equal instalments (one-half on entrance, and the remainder within twelve months).

MANCHESTER.—VICTORIA UNIVERSITY, OWENS COLLEGE SCHOOL OF MEDICINE.—This school, as most of our readers are aware, has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a faculty of science as well as of medicine, with departments of law and arts. Since the amalgamation, a new medical school has been built on the most improved principles, at the western extremity of the College Estate. On the ground floor are two large lecture theatres, a library, and a museum. Over the lecture theatre is a dissecting-room, and over the library a physiological laboratory. The course of instruction afforded to students is thoroughly complete. Three of the most important chairs—those of anatomy, physiology, and chemistry—are held by professors who entirely devote their time to the work of instruction. Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are offered for competition in this branch as an incentive to original research. The hospital practice is taken out at the Royal Infirmary, which contains 315 beds. The Monsall Fever Hospital and Cheadle Lunatic Asylum also afford teaching facilities of great importance.

Appointments.—Resident medical officer, Royal Infirmary, £250 per annum; resident medical officer at Cheadle, £150; resident medical officer at Monsall, £200; resident surgical officer, £150; eight house surgeons, six months each; four house physicians, for six months each; a registrar; a pathological registrar—£100 each.

Scholarships, Prizes, &c.—Turner scholarship, £25, for third year's men; Platt physiological scholarship (two), £50 each, two years; one annually for physiology. Platt exhibitions (two), £15 each, for physiology. Dumville surgical prize, £20; examination in clinical surgery. Prizes of books, instruments, &c., varying from £5 5s. to £3 3s., for third, second, and first year's students. Entrance scholarships: Dauntsey medical scholarships.—Candidates not to be over 25 years of age, may be registered, but must not have studied at any medical school; value about £100, for one year. Successful candidates must at once enter on full medical course in the Owens College. Examination takes place in October. Subjects: General and comparative anatomy, physiological botany, chemistry, including practical work, either mathematics or Latin. Gilchrist scholarships: Three of £50, for three years. One is annually awarded to candidates standing highest at matriculation of London University in June (provided he be in the honours division); failing such, two of £25 to the two candidates standing highest in the first division; candidates must be between 16 and 20 years of age. There are also grammar school scholarships.

Fees.—Composition fee, £63, or two sums of £31 10s. each. Hospital practice: composition fee £42, or two instalments of £22 each. Further information may be obtained of Professor

Gamgee, Dean of the School, or of the Registrar, Mr. J. Holme Nicholson, Owens College, Manchester.

NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE.—This school is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bed-side. It is smaller than some of the provincial schools, but sound and successful teaching, attended with remarkably good examination results, are fast bringing it on a level with its competitors in point of numbers.

The Infirmary contains 230 beds. There are special wards for diseases of the eye, for lock cases, male and female, and for children. Pathological demonstrations are given as opportunity offers. Practical midwifery can be studied at the Newcastle Lying-in Hospital, which contains 12 beds. Opportunities for practical study are also afforded by the Dispensary, Fever Hospital, Eye Infirmary, Children's Hospital, and Coxlodge and Dunston Lunatic Asylums. Lectures are given on Psychological Medicine at the Coxlodge Lunatic Asylum by Mr. R. H. B. Wickham, Medical Superintendent. Mr. H. E. Armstrong lectures on Public Health.

Appointments.—An Assistant-Curator of the Museum is annually appointed from among the senior students, and receives £12 as an honorarium. Assistant Demonstrators of Anatomy, Prosectors for the Lectures on Anatomy, Assistant Physiologists, Pathological Assistants, and Assistants to the Dental Surgeon are also elected. Four times in the year two Resident Medical Assistants, two Resident Surgical Assistants, three Non-resident Clinical Clerks, and sixteen Non-resident Dressers (eight for the In-patient, and eight for the Out-patient Department), are nominated by the Medical Board, and, if approved, appointed by the House Committee for three months. The Medical and Surgical Assistants are provided with apartments and board in the Infirmary, on payment of £5 5s. for three months.

Scholarships, &c.—University Scholarship, value £25 a year, for four years, for proficiency in Arts, awarded annually at beginning of winter session to perpetual students in their first year only. The Dickinson Memorial Scholarship, value £15 annually, for Medicine, Surgery, Midwifery, and Pathology; open to perpetual students who have passed the primary examination of a licensing body. The Tulloch Scholarship, interest of £400 annually, for Anatomy, Physiology, and Chemistry. The Chariton Memorial Scholarship, interest of £700 annually, with Gold Medal, open to full students entered for the class of Medicine at end of winter session. The Gibb Scholarship, interest of £500 annually, for Pathology, at end of summer session. As the end of each session, a Silver Medal and Certificates of Honour are awarded in each of the regular classes.

Fees.—Composition fee for lectures £63, in one sum, or two instalments of £36 15s. each, or three instalments of £31 10s., £20 5s., and £21. Royal Infirmary perpetual fee, £26 5s.

Further information may be obtained from the Registrar, Dr. Luke Armstrong, Newcastle-on-Tyne.

SHEFFIELD SCHOOL OF MEDICINE.—Students at this college obtain excellent instruction in medical and surgical practice at the General Infirmary, which contains 180 beds, and is provided with a museum and pathological and post-mortem theatres. The fees for perpetual attendance are £15 15s. for medical, and £21 for surgical practice; for twelve months' medical and surgical practice, each £10 10s., and for six months, £8 6s. each. There is also the Sheffield Hospital and Dispensary, containing 104 beds, and is recognised by the College of Surgeons and the Hospital for Diseases of Women, to which students are admitted. The perpetual fee for attendance on all the lectures required by the Royal College of Surgeons and the Apothecaries' Hall, £45. Prizes to the value of £30, and certificates of honour, are given annually. Some of the lecturers, and other local members of the profession, receive house pupils; such a mode of residence will be found far preferable to life in ordinary lodgings.

LIVERPOOL ROYAL SOUTHERN HOSPITAL.—This institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accommodation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, are recognised by all the examining boards.

Inclusive fees: Perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately, on payment of half the above fees.

EXTRA-ACADEMICAL INSTITUTIONS.

LONDON SCHOOL OF DENTAL SURGERY.—This institution is situated in Leicester Square. General fee for special lectures required for the curriculum, £15 15s. The Saunders Scholarship of £20 per annum, and prizes, are open for competition. In connection with the above is the Dental Hospital of London. Fees for two years' hospital practice, £15 15s. Fees for lectures and practice, £31 10s.

NATIONAL DENTAL COLLEGE.—This is a more modern

institution than the one in Leicester Square, having been open but a few years. In connection with the College is the National Dental Hospital, situate in Great Portland Street, which was established several years before the school. The teaching at this school is recognised by the Royal College of Surgeons for the dental diploma, and lectures and demonstrations are given similar to those at the other dental school. **Fees.**—General fee for special lectures required by the curriculum, 12l. 12s.; fee for the two years' hospital practice required by the curriculum, 12l. 12s. Total fee for the special lectures and hospital practice required by the curriculum, 25l. 4s.

SCHOOL OF PHARMACY OF THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—Lectures are delivered on—(1) Physics in relation to chemistry and pharmacy; (2) Inorganic chemistry; (3) Organic chemistry, botany, and materia medica. These lectures are delivered on Thursday, Friday, and Saturday mornings, at nine o'clock. The laboratories are open from ten o'clock in the morning until five in the afternoon daily, except on Saturdays, when they are closed at two o'clock. Fee for ten months, according to hours of attendance, 12 to 25 guineas; for shorter terms in proportion. Each student is expected to attend every lecture of the course for which he has entered, or to state the cause of absence to the professor or to an assistant.

COOKE'S SCHOOL OF ANATOMY AND PHYSIOLOGY.—This is established for private tuition, and is situate close to University College, its principal being Mr. Thomas Cooke, F.R.C.S., Senior Assistant-Surgeon to the Westminster Hospital, whose private address is at 16 Woburn Place. The whole of the anatomy (on the dissected body), of physiology (with microscopical preparations, and such experiments as the law permits), and operative surgery (on the dead body), are gone through carefully every three months. **Fees.**—Three months, 3 guineas; six months, 4 guineas; for the higher examinations, with special supplementary class, 5 guineas. There is a well-appointed dissecting-room near the school.

SOUTH LONDON SCHOOL OF PHARMACY.—This school, which has accommodation for 120 students, is situated at Kennington Cross, and decidedly the most popular institution for the study of practical pharmacy and chemistry in London. Instruction is also given in analytical chemistry for the purpose of qualifying gentlemen in search of appointments under the Public Health and Adulteration of Food Acts, by the principal, Dr. Muter. Lectures are delivered daily in the laboratory, and each student is required to practically illustrate that he grasps the subject taught as the lecturer proceeds. The percentage of pupils passing at the examination is exceptionally high from this school. The winter session commences a fortnight earlier than the medical schools.

SCHOOL OF HOMOEOPATHY.—Homoeopathy has now a school for students, which is situate in Great Ormond Street, where lectures and instructions according to homoeopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on October 2nd.

II.—QUALIFICATION.

THERE are in England seven examining bodies which confer qualifications to practise medicine. Four of these are Universities granting degrees; two are Colleges of Physicians and Surgeons respectively, granting registrable diplomas; the remaining institution is the Society of Apothecaries. The following account of these institutions includes particulars of the regulations under which the various qualifications are granted:—

THE ENGLISH UNIVERSITIES.

The distinction of a university degree carries with it so many advantages, social and professional, that every student who can possibly obtain so desirable a qualification will be consulting his best interests by straining every point in its favour. Of late years the facilities for obtaining the highest class degrees have so much increased,

that an earnest and hard-working student not afraid of a good deal of extra labour, and with even average abilities, may readily gain for himself the distinguishing mark of culture conferred by graduation at one of the older seats of learning. The numerous scholarships open to general competition, and awarded at Oxford and Cambridge, &c., for proficiency in many of the subjects included in the preliminary medical curriculum, offer a ready means of meeting the extra expenses to be necessarily incurred at a university, as compared with the cost of ordinary qualification; and to this must be added the similar money prizes which, with only a slight additional labour, may be gained at the various hospital schools of medicine, and which will suffice to meet the major part of extra-academical outlay. Moreover, the liberal alterations introduced of late years into the regulations for the medical degrees of Durham University present a means whereby, with the sacrifice of less than twelve months of time spent "in residence" within the university bounds—and even this can be passed in regular medical study at the Newcastle-on-Tyne School of Medicine—any duly registered medical student can proceed to the examination for the M.B. degree of that University. On one point there is a common agreement among the universities, that, viz., they will admit no one to their earliest examinations who cannot show himself to have received a sound preliminary education in arts; and the necessity for this on the part of future medical practitioners is recognised no less now by all the examining boards of the kingdom. Whatever the future ambition of the student, it will be wisest for him to be prepared with a view to ultimate graduation at a university, as thus will he be most effectively fitted to pursue the path leading to that goal, should opportunities arise for doing so. We will now briefly detail the principal features peculiar to the different universities in respect of graduation at each.

Oxford.

Every student in medicine must pass all the examinations for the degrees of B.A., and date the commencement of his medical studies from the final examination in arts or science. For the degree of B.M. two examinations must be passed, the first including Anatomy and Physiology (Human), Comparative Anatomy (chiefly the entozoa), and Physiology, Botany, Chemistry (theoretical and practical), and Physics, with Mechanics. All candidates, however, who have obtained honours in the School of Natural Science, or have passed the University examination in Chemistry, Mechanics, and Physics, are not required to offer these subjects again at the first M.B. At the second examination he is examined in two of the ancient authors—Hippocrates, Aretæus, Galen, and Celsus—and in some one modern author, as Morgagni, Sydenham, or Boerhave, as well as in the Principles and Practice of Medicine and Surgery, the Diseases of Women and Children, &c., &c. The first, or scientific, examination may be passed immediately; and two years must elapse after passing the first, prior to the final examination for the same degree. A dissertation has to be publicly read three years after obtaining the M.B. before being eligible for the M.D. The medical examinations take place annually in Trinity Term.

Scholarships of value from £60 to £100 are obtainable at Christ Church, Magdalen, and other Colleges, by competitive examinations in natural science. Each year a Radcliffe Travelling Fellowship is competed for by those who, having taken a first-class at any of the public examinations of the University, or having obtained some University prize or scholarship open to general competition, propose to graduate in medicine. The Travelling Fellows receive £200 a-year for three years, half this period being spent in study abroad.

The facilities for the study of medicine at Oxford are considerable, but no attempt to utilise them is made or encouraged.

Cambridge.

At the University of Cambridge, five years of medical

study are required for the M.B., unless the student has graduated with honours as B.A., when four years suffice. He must have resided nine terms in the University, and have graduated in arts. There are three examinations for this degree. The first is in chemistry, physics, and botany; the second in anatomy (human and comparative), physiology, and pharmacy; and the third, in the usual practical subjects. Subsequently to the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written *extempore*. There is also a degree of Master in Surgery, for which the candidate has to attend extra courses of lectures on anatomy and surgery. An examination in so much of State Medicine as is required by medical officers of health will in turn be held. The yearly expenditure of a student who keeps his terms by residence in a college is from £150 to £200 a-year. This, however, may include all payments to the University and the college—all fees, as well as clothes, pocket money, travelling expenses, &c. Non-collegiate students have only to pay the University fees, which are very small. They lodge and board as they like; their expenses, therefore, are entirely in their own hands.

London.

The medical degree of London University is given to all and everyone who succeeds in satisfying the examiners of fitness to receive it. Women, as well as men, can proceed to it, irrespective of any consideration of residence or place of instruction, provided this has been obtained at a properly-appointed hospital or hospitals.

Those students who intend to graduate at the London University should arrange their studies to pass the preliminary scientific examination *before commencing their regular medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained which will go to clear the way for first year's studies, which would otherwise be much encumbered.

The preliminary scientific examination commences on the third Monday in July, and no candidate is admitted to it unless he has completed his seventeenth year, and has passed the matriculation examination. The subjects on which he will be examined are—Inorganic chemistry, experimental physics, botany, vegetable physiology, and zoology. Candidates who shall pass in all these subjects, and shall also pass at the same time in the pure mathematics of the first B.Sc. examination, or shall have previously passed the first B.A. examination, shall be considered as having passed the first B.Sc. examination also. There are in this, as in every other stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly prized distinctions in various branches, such as valuable scholarships, exhibitions, and prizes. The medical and scientific degrees of the University are—Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science.

For the M.B. degree there are three professional examinations, namely, the preliminary scientific, the intermediate, and the final M.B. Before proceeding to the intermediate examination, which is held once a year, beginning on the last Monday in July, the candidate must have passed the preliminary scientific examination at least one year previously, and must produce certificates—1. Of having completed his nineteenth year; 2. Of having been a student during two years at one or more of the medical institutions or schools recognised by this University, and of having attended a course of lectures on each of three of the following subjects: Descriptive and Surgical Anatomy, Physiology and Histology, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Obstetric Medicine and Diseases

peculiar to Women and Infants, Surgery, Medicine ; 3. Of having dissected during two winter sessions ; 4. Of having attended a course of Practical Chemistry ; 5. Of having attended to Practical Pharmacy, and having acquired a practical knowledge of the preparation of medicines. Candidates are examined in Anatomy, Physiology and Histology, Materia Medica and Pharmaceutical Chemistry, Organic Chemistry. Candidates must show a competent knowledge in all the subjects. The examinations are conducted by printed papers and *visd voce* interrogation, by demonstration from preparations and specimens, and by dissections.

For the final or M.B. candidates must produce certificates—1. Of having passed the intermediate examination in medicine at least two years previously ; 2. Of having subsequently attended a course of lectures on each of two of the subjects for which he had not presented certificates at the intermediate examination ; 3. Of having conducted at least twenty labours ; 4 and 5. Of having attended the surgical and medical practice of a recognised hospital or hospitals during two years, with clinical instruction and lectures on clinical surgery and clinical medicine ; 6. Of having, after having attended surgical and medical hospital practice for at least twelve months subsequently to passing the intermediate examination in medicine, attended to practical medicine, surgery, and midwifery, with special charge of patients, in a hospital, infirmary, dispensary, or parochial union, during six months, such attendance not to be counted as part of the hospital practice prescribed in 4 and 5 ; 7. Of having acquired proficiency in vaccination. The candidate must also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended. Candidates are examined in General Pathology, General Therapeutics and Hygiene, Surgery, Medicine, Obstetric Medicine, and Forensic Medicine. The examinations include questions in Surgical and Medical Anatomy, Pathological Anatomy, and Pathological Chemistry. The examinations are conducted by printed papers and *visd voce* interrogations ; by practical examinations in obstetric preparations and apparatus ; by examination and report on cases of medical patients in the wards of a hospital ; demonstrations from specimens and preparations. Candidates are expected to write prescriptions in Latin without abbreviations.

The regulations relating to the examination for honours, prizes, &c., and to the M.D. and B.S. examinations may be obtained from the Registrar of the University, Burlington Gardens, W.

A special examination is held once in every year in subjects relating to public health, to which those candidates only are admitted who have passed the M.B. examination at least one year previously. Candidates will be examined in chemistry and microscopy, as regards the examination of air, water, and food ; meteorology, geology, physics, and sanitary apparatus, vital statistics, hygiene, and sanitary laws, full particulars of which may be obtained from the Registrar.

All the medical degrees of the London University being open to women, valuable scholarships have been founded for their special benefit in connection with them.

University of Durham.

Two licences and three medical degrees are conferred by this University—viz., Licences in Medicine and Surgery, with degrees of Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. A certificate of proficiency in sanitary science is also awarded.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence at the Durham University College of Medicine, and in the case of non-university men an additional Arts examination to the professional examination must be passed.

Every candidate must be not less than twenty-one years of age, and must produce certificates of age, of registration as a student in medicine in the books of the General Medical Council, of good moral conduct, and of attendance on the usual lectures and hospital practice. In addition to the certificate of registration he must produce proof of having passed a somewhat higher Arts examination than those usually possessed before registration.

Candidates, however, who, at the commencement of their professional education passed the Arts examination for registration only, may pass in the extra subjects required either before or after presenting themselves for the first examination for the degree, but must do so before presenting themselves for the second examination.

There are two professional examinations, the first being held twice yearly, viz., in October and April, and the second twice yearly, in June and December. The subjects of the first examination are Anatomy, Physiology, Chemistry, Botany. The subjects of the second examination are Medicine, Surgery, Midwifery and Diseases of Women and Children, Pathology, Medical Jurisprudence, Materia Medica and Therapeutics, Public Health. The first examination will commence on Dec. 4th, 1882, and on April 23rd, 1883. The second examination will commence on Dec. 4th, 1882, and on June 18th, 1883. The successful candidates for the first and second examinations for the degree of Bachelor in Medicine will be arranged in three classes—in the first and second (Honours), according to merit ; and in the third (or Pass) in alphabetical order.

Candidates who have completed part of their curriculum elsewhere may pass their first examination *previously* to entering at Newcastle-upon-Tyne, and are recommended to commence their year of residence at Newcastle-upon-Tyne at the beginning of the winter session.

Full particulars relating to the M.D. (which is conferred under certain conditions without residence on senior practitioners) B.S. and M.S. degrees may be obtained from the Registrar.

Royal College of Physicians of London.

Under the remodelled scheme of examination for the Licence of this College, which is a qualification to practise medicine, surgery, and midwifery, candidates are required to pass *three* examinations in all cases in which medical studies commenced subsequently to March 25, 1880. The *first* may be taken immediately after registration, and includes chemistry (with physics), materia medica, pharmacy, botany, and osteology. The *second* can be passed eighteen months after the first ; subjects—anatomy and physiology. The *third* after 45 months of study, and not until two years after the second. It includes anatomy, medical and surgical pathology, morbid anatomy, medicine and surgery, midwifery and diseases of women, forensic medicine, hygiene, and therapeutics.

Of the 45 months of professional study, one winter and two summer sessions may be passed in either of the following ways : 1. Attending the practice of a hospital, infirmary, or other institution recognised by the College. 2. Receiving instruction as the pupil of a legally qualified practitioner, having opportunities of imparting a practical knowledge of medicine, surgery, or midwifery. 3. Attending lectures on any of the required subjects of professional study at a recognised place of instruction. Professional studies commenced *before* registration, except in the cases of chemistry, materia medica, botany, and pharmacy, will not be recognised.

Certificates required: First Examination.—Evidence of having been registered as a medical student by the General Medical Council : and of having received instruction in chemistry, including chemical physics (i.e., heat, light, and electricity), in practical chemistry, in materia medica, in botany, and in practical pharmacy. (This examination includes osteology as well as the subjects named.)

Second Examination.—Evidence of having passed the first examination; of having completed, after registration as a student, eighteen months of professional study at a recognised school or schools; and of instruction in anatomy and physiology.

Third Examination.—Evidence of being twenty-one years of age; of moral character; of having passed the second examination; of having been engaged in professional study not less than forty-five months; and of instruction in the remaining subjects of study mentioned in the tables, which will be supplied on application at the College.

The Membership of the College is conferred after examination, which is conducted as follows:—Thursday: From 2 to 6, by written questions on medical anatomy, and on the principles of medicine. Friday: From 2 to 6, by written questions on the practice of medicine, including the principles of public health, and on psychological medicine. Saturday or Monday: The candidate's practical knowledge will be tested, either at the College or in the medical wards of an hospital. Tuesday and Wednesday: By examination *viva voce*. This examination will commence on the last Thursday but one in January, April, July, and October.

Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a University in the United Kingdom, in India, or a British Colony, or who shall have obtained a foreign qualification entitling him to practise medicine or surgery in the country where such qualification has been conferred, wherein the courses of study, and the examinations to be undergone previously to graduation shall have been adjudged by the Censors' Board to be satisfactory, shall, if the Censors shall think fit, be admitted to the pass examination. The nature and extent of this examination shall, in the case of each candidate, be determined by the Censors' Board.

Under certain conditions the membership is to be obtained by practitioners over forty years of age without previously passing the examination for the licence, of which proof must be given by all other candidates except graduates in medicine as above described. But Licentiates admitted before February 16, 1859, and extra Licentiates otherwise may be admitted Members by a vote of the College.

The fees for the licence are £15 15s., and for the membership £31 10s.

Royal College of Surgeons of England.

The College of Surgeons requires every candidate for its Fellowship and Membership to pass two examinations, and in the case of candidates who commence their professional education on or after October 1st, 1882, proof must be adduced of having passed an examination in elementary anatomy and physiology conducted by their teachers at the several medical schools at least six months before their presenting themselves for the primary. Such candidates also will not be admitted to the second or pass examination until after the expiration of two years from the date of passing the primary, except under circumstances which are particularised thus:—

1. When a candidate, before presenting himself for the primary examination, shall possess a recognised degree or diploma in medicine or surgery, or shall have completed the curriculum of professional education for the diploma.

2. In the case of a candidate who, being desirous of obtaining the Fellowship, shall fail to present himself for the primary examination for the Membership at the end of his second year of professional study, but who shall pass at the end of his third winter session the primary examination for the Fellowship; it being required in such case that not less than one year of attendance on the surgical practice of a recognised hospital shall intervene between the date of his passing the primary examination for the Fellowship and the date of his presenting himself for the second or pass examination for the diploma of Member.

3. In the case of a candidate who, having commenced

his professional studies by attendance on the practice of a recognised provincial or colonial hospital, and having completed a year of such attendance, shall fail to pass the primary examination at the end of his second winter session of attendance at a recognised medical school; provided that in his case not less than one year shall elapse between the date of his passing the primary examination and the date of his presenting himself for the second or pass examination for the diploma of Member.

4. When a candidate, owing to illness, duly certified by one or more of the teachers of his medical school, shall be prevented from presenting himself for the primary examination on the completion of his second year of professional study.

5. And in the case of a candidate who, from some unforeseen circumstances, shall fail to present himself for the primary examination on the completion of his second year of professional study; it being left to the Court of Examiners to determine whether in such case the candidate shall or shall not be required to comply with the regulation.

The regulations affecting "referred" candidates have also undergone recent amendments by which the conditions under which subsequent study must be pursued are more rigidly defined.

The second or pass examination includes a written, *viva voce*, and practical test in surgery, surgical anatomy, pathology, medicine and midwifery, but candidates can claim exemption from examination in medicine and midwifery under the following conditions, viz.:—

1. The production by the candidate of a degree, diploma, or licence in medicine and midwifery, entitling him to register under the Medical Act of 1858, or a degree, diploma, or licence in medicine or midwifery of a colonial or foreign University approved by the Council of the College.

2. A declaration by the candidate, prior to his admission to the final examination for Membership or Fellowship, that it is his intention to obtain either of the qualifications in medicine and midwifery mentioned in the foregoing paragraph, in which case the diploma of the College will not be issued to him until he shall produce either the said medical qualification or proof of having passed the several examinations entitling him to receive the same.

Candidates for the Fellowship must be twenty-five years of age, and must pass two examinations also, the primary including comparative anatomy and physiology to some extent as well as human. The fee for the membership is £16 15s., a further sum of £5 5s. being paid before admission to the primary examination. In cases of rejection a further fee of three guineas is required prior to re-examination.

The Apothecaries' Society of London.

Examinations are held every week during the year by the Apothecaries' Society, and licences are granted by it admitting to the practice of medicine in the United Kingdom, as well as certificates which entitle the holders to dispense medicines. A four years' course of study is required for the licence, and two examinations must be passed: the first, or primary, on anatomy, physiology and histology, chemistry, materia medica, and botany; the second, or final, in medicine, therapeutics, pathology, midwifery with diseases of women and children, forensic medicine, and toxicology. Graduates in medicine of British Universities are admitted to a modified examination, which includes a clinical and practical test in medicine, pathology, and midwifery. Every candidate is examined practically and *viva voce* at both examinations, and in all the subjects; and is required to produce proof of attendance on the classes and lectures included in the full medical curriculum, surgery excepted. The fees payable are three guineas on entering for each examination, none of which is returned to rejected candidates. The fee for certificates to dispense is two guineas.

HOURS OF THE INTRODUCTORY LECTURES*To be delivered at the different Metropolitan Schools.*

St. Bartholomew's Hospital: None. Session commences Oct. 2nd.
 Charing Cross Hospital: None. Session commences Oct. 2nd.
 St. George's Hospital: Dr. Herbert Watney, Oct. 2nd, at 4 p.m.
 Guy's Hospital: None. Session commences Oct. 2nd.
 King's College Hospital: Rt. Hon. W. H. Smith, M.P., Oct. 2nd, at 4 p.m.
 London Hospital: Prof. Hutchinson, Oct. 2nd, at 8.30 p.m.
 St. Mary's Hospital: Dr. Chambers, Oct. 2nd, at 3.30 p.m.
 Middlesex Hospital: R. W. Lyell, Esq., Oct. 2nd, at 3 p.m.
 St. Thomas's Hospital: Dr. Sharkey, Oct. 2nd, at 3 p.m.
 University College: M. Beck, Esq., Oct. 2nd, at 4 p.m.
 Westminster Hospital: Dr. Haviland Hall, Oct. 2nd, at 3 p.m.

Ireland.**I.—EDUCATION.**

THE system of medical teaching in Ireland—especially in Dublin—is entering on a new phase, by reason of the thorough and most necessary reforms contained in the new scheme of education and examination which the Irish College of Surgeons has decreed within the past year. The future arrangement will be substantially as follows:—

1. The student will not be allowed, as heretofore, to defer his examination in general education until the eve of his final examination for his qualification to practice, but must pass his "preliminary," and register as a medical student not later than a fortnight from his commencing medical study.

2. The student will no longer be obliged or allowed to defer, as in times past, his first professional examination until the end of his third year of study. He will have to pass an examination at the end of each of his four years, and his course of education will thus be graduated from the elementary subjects to those more advanced and practical.

3. It will no longer be possible for the student to complete his course of study in a less period than three years and nine months, but the first of these years will be devoted to preliminary scientific studies, which may be worked at without coming to a medical school. No lecture or hospital attendances are required during this first year, but the student must prove that he has not been idle by passing an examination at its termination.

4. The payment of fees for lectures, &c., cannot any longer be deferred beyond one year, as the certificates of attendance must be produced for the examination which is to be passed at the end of that period.

5. The proofs of actual attendance at lecture and hospital will no longer be lax and unreliable, but will be stringently enforced.

These reforms are now entering on their trial, and we are confident will effect a most salutary change in the Irish medico-educational system.

COST OF EDUCATION IN IRELAND.

Should the student proceed on his own account, the lectures necessary for the diplomas of the Colleges of Physicians and Surgeons in Ireland will amount to about £75; hospital attendance, according to the new scale of fees, £36; lying-in hospital, from £4 4s. to £7 7s. These, with the diploma fees of £26 6s. for the College of Surgeons, and £15 15s. for the College of Physicians, represent the essentials. Thus, the absolute payment will amount to somewhere about £100, taking the minimum mode of payment. In addition to this sum are to be considered the payment for "grinding" or "coaching," by no means necessary to any industriously inclined student.

The fixed sum is at present for private teaching £15 15s. for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £140 to £160 on a moderate scale.

This sum, or something like it, will secure to the pupil the advantage(?) of being "apprenticed" to a teacher who will undertake all monetary responsibility for his education, and may be able to give him some special advantages as his own pupil at hospital, but the so-called apprenticeship is sometimes a simple contract for payment of fees, and involves but little of that special teaching which is due by a master to a true apprentice. Most of the apprenticeship holders will accept payment by instalments.

DATES OF ENTRY IN IRELAND.

The entry of names and commencement of study in Ireland is supposed to date from the 1st of October in each year, but the Session really does date from the 1st of November, and the entry of names may be delayed by the dilatory until the 15th of the same month.

The student then begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and discussions. His vacations are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

LECTURE ATTENDANCE IN IRELAND.

The system heretofore existing under which a student could obtain unlimited certificates of "diligent" attendance on lectures and hospital in Ireland, though he might never have seen the inside of the lecture theatre, or be able to recognise the professor on meeting him in the street, has, happily, been put a stop to within the past year. The Council of the Irish College of Surgeons has passed ordinances under which the actual number of lectures delivered and attended must be guaranteed not only the teacher, but by the registrar of the school, and by the student himself, who will be required to sign a declaration that if any statement made in his certificate turns out to be untrue, he will deliver up his diploma to be cancelled. The method of checking attendances at school and hospital has also been revised and made more stringent, so that evasion of the rules will be in future very hazardous. We believe this new system will in future be rigorously enforced, so that sham certificates may be looked upon as a thing of the past.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

THE clinical hospitals of Dublin are 10 in number, exclusive of the Cork Street Fever Hospital, two lying-in hospitals, two ophthalmic hospitals, the Children's Hospital in Pitt Street, and other special institutions. Some of the clinical hospitals, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

The Names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the Advertisement of each Institution in another part of this issue.

DUBLIN UNIVERSITY SCHOOL OF PHYSIC.—Every student must be matriculated by the Senior Lecturer, for which

a fee of 5s. is payable; but he need not attend any of the Arts courses unless he desire to obtain a licence or degree in medicine or surgery. No student can matriculate unless he has passed the Entrance Examination in Trinity College, in the Royal College of Surgeons of Ireland, or some other examination recognised by the General Medical Council. No student can be admitted for the Winter Courses after the 25th November.

Medical Scholarships.—Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy and institutes of medicine, chemistry, materia medica, botany, experimental physics, and comparative anatomy. The Board of Trinity College have recently passed orders—1. That three-fourths of the lectures must be attended. 2. That a daily roll be called by each Professor.

THE ROYAL COLLEGE OF SURGEONS' SCHOOL OF SURGERY is attached by charter to the Royal College of Surgeons, and has existed as a department of the College for nearly a century. It is carried on within the College buildings, and is specially subject to the supervision and control of the Collegiate Council, who are empowered to appoint and remove the professors, and to regulate the methods of teaching pursued in the school. By the order of the Council, and with the sanction of the Fellows of the College, the School has, during the summer recess of the present year, been enlarged, reconstructed, and fitted with the most approved appliances. The anatomical department has been completely remodelled. The lighting and heating of the dissecting-room have received particular attention. A valuable series of permanent typical dissections have been placed in position round the room, in order that the student may be enabled to study the accurately-displayed parts, and compare his own work therewith. A new laboratory has been constructed for the special accommodation of students in practical physiology. Each student is provided with a microscope, reagents, and all other necessities for making, staining, and mounting microscopic sections. He is, while so engaged, instructed in the minute anatomy of the tissues, and is enabled, during the course, to form and retain for his own use a complete cabinet of about one hundred typical specimens.

THE SCHOOL OF PHYSIC is a medical school formed by an amalgamation of the Schools of Trinity College and of the College of Physicians. The School is governed jointly by the Provost and Senior Fellows of Trinity College, and by the President and Fellows of the College of Physicians, and is situated in the College Park. The Professors in the school are *ex officio* medical officers of Sir Patrick Dun's Hospital. The Arts students of the University have certain advantages in attending at this School, but it is freely accessible to all students, and the instruction provided occupies a high rank.

THE CARMICHAEL COLLEGE OF MEDICINE.—As the buildings are entirely new from their foundation, the directors have been able to provide all the most recent improvements, and to render every department fully adequate to the requirements of the most advanced teaching of medicine and surgery. The School is most conveniently situated, being in immediate proximity to the Meath and Adelaide Hospitals, and it is connected by its teachers not only with these hospitals, but also with the Richmond, Whitworth, and Hardwicke, the Mater Misericordiae, Jervis Street, and the City of Dublin. We would direct attention especially to the dissecting-rooms, and to the physiological laboratory. The former are spacious, well-ventilated, and admirably lighted from the top as well as from the two sides; the latter is completely furnished with every requirement for the practical training of students in physiological and histological research. A bone-room, in which bones, anatomical preparations, &c., are kept, and a student's reading room, have been added this session to the accommodation of the School. Two scholarships, the "Mayne" and the "Carmichael," each value 15*l.*, and prizes to the value of 97*l.*, on the foundation of the late Mr. Carmichael, are offered annually.

THE LEDWICH SCHOOL was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige. Its name was bestowed upon the school as a tribute of respect to the late T. H. Ledwich, who sacrificed a life in an increasing effort to promote its welfare. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, St. Vincent's, Coombe Lying-in Hospital, and Mercer's Hospital, and in the same street with the

Adelaide Hospital and the Carmichael Medical School, and ten minutes' walk from the Catholic University School, the School of Physic, and the City of Dublin Hospital.

THE CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green. Most of its professors are physicians and surgeons of the Mater Misericordiae, St. Vincent's, or Jervis Street Hospitals, and its courses of study qualify for admission to the qualifying examinations of all the licensing bodies. Class prizes are awarded.

CLINICAL HOSPITALS.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.—Accommodation: Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds; total, 312 beds. These hospitals are visited each morning at 9 o'clock by the physicians and surgeons, and, in addition to the usual bedside instruction, clinical lectures are delivered on the most important cases. Special instruction is also given on various branches of medicine and surgery. The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There is a very large ophthalmic and aural dispensary, and the respective surgeons give instruction in these important subjects. Eight resident clinical clerks and the dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not only to advanced students as formerly, but also to those who are qualified in medicine or surgery. A house-surgeon for the Richmond Hospital is elected biennially, and receives a salary. The Richmond Lunatic Asylum, containing 1,000 beds, adjoins these hospitals.

CITY OF DUBLIN HOSPITAL is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons and Trinity College. There are special wards for ophthalmic and aural diseases, on which subjects a special course of lectures is delivered. There is a special ward for diseases of women, and a course of lectures given on diseases peculiar to women; there is also a ward exclusively for children. The Drummond Wing is set apart for fever and other contagious diseases. Clinical assistants to the physicians and dressers to the surgeons are appointed from the most deserving of the class. A house-surgeon is elected annually, and medical and surgical pupils are appointed by examination.

THE MEATH HOSPITAL, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 126th year of its existence, ranks among the oldest of the charitable institutions of this city. It is situated on the southern side of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation stone of a new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital), was laid out by Lord Brabazon, 19th October, 1870; this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesbury Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. 1853-53 the Collis Wards were added as a memorial to Maurice Collis, twenty-five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened by the Lord-Lieutenant, Lord Woodhouse.

THE ADELAIDE MEDICAL AND SURGICAL HOSPITALS are in Peter Street, next door to the Ledwich School and within a few minutes' walk of the Carmichael Medical College, the College of Surgeons, and Trinity College. From the 1st of October the physicians and surgeons will visit the wards, and give instruction at the bedside at the advertised hours. There is a large detached fever hospital and also wards for infants and children. Special hours are devoted to clinical instruction in the diseases peculiar to women, and students are individually instructed in the use of the stethoscope, ophthalmoscope, laryngoscope, and microscope. Three resident pupils are selected half-yearly. Prize examinations, including examinations for the Hudson Scholarship, 30*l.*, and a gold medal, and a senior prize of 10*l.*, and a silver medal, are held at the termination of the session. The large dispensaries afford facilities for the study of eye, ear, throat,

and cutaneous diseases, as well as of minor surgery and dentistry.

SIR PATRICK DUN'S HOSPITAL is situated on the south-eastern side of the city, and about half a mile from the University School of Physic. It was founded by the School of Physic Act in 1800, and is now governed by the directions laid down in that statute and in the School of Physic Amendment Act, 1867, and it is officered exclusively by the professors and examiners in that school. Formerly all University students were compelled to attend this hospital, which was a purely medical institution, but some years ago the obligation was removed, and the hospital was opened for surgical cases. It is now perfectly free to all students.

MATER MISERICORDIÆ HOSPITAL.—This is one of the largest hospitals in Dublin; it contains 280 beds; 50 beds are reserved for fever and other contagious diseases. A special course of lectures on fever will be given during the session. A ward has been assigned for the treatment of ophthalmic diseases, in accordance with the requirements of licensing bodies. The Leonard prizes, value of 30*l.*, will be given at the end of the winter session. The Introductory Lecture will be delivered by Mr. Kennedy on October 30th.

MURKIN'S HOSPITAL, William Street, founded A.D. 1750.—This hospital is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are opened at all hours for the reception of accidents and of acute cases. Dispensaries are held daily and are largely attended. Special instruction is given in cutaneous, infantile, gynecological, and ophthalmic diseases. From the large number of accidents which, from its position, come to the hospital, students are afforded ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of acquiring dexterity in the dressing and manual operations of minor surgery.

ST. VINCENT'S HOSPITAL was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The hospital has 160 beds constantly full, and each sister has charge of about twelve patients. In connection with it is the convalescent home at Linden Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. Kehoe, and Dr. Cox. A special ward for the treatment of the diseases of women has been opened under the care of Dr. J. A. Byrne, gynecologist to the hospital. The ophthalmic department is conducted by Mr. D. Redmond. The resident officers consist of a house-surgeon (Mr. Dennis P. Kenna) and two resident pupils. The hospital is visited daily at 9 a.m., and patients are admitted at 10 a.m. Accidents and urgent cases, however, are admitted at all hours. Special arrangements have been made to afford facilities to the students for the study of infectious fevers.

DR. STEEVENS'S HOSPITAL, containing beds for 250 patients is situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, occupying a position in the centre of one of the busiest manufacturing districts of the city otherwise unprovided with medical institutions. Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane. There is accommodation for residence of two medical and six surgical pupils, besides whom the house surgeon receives house pupils. The fees payable for the privilege of residence are twenty guineas, winter; fifteen guineas, summer six months, which includes the fee for hospital practice for the corresponding terms, and the students in addition to their rooms and furniture are provided with coal and gas. The hospital is easily accessible by two lines of tramway, one of which terminates at the Kingsbridge station within one minute's walk of the hospital.

JARVIS STREET HOSPITAL is one of the oldest-established charitable institutions in Dublin, having been founded in 1721. It is situated in a part of the city not otherwise provided with hospital relief, and which, from its commercial character, supplies the hospital with an abundance of surgical cases. Its nursing arrangements are under the charge of a community of Sisters of Mercy. The hospital being found inadequate to the demands upon it, is in process of being rebuilt, and, when finished, will be one of the finest hospitals in Dublin.

SPECIAL HOSPITALS.

The special hospitals of Dublin are the Rotunda and Coombe Lying-in Hospitals, Cork Street Fever Hospital, Pitt Street Children's Infirmary, St. Mark's Ophthalmic Hospital, the National Eye and Ear Hospital, two Dental Hospitals, the Throat Hospital, and two Orthopedic Hospitals.

THE ROTUNDA HOSPITAL.—This well-known and time-honoured institution possesses a character as a school of midwifery which needs no comment. It is not, however, as generally recognised as it deserves to be as also a great school of gynecology.

COOMBE LYING-IN HOSPITAL.—This hospital, which was rebuilt, considerably enlarged, and re-furnished some years ago, contains 65 beds. It was founded in 1826 by Mrs. Boyle, and was incorporated by Royal Charter in 1867, thus enabling its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It receives about 800 labour cases within its walls, while those attended as extern amount to more than 2,000 in number. Moreover, the chronic hospital for the reception of cases of the diseases of females gives admission to about 200 patients annually. The fee for attendance is 8*l.* 8*s.* for six months as extern, and 18*l.* 18*s.* as internal pupil. During that period the student attends on given days and nights in each week, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. Two resident pupil midwifery assistantships and a clinical clerkship are obtainable half-yearly by all pupils who have obtained their midwifery diplomas from the hospital, and special certificates are given. Lectures are delivered in the hospital, and clinical instruction is given daily at the bedside. In fact, this hospital is now one of the first clinical hospitals (in this speciality) in Europe.

CORK STREET FEVER HOSPITAL AND HOUSE OF RECOVERY is the only special fever hospital in Dublin. It contains 200 beds, and is supported mainly by an annual Government grant, supplemented by voluntary contributions. A certificate of attendance on fever being now required of candidates for the licence to practise medicine of the King and Queen's College of Physicians in Ireland, arrangements have been made whereby the exceptional advantages connected with this institution can be utilised for purposes of clinical teaching. All particulars may be ascertained on application to Dr. C. Purcell Atkins, Registrar and Resident Medical Officer.

THE PITT STREET CHILDREN'S INFIRMARY, established 1821, was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill are the medical officers.

DUBLIN ORTHOPÆDIC HOSPITAL, 11 Usher's Island, containing 30 beds for the treatment of every class of deformities and the practice of orthopedic surgery. The institution is under the management of Mr. Swan.

NATIONAL ORTHOPÆDIC AND CHILDREN'S HOSPITAL for the treatment of club-foot, contractions and distortions of the limbs, spinal and other bodily deformities, and all non-infectious diseases peculiar to children, 7 Adelaide Road, Dublin. Mr. Ormsby attends on Mondays, Wednesdays, and Fridays; Dr. Woodhouse on Tuesdays, Wednesdays, and Saturdays, from 10 to 11 o'clock, and gives clinical instruction on the intern cases. The hospital is capable of containing 30 beds, for the reception of cases of deformity and all other forms of surgical disease. There is a large general dispensary for extern patients held daily from 10 to 11. Operations are performed on Fridays. Students and practitioners are allowed to attend the clinical instruction.

ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.—This hospital was founded by the late Sir William Wilde. Clinical lectures are delivered on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, at 11 o'clock, and operations are performed on Wednesdays and Saturdays at the same hour. An ophthalmic class meets at 4 p.m. on Mondays, Tuesdays, Wednesdays, and Thursdays.

NATIONAL EYE AND EAR INFIRMARY.—This hospital contains twenty-six beds. Clinical instruction in diseases of the eye, including the use of the ophthalmoscope, is given daily. Operations at twelve o'clock. Instruction in aural surgery is also given. The certificate in clinical ophthalmology from this hospital is recognised by the board of T.C.D., and by the Council of the College of Surgeons in Ireland for the L.R.C.S.I. Students may enter their names for the three months' course any day from 1st October to 1st April.

THE DENTAL HOSPITAL OF IRELAND is open to students, under the following conditions:—Students proposing to attend the practice of the hospital must show certificates of having

attended two full years of surgical study in a recognised school. No student shall be permitted to operate until he has satisfied the professional staff of the hospital of his knowledge of the anatomy of the teeth and jaws. No certificate shall be issued to a student unless he shall have made satisfactory progress during his attendance at the hospital; and it shall be competent for the committee or professional staff to withhold the certificate of any pupil for breach of the bye-laws of the hospital. The fee for attendance at the hospital from 9 till 10.30 a.m. daily for three months has been fixed at £3 3s.

II.—QUALIFICATION.

THE Medical Licensing Bodies of Ireland are five in number, and, as a rule, medical students gravitate into one or other of three classes:—*a.* Those who enter Trinity College, and take a full graduation in Arts, in addition to their professional degrees. *b.* Those who take the Licences of the College of Surgeons with that of the College of Physicians or of the Apothecaries' Hall. *c.* Those who will take their qualifications at the new Royal Irish University, because the graduation in Arts is not necessary in that institution. A fourth minor class is constituted by those who pursue their studies in Ireland, but who, either to escape the extended course of study required in Ireland, or to save the consequent fees, or because they cannot pass the Irish examination, migrate to Edinburgh or Glasgow for their licences. Almost all these emigrants come from the Queen's Colleges, and the greater number of them from Belfast, while the Dublin students qualify, almost without exception, in Dublin.

The Irish licensing bodies are as follows:—

THE UNIVERSITY OF DUBLIN grants the degrees of M.B. and B.Ch. to students who have obtained their Arts degree, and the higher degrees of M.D. and M.Ch. to those who have held for at least three years the grade of M.B. and B.Ch. It does not grant degrees to undergraduate students; consequently its licences hold the highest rank as social and educational qualifications, and are sought for by those who look forward to occupying the best positions in the profession.

The expense of obtaining the degree of Bachelor in Medicine and Bachelor in Surgery in the University of Dublin is approximately as follows:—Lectures, £61 13s.; Hospitals, £44 2s.; Degree Fees, £31 = £136 15s.

The expense of the degree of Bachelor in Arts, amounting altogether to £83 4s., should be added to the foregoing, making the total cost £230.

The University also grants a midwifery degree (M.A.O.) to its own medical graduates, at an additional fee of £5.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.—Candidates must be graduates in Arts, and may obtain the degree at the same commencement as the B.A., or at any subsequent one. The medical education of a Bachelor of Medicine is of four years' duration, and comprises the following lectures:—

Winter Courses.—Anatomy; physiology; practical anatomy; surgery; chemistry; practice of medicine; midwifery; heat, electricity, and magnetism.

Summer Courses.—Botany; materia medica; and pharmacy; practical histology; medical jurisprudence; comparative anatomy. Hospital attendance on a medico-surgical hospital during three courses of nine months each, with clinical lectures, including actual attendance on fever; six months' practical midwifery; six months' dissections; and three months' laboratory instruction in chemistry are required. The Courses may be attended at any recognised medical school. The fee for the *Licent ad Examinandum* is 5l. The fee for the degree of M.B. is 11l.

Doctor in Medicine.—A Doctor in Medicine must be M.B., or qualified to take that degree for three years. He must also read a thesis before the Regius Professor of Physic. Total fee for this degree, 13l.

Bachelor in Surgery must be B.A., have spent four years in the study of surgery and anatomy, and passed the M.B. examination. The curriculum comprises the following, in addition to the course for the M.B.:—Theoretical and operative surgery, one course; Dissection, two courses; Ophthalmic surgery, one course. Candidates are required to perform operations on the dead subject. Fee for the *Licent ad Examinandum*, £5. Fee for the degree of Bachelor in Surgery, £5.

Master in Surgery must be a B.Ch. of three years' standing, and must read a thesis. Fee for the degree of Master in Surgery, £11.

Master in Obstetric Science.—A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations, and produce certificates of having completed the following curriculum:—1. One Winter Course in midwifery. 2. Six months' practice in a recognised lying-in hospital or maternity. 3. A Summer Course in obstetric medicine and surgery. 4. Two months' practice in the Cow-pock Institution, or in the Grand Canal Street Dispensary. Graduates of Medicine of M.D. standing may present themselves for examination without complying with Regulations 3 and 4. Fee for the degree of M.A.O., £5.

Candidates for the licence in medicine or surgery must be matriculated in medicine, and must have completed two years in Arts.

Licentiate in Medicine.—The course and examination are the same as for the M.B. An L.M. on proceeding to the degree of B.A. may become an M.B. on paying the fees without further examination. Fee for the *Licent ad Examinandum*, £5. Fee for the licence in medicine, £5.

Licentiate in Surgery.—The course and examination necessary for the licence in surgery is the same as for the degree of Bachelor in Surgery. Fee for the *Licent ad Examinandum* £5. For the licence in surgery, £5.

ROYAL UNIVERSITY OF IRELAND.—The University confers the following medical degrees:—

Bachelor of Medicine, M.B.; Doctor of Medicine, M.D., Master of Surgery, M.Ch.; in Obstetrics, a special diploma; in Sanitary Science, a special diploma.

All degrees are open to persons of either sex. The examinations for women are held apart from those for men, but upon the same days.

The University examinations commence on the third Tuesday in September.

Candidates for any degree must have passed the Matriculation Examination of the University. *Students from other Universities are included.*

This examination shall be conducted not only in Dublin, but at certain local centres selected by the Senate.

Every candidate must send in to the secretaries his name and address, and pay a fee of 10s.

The following are subjects:—

I. Latin. II. Any one of the following languages:—Greek, French, German, Italian, Spanish, Celtic, Sanskrit, Hebrew, or Arabic. III. English language. IV. Elementary Mathematics. V. Experimental Physics.

Candidates for all degrees must pass the First University Examination.

The courses for the degrees of M.B. and M.Ch., and the Diplomas in Obstetrics and in Sanitary Science, extend over at least four years. Candidates will be required, in addition to the First University Examination, to pass the following Examinations:—

- First Professional Examination.
- Second Professional Examination.
- The Degree Examination.

They may, however, pass the First University Examination at the same time as the First Professional Examination.

Candidates for the M.D. may present themselves after the lapse of two Academical years from the date of obtaining the degree of M.B. Those candidates who are Students in Medicine in the Queen's University at the date of its dissolution shall be entitled, if they so desire, to obtain the degree of M.D., instead of the degree of M.B., upon passing the Degree Examination.

Students will be admitted to this Examination after one Academical year from Matriculation.—Fee, £1.

Candidates at this Examination will be required to answer in the following subjects:—

I. Latin. II. Any one of the following languages, viz.: Greek, French, German, Italian, Spanish, Celtic, Sanskrit,

Hebrew, or Arabic. III. English language and Literature. IV. Mathematics. V. Experimental Physics.

The first period of Medical Study shall comprise—*a.* Chemistry, six months; *b.* Practical Chemistry, three months in a chemical laboratory; *c.* Botany, with Herborization for practical study, and Zoology; *d.* Anatomy and Physiology; *e.* Practical Anatomy; *f.* Materia Medica. The second period—*a.* Anatomy and Physiology, including Histology; *b.* Practical Anatomy; *c.* Theory and Practice of Surgery; *d.* Midwifery and Diseases of Women, six months; *e.* Theory and Practice of Medicine; *f.* Medical Jurisprudence.

Candidates are further required to have attended during the First period—Medical-Chirurgical, a winter of six months; and during the second period—Practical Midwifery, Midwifery Hospital, six months, or six months at a Midwifery Dispensary where similar clinical instruction is given (the certificate must state that the candidate has attended at twenty labours); Medico-Chirurgical Hospital, eighteen months, including either three winters, or two winters and two summers.

Candidates must also before the Degree Examination produce certificates—(1) of personal attendance on fever cases; (2) of having compounded under an apothecary or pharmaceutical chemist for at least three months; (3) of instruction in vaccination; (4) of having attended a course of lectures (not less than 25) and clinical instruction on Mental Diseases.

FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The fee for this Examination is £1.

The subjects—*a.* Zoology; *b.* Botany; *c.* A Modern Language.

Candidates who have passed in a Modern Language at the ordinary First University Examination are exempt from presenting this subject.

SECOND UNIVERSITY EXAMINATION IN MEDICINE.

The Second University Examination in Medicine comprises the following subjects:—Anatomy, Physiology, Materia Medica, and Chemistry.

Before being admitted to this Examination, each student must produce satisfactory evidence of having completed the course recommended for study during the first period. Fee, £1.

EXAMINATION FOR THE M.B. DEGREE.

Fee, 3*l*. Each candidate must produce certificates of having completed all the prescribed courses.

The Examination comprises the subjects recommended for study during the second period, and includes Examinations in Clinical Medicine and Clinical Surgery.

EXAMINATION FOR THE M.CH. DEGREE.

Conferred only on graduates in Medicine of the University. Fee, 5*l*.

The Examination comprises Theory and Practice of Surgery, including Operative and Clinical Surgery.

EXAMINATION FOR THE DIPLOMA IN OBSTETRIC.

Conferred only on graduates in Medicine of the University. Fee, 2*l*. The Examination comprises Theory and Practice of Midwifery, and the use of obstetrical instruments and appliances.

EXAMINATION FOR THE DIPLOMA IN SANITARY SCIENCE.

Conferred only on graduates in Medicine of the University. Fee, 2*l*.

The Examination shall embrace the following subjects:—Climate, Chemistry, Geology, Physics; Vital Statistics: Hygiene, Sanitary Law.

The Examination in Chemistry shall include a practical part on the chemical and microscopical examination of air, water, food, poisonous substances used in manufacture, &c.

The Examination in Physics shall embrace the reading of plans, sections, scales, &c., in connection with buildings, sanitary construction, &c.

EXAMINATION FOR THE M.D. DEGREE.

Fee, 5*l*.

The degree of Doctor may be conferred on any candidate who has obtained the M.B., and has produced a certificate of having been for the last two years engaged in hospital or private medical or surgical practice, or in the military or naval medical service, provided that the candidate shall submit to the medical examiners a thesis composed by himself, and approved by them. No thesis will be approved

which does not contain some original or personal observations in Practical Medicine, Surgery, Midwifery, or in some of the sciences embraced in the curriculum, or else a full digest and critical exposition of the opinions and researches of others on the subject selected by the candidate, accompanied by precise references to the publications quoted.

Candidates settled for a period of two years in the colonies or foreign countries may, on satisfying the Senate to that effect, and complying with the conditions above described, have the degree conferred on them in absence.

THE COLLEGE OF SURGEONS' licence, or L.R.C.S.I., is universally sought for by those students who do not resort to a University. Great and important changes have been made in the system of granting these licences within the past year. Henceforth every candidate must pass four professional examinations—one at the end of each year of study—as follows:—*a.* Preliminary scientific; *b.* Preliminary professional; *c.* Theoretical; *d.* Practical. The preliminary scientific (*a*) may be studied for at home; the other examinations involve teaching in a medical school. The College holds the only extra-university preliminary examination, save that of the Apothecaries' Hall. It grants the higher qualification of Fellow, or F.R.C.S.I., to those who are specially qualified and specially examined for that diploma, and it also confers a midwifery diploma on examination by a special Court of Examiners.

As it is our business especially to provide information for the student who is about to commence his first year of study, we substitute the new scheme, *compulsory upon all students who commenced their studies after last July*, for the old regulations (which may be found in the Irish Medical Directory); but it is to be remembered that students who have already commenced medical study may present themselves either under the old or new system.

We call the special attention of students who intend taking the L.R.C.S.I. to the fact that, for the future, they *must* pass their preliminary examination, and register themselves at the Branch Medical Council, 35 Dawson Street, within fifteen days of the time at which they enter on medical study, otherwise their lecture and hospital certificates for courses commenced before they have done so will not count.

The Matriculation Examination of the Royal University and the pass in the requisite subjects at the Intermediate Examination are now recognised as equivalent preliminary examinations.

THE NEW SCHEME OF THE EDUCATION AND EXAMINATION FOR THE L.R.C.S.I.

Every candidate shall produce evidence—1. Of having, before entering on medical studies, passed the preliminary examination of the College, or an equivalent examination in general education, recognised by the General Medical Council; and 2. Of having been registered by that Council as a student in medicine. Certificates of medical study will not be recognised by the College if the date of commencement of the course to which the certificate refers is more than fifteen days prior to such registration.

This College recognises as the commencement of professional study:—

1. Attendance on the practice of a hospital, or other public institution recognised by the College for that purpose; or,

2. Instruction as pupil of a legally qualified surgeon, holding the appointment of surgeon to a hospital, general dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council; or,

3. Attendance on lectures on anatomy, physiology, or chemistry, by lecturers recognised by this College.

The letters testimonial of the College shall not be granted to any candidate at an earlier period than forty-five months subsequent to his registration as a medical student; or to any one who has not attained the age of twenty-one years.

Registered Pupils of the College.—Any student may be registered as a pupil in the College books on payment of a registration fee of £5 5*s*., for which credit will be given subsequently in his examination fee. No student can be admitted as a candidate to examination until he shall have been so enrolled, and passed the preliminary examination.

Examinations.—Every candidate must pass a preliminary examination and four professional examinations. Candidates who possess a diploma or degree in either medicine or surgery, or who have passed a sufficient examination in these subjects, may be exempted from compliance with this rule.

Candidates must return their names, fees, and certificates one week before examination.

Preliminary Examination.—All students must pass their preliminary examination before entering upon their professional studies.

The preliminary examinations are held quarterly, viz., on the 3rd Wednesday in Jan., April, July, and Oct., in the following subjects, with permission to the student to select French, German, or Greek:—1. English, including grammar and composition; 2. Arithmetic, including vulgar and decimal fractions; 3. Algebra, including simple equations; 4. Geometry, first two books of Euclid; 5. Latin—the first and second Books of the *Æneid* of Virgil, or the *Jugurthine War* of Sallust, or the Third Book of Livy; 6. Physics, as may be found in Ganot's Popular Natural Philosophy. The examination in physics may be passed either at the preliminary or the first professional examination.

Alternative subjects—one to be selected by the student:—1. Greek—the Gospel of St. John, or the Dialogue of Lucian, entitled "Menippus or the Necromancy;" 2. French—Fénelon's "Télémaque;" 3. German—Schiller's "Wilhelm Tell."

Fees.—Registered pupils of the College free. Non-registered pupils, £1 1s. Rejected candidates, whether registered pupils or not, shall pay a further fee of £1 1s. for each re-examination.

Professional Examinations.—The 1st, 2nd, and 3rd professional examinations shall be held in the July and October of each year. Should the student fail to pass in July he may present himself at the examination held in October.

The examination of each year must be passed before a new session can be entered on.

First Professional Examination.—Candidates must, before admission to the first preliminary examination, produce evidence of having passed the preliminary examination, and of having been registered as students, and of having been engaged in study for at least nine months after registration.

Candidates are recommended to attend a course of lectures on practical anatomy, and one on chemistry, before this examination.

The examination shall include the following subjects, viz.:—1. Physic, if not passed at the preliminary examination; 2. The elements of chemistry, as may be found in Roscoe's *Lessons in Elementary Chemistry*, from chap. i. to xiii. inclusive; 3. Botany, as may be found in Oliver's *Lessons in Botany*, Part I., with descriptions of the following plants:—The butter-cup, poppy, pea, strawberry, fox glove, and dandelion; 4. Anatomy—human osteology; 5. Practical Pharmacy—Elementary.

Fees.—The fee for this examination shall be £5 5s., in addition to the registration fee of £5 5s. Neither of these fees shall be returned in case of rejection, but the candidate on paying an additional sum of £2 2s. shall be admitted to re-examination.

Second Professional Examination.—Candidates must produce evidence of having passed the first professional Examination, also certificates of having subsequently attended: Hospital, nine months; Winter Courses: Practical anatomy, with demonstrations and dissections; physiology; surgery; chemistry (unless attended in first year); Summer Courses, three months: Practical chemistry, practical physiology, materia medica.

Fees.—The fee for this examination shall be £5 5s. Candidates who are rejected will be admitted to re-examination on paying an additional fee of £2 2s.

Candidates shall be examined in: 1. Anatomy—bones, joints, muscles, and topographical anatomy of the viscera of the chest, abdomen, and pelvis; 2. Histology, and the physiology of the circulatory, respiratory, and digestive systems; 3. Surgery—The signs, terminations, and treatment of inflammation, wounds, hæmorrhage, burns and scalds, ulcers, and bandaging; 4. Chemistry; 5. Materia medica.

Third Professional Examination.—Candidates must produce evidence of having passed the second examination, also certificates of hospital; nine months as an extern pupil, or six months as a resident pupil. Winter Courses—Demonstrations and dissections, practical anatomy (unless attended

in the first year), surgery, medicine. Summer Course, three months—Medical jurisprudence.

Fees.—The fee for this examination shall be £5 5s.; and for re-examination, if rejected, £2 2s.

Candidates shall be examined in: 1. Anatomy; 2. Physiology; 3. Surgery, not including operative, clinical, and ophthalmic surgery, which are reserved for the final professional examination.

Fourth, and final Professional Examination.—The fourth examination shall be held in July and October, and in the following April. Candidates must produce evidence of having passed the third examination, also of having attended hospital nine months as extern pupil, or six months as resident pupil, unless a certificate to that effect has been accepted in the third year. Winter Courses—Dissections and demonstrations; midwifery, a midwifery hospital, or maternity, for six months, and of having been present at thirty labours. (May be attended in the third or fourth year, winter or summer.) Clinical ophthalmology, three months. (May be attended in the third or fourth year, winter or summer.) Operative surgery. Practical instruction in vaccination. (May be attended at any time after registration.)

Fees.—The fee for this examination shall be £5 5s.; and £2 2s. for re-examination, if rejected.

Candidates shall be examined in: 1. Surgery, clinical, ophthalmic, and operative, with surgical anatomy; 2. Medicine; 3. Midwifery and Diseases of Woman; 4. Medical Jurisprudence.

THE COLLEGE OF PHYSICIANS grants its licence, L.K.Q.C.P.—the usual medical qualification of the Irish student—which is almost always taken by the young surgeon immediately after his passing at the College of Surgeons, and for it the same curriculum of study is sufficient. The College has recently established a higher qualification of "Member," for which there is a special examination, and there is also the still higher grade of Fellow of the College, to which admission is by ballot, without examination or curriculum.

The cost of obtaining the L.R.C.S.I., with the L.K.Q.C.P.I., and the license in midwifery, is nearly as possible as follows:—

Lectures, &c.	£65	0	0
Hospital	36	0	0
Diploma fees, L.R.C.S.I. ...	26	5	0
Diploma fees, L.K.Q.C.P. ...	15	15	0
Diploma fees, Lic. Mid. ...	3	3	0
	£145	18	0

As a certificate of study in vaccination is now required, a course of clinical instruction in ophthalmology, and a course of attendance at a midwifery hospital is required for the midwifery diploma; the total expense of the Dublin double diploma may be set down at £155.

THE MEMBERSHIP.

I.—The grade of members is distinct from that of the fellows, and the members as such are not members of the Body Corporate.

II.—Members alone are eligible to the fellowship. They have the use of the reading rooms and library.

III.—Licentiates admitted before December 12th, 1878, are entitled to be admitted members of the College without payment or examination, on giving six weeks' notice, in writing, to the Registrar.

IV.—Every candidate for membership must produce evidence—

1. Of being over 25 years of age.

2. Of being a licentiate of the College for three years at least; or, a licentiate of one year's standing, if also graduate of arts; or, a licentiate of one year's standing, if also a registered practitioner of seven years' standing at the time of his obtaining the licence.

3. Of professional conduct and moral character.

4. That he is not engaged in trade; and that he does not directly or indirectly vend medicines or drugs; and that he does not dispense or compound medicines for anyone—even his own private patients—(except in cases of extreme urgency); nor practise medicine or surgery in partnership, by deed or otherwise. (Candidates for the membership by examination must, in addition to the above, show proof as follows):—

5. Of having attended courses in ophthalmology and histology.

6. Of having been for six months resident physician, or resident pupil, in a recognised hospital; or for same period as clinical clerk in the medical wards, or in medical charge, for at least twelve months, of any public institution for the treatment of the sick.

7. Of having paid the fee of twenty guineas.

V.—Every candidate must pass examination in the following subjects:—1. Principles of Medicine, including Pathology, Medical Anatomy, and Medical Chemistry. 2. Practice of Medicine, including Principles of Public Health. 3. Clinical Medicine.

Oral examination.—This examination includes the investigation of morbid specimens, the qualitative analysis of animal products, the detection of poisons, and the use of the microscope, as well as that in classics and modern languages.

LICENCES IN MEDICINE AND MIDWIFERY.

I.—Examinations for the licences of the College in medicine and midwifery are held in the week following the first Friday in each month, except August and September.

II.—Every candidate for either licence must return his name to the registrar, and lodge his certificate, bank receipt of fees, and his schedule at least *four* days before the first Friday in each month.

THE L.R.Q.C.P.I.

Every candidate is required to produce satisfactory evidence—

1. Of character, from a Fellow of the College, or from two registered practitioners.

2. Of having passed an examination in general education, held by some of the recognised examining bodies.

3. Of having been engaged four years in the study of medicine.

4. Of having attended lectures on the following subjects at recognised schools:—

Practical anatomy, two courses. Physiology, or Institutes of Medicine, one course. Chemistry, one course. Practical chemistry, one course. Materia Medica, one course. Medical Jurisprudence, one course. Practice of Medicine and Pathology, one course. Surgery, one course. Midwifery, one course.

5. Of twenty-seven months at a recognised medico-surgical hospital, in which clinical lectures and clinical instruction in medicine are given, the attendance not to be for more than nine months in any one year, and of having not less than three months studied fever in a recognised clinical hospital, containing fever wards, and recorded, from daily personal observation, at least five cases of fever, to the satisfaction of the attending clinical physician, as attested by his signature.

6. Of having attended practical midwifery and diseases of women for six months at a recognised lying-in hospital, or maternity; or, where such hospital attendance cannot have been obtained during any period of the student's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding public appointments; not less than twenty labour cases to be actually attended.

III.—The professional examination is divided into two parts—

First Part—Anatomy, physiology, chemistry, and materia medica.

Second Part—Practice of medicine, clinical medicine, pathology, medical jurisprudence, midwifery, hygiene, and therapeutics.

IV.—Any registered practitioner of *five* years' standing shall be admitted to examination for the licence of the College, on producing his certificate of registration, with satisfactory reference, and shall have the privilege of being exempted from the examination by printed questions.

THE LICENCE IN MIDWIFERY.

Candidates for the licence in midwifery, who are not licentiates in medicine, may be admitted to examination on the following qualifications:—

(1) The degree or license from any university or college in the United Kingdom; (2) testimonials as to character; (3) certificates of having attended (a) a course of lectures on midwifery in a school recognised by the College; (b) practical midwifery and diseases of women, for six months, at a lying-in hospital, or maternity, recognised by the College; or,

or, where such hospital attendance cannot have been obtained during any period of the candidate's course of study; of having been engaged in practical midwifery under the supervision of a registered practitioner holding a public medical appointment—the certificate, in either case, to state that not less than twenty labour cases have been actually attended.

Candidates who are already licentiates in medicine of the College, or who have passed the examination for such licence, may be admitted to examination for the licence in midwifery on lodging their fees, and signifying their wish to the registrar a week, at least, before such examination.

X.—Any registered practitioner of *five* years' standing shall be admitted to examination for the licence in midwifery, on producing his certificate of registration, with satisfactory reference; and he shall have the privilege of being exempted from the examination by printed questions.

A CERTIFICATE IN SANITARY SCIENCE is granted to Licentiates of the College upon examination.

FEES FOR LICENCE AND EXAMINATIONS.

XI.—Licence in medicine, fifteen guineas, which may be divided as follows:—

For examination at the termination of the first period of study, five guineas.

For final examination for the licence, ten guineas.

N.B.—The fee for the licence to graduates in Medicine and Arts of any University in the United Kingdom—*five* guineas.

XII.—Licence in midwifery, three guineas.

XIII.—Fee for examination of the licences in medicine and midwifery, if obtained within the interval of a month, sixteen guineas—to be lodged in one sum.

XIV.—Fee for special examination for the licence in medicine, twenty guineas.

XV.—Fee for special examination for the licence in midwifery, five guineas.

THE APOTHECARIES' COMPANY grants a registrable licence (L.A.H.), which is accepted by the Local Government Board as a medical qualification, and which, in addition, entitles the holder to keep open shop and sell drugs in Ireland. It only costs 10s., and it is taken in lieu of the licence of the College of Physicians by a few students to whom the money cost of their qualification is vitally important, or who intend to open an establishment in some of the provincial towns for the dispensing of medicines, or who want the licence as a stepping-stone to a cheap and easy Scotch diploma. Since the establishment of the Irish Pharmaceutical Society, which is empowered to grant pharmacy licences, the demand for the L.A.H. has been nominal. The cost of the L.A.H., with the necessary curriculum of study, is about £59; that of the L.R.C.S.I., combined with the L.A.H. and a licence in midwifery, is about £130.

THE ARTS EXAMINATIONS

Will be at the Hall four times in the year—viz., the third Thursday in the months of January, April, July, and October, at the hour of twelve o'clock noon.

The examination for the *Licence* is divided into two parts:—

The first part comprehends chemistry, botany, anatomy, physiology, materia medica, and pharmacy.

The second—medicine, surgery, pathology, therapeutics, midwifery, forensic medicine, and hygiene.

THE PROFESSIONAL EXAMINATIONS.

Will be held quarterly, on the first and second Monday in January, April, July, and October.

Subjects—First Part: Chemistry, botany, materia medica and pharmacy, anatomy and physiology.

Second Part—Medicine, surgery, midwifery and diseases of women and children, forensic medicine, hygiene, and clinical examination.

The first three hours of each day will be devoted to writing answers, and afterwards there will be two hours to an oral and practical examination.

Candidates at the examination on anatomy are liable to be called on to perform dissections; and at the examination on surgery, to perform one or more operations on the dead subject.

Doctors of medicine and licentiates of a college

cians who have also spent twelve months at practical pharmacy, may obtain the licence by undergoing an examination—the former in surgery and pharmacy, and the latter in medicine and pharmacy. Licentiates of the London Society of Apothecaries must undergo an examination in surgery.

QUEEN'S UNIVERSITY IN IRELAND.—This University has ceased to exist, being superseded by the Royal Irish University, which holds its first matriculation examination on the 6th of December next. All medical graduates are, *ipso facto*, entitled to become medical graduates of the Royal Irish University. The existing students in medicine of the Queen's University will also, on obtaining their degree from the Royal Irish University, be entitled to receive the title of M.D., which, under other circumstances, will be granted only to full graduates in Arts.

THE ROYAL IRISH UNIVERSITY.—This institution entered on its work as a licensing body within the past year. The degrees of the University will be granted on one year's Arts, i.e. the matriculation examination of the University (none other will suffice) and a "first University examination" at the termination of the first year. The cost of the M.B. and M.Ch. of the University, with all the necessary curriculum, will be about £69. The examinations will be conducted not only in Dublin, but at certain local centres, but no dates have yet been fixed.

THE PHARMACEUTICAL SOCIETY OF IRELAND.

THE above Society was instituted by the Pharmacy Act (Ireland) in 1875, 38 & 39 Vict., cap. 57. In that Act it is stated that whereas a great deficiency existed throughout Ireland of establishments for the sale of medicines and compounding of prescriptions, and that great inconvenience therefore arises to the public, it is expedient to amend the Act of 1791 (the Apothecaries' Act). A president (Sir Dominic Corrigan) and vice-president (Dr. Aquilla Smith), with a council of twenty-one men, were named by the Government to carry out the provisions of the Act. In 1878 Sir Dominic Corrigan resigned the presidentship. The present president is Professor Titchborne, and the vice-president, Dr. Aquilla Smith. The pharmaceutical chemist is not allowed to prescribe, but must strictly confine himself to the compounding of prescriptions. In this respect he differs from the apothecary. All persons who keep open shops for compounding prescriptions must hold the licence of the Pharmaceutical Society or the Apothecaries' Hall. Pharmaceutical chemists under the Act are entitled to hold the office of apothecary to district lunatic asylums, county gaols, and by a recent order of the Local Government Board, may also hold workhouses and dispensaries. The society, according to their Calendar, which was corrected to the 31st December, 1882, had 202 licentiates. They hold evening meetings during the winter for the reading and discussing of pharmaceutical papers and scientific papers bearing on pharmacy. This society has power under their Act to prosecute persons illegally compounding.

THE IRISH QUEEN'S COLLEGES.

THESE three important academic institutions were the special schools of the Queen's University. They have ceased to have any such relation to a central examining body, but educate students for all colleges and degrees. But they will be maintained, as hitherto, by a handsome Government grant, and the same curriculum as that heretofore adopted will be continued. The various exhibitions and scholarships will still be available. Each College has the disposal of about £450 per annum in scholarships. The curriculum is generally well adapted for preparation for the new University examinations. The Colleges are well adapted for high-class technical education, having lecture-rooms provided with every appliance necessary in the modern training of a medical student. The great want in the Colleges of Cork and Galway is a summer session. This necessitates the loss to the student

each year of three available working months, and deprives him of his practical hospital work in the summer session, both general and special. The courses of lectures in the winter session must be diligently attended, no student obtaining a certificate who has not put in two-thirds of a course. The winter session commences on November 1st, and ends May 31st. The scholarship examinations are held in October. A detail of the prizes and exhibitions in arts and medicine, the names of the professors, and other information will be found in the advertisements of this issue, and full details may be had on application to—
Belfast.—John Purser, M.A., Registrar.
Cork.—Alexander Jack, M.A.
Galway.—Edward Townsend, M.A.

TECHNICAL EDUCATION FOR IRELAND.

ROYAL COLLEGE OF SCIENCE, STEPHEN'S GREEN, DUBLIN.

THIS College supplies a complete Course of Instruction in Science, applicable to the Industrial Arts, especially those which may be classed broadly under the heads of Chemical Manufactures, Mining, and Engineering. A diploma of Associate of the College is granted at the end of the Three Years' Course. There are Four Royal Scholarships of the value of £50 each yearly, with free education, including Laboratory Instruction, tenable for two years. Two become vacant each year. They are given to students who have been a year in the College. The Chemical and Physical Laboratories and Drawing School are open daily for Practical Instruction. The Session commences on Monday, October 30th.

THE IRISH DIPLOMA IN DENTAL SURGERY.

THE examiners for the L.D.S.R.C.S.I. consist of three Fellows of the College, three registered dentists, and the President, Vice-President, or other member of the Council of the College (summoned in rotation).

The examinations embrace the anatomy, physiology, surgery, and pathology of the teeth, jaws, and surrounding parts, and mechanical dentistry, and shall be partly written and partly oral.

All candidates shall lodge at least one fortnight previous to each examination—

I.—A certificate of having attained the age of 21 years.

II.—Receipt for the fee of ten guineas.

Every successful candidate, previous to receiving the licence, shall declare that he will not advertise, or pursue any other unbecoming mode of attracting business, so long as he holds the licence in dentistry of the College.

The dental hospitals of Ireland are—that in York Street, Dublin, respecting which information will be found under the heading "Special Hospitals," and the Dublin Dental Infirmary, in Beresford Place.

NOTE.—Our advertising columns, of which an index will be found at the end of the editorial matter, will supply further information, with the names of the staff, &c., attached to the foregoing schools.

INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

Royal College of Surgeons—Dr. Jacob; October 30, at 1 p.m.
University School of Physic—No information.
Catholic University School—None.
Lewish School—None.
Carmichael College—None.
Richmond Hospital—Dr. Thomson; November 2, at 10.30 a.m.
Meath Hospital—Dr. Smyly; November 6, at 10 a.m.
City of Dublin Hospital—None.
Adelaide Hospital—No information.
Mercer's Hospital—None.
Mater Misericordias Hospital—No information.
St. Vincent's Hospital—Dr. Quinlan; October 26, at 11 a.m.
Jervis Street Hospital—None.
Steevens's Hospital—None.
Retunda Hospital—None.
Coombe Hospital—No information.
St. Mark's Hospital—None.
Sir P. Dun's Hospital—None.

Scotland.

NORWITHSTANDING a great deal that might be said adverse to the multiplication of classes, and the consequently augmented cost of medical education, it cannot be gainsaid that Scotland possesses many attractions and advantages to all desirous of acquiring a sound and scientific knowledge qualifying for the discharge of the important duties devolving on the practitioner of medicine. That these will be augmented rather than curtailed by a wise legislation which recognises the cramping influences of monopolies in science, no less than in commerce, we feel perfectly persuaded. It is quite undeniable that in times gone by men have entered the profession, no less in Scotland than elsewhere, whose preliminary education, or rather the want of it, was of such a nature as to unfit them to be the interpreters of the difficult problems which fall to be solved by the physician and surgeon, or to reflect dignity on an honourable and liberal calling. The crude deductions and imperfect observations with which our medical journals are so largely filled still demonstrate the influences exerted in this direction. Within the last few years greater attention has been paid to the matter of a good preliminary education, and bad grammar, bad spelling, and bad logic can be chargeable only to some of the seniors in the profession, or such as have evaded the supervision of the examiners in a manner not creditable to themselves. That a good many of the latter are yet to be found in the ranks of the profession it were an affectation to deny.

It must be also recorded that whilst the Universities, as a rule, are doing everything to advance medical education, the Corporations still maintain that dead level of mediocrity which has characterised them in the past. They still remain as the portals by which the "chronics" of the English and Irish Schools find a ready and easy entrance into the ranks of the profession. It is the condition of these bodies which calls most imperatively for legislation, for as they now exist they offer no guarantee to the general public of the proficiency of those to whom their diplomas are granted.

A long and honourably-earned prestige attracts to the metropolis of Scotland a large number of students from all parts of the globe. It must be admitted that this is in a great measure due to the talent of the extra-mural teachers in the city, and the wholesome rivalry which exists in the matter of teaching between them and their more favoured brethren at the University. As a rule, the class of students at Edinburgh are in more affluent circumstances than in other parts of Scotland, and, it must be admitted are usually better educated. A serious drawback to the teaching of anatomy at Edinburgh—a branch so important in medical education—is the scarcity of "subjects," and the overgrown dimensions of the classes.

At Glasgow the student has now the choice of no less than four medical schools, as, in addition to the University and Anderson's College, the Royal Infirmary and the Western Medical Schools have made a fair claim to the consideration and patronage of the medical student.

Its large population, the nature of the avocations of its working classes, and its two large hospitals afford at Glasgow the most ample pabulum for medical and surgical teaching. There is no dearth of "subjects," and, without being ungracious to other teachers, it must be admitted that at one of the cheapest medical schools, viz., Anderson's College, anatomy is admirably taught. The student will have to consider for himself, and from the standpoint of his pecuniary ability as much as from any other, the features which will attract him to one or other of the four schools.

The Aberdeen School is chiefly resorted to by students native of the North of Scotland, and the excellence of the education there obtained is shown in its numerous distinguished graduates in the metropolis. If Aberdeen is weak in anything it is in the final subjects of medical education. Anatomy, physiology, and chemistry are excellently taught; but in the advanced subjects of clinical medicine and surgery, it is far behind the other Scotch Schools. The School has, however, gained materially by the appointment of Prof. Hamilton to the Chair of Pathology.

In Scotland the teaching bodies are, with one or two exceptions, so inseparably associated with qualifying corporations that it is most advisable to consider them in both relations at once.

THE UNIVERSITIES.

THE fees for the degrees in all four of the Scotch Universities are the same, viz.: £15 15s. (£5 5s. being payable at each of the three examinations), C.M. £5 5s. (in addition to the fees of M.B.), M.D. £5 5s. (in addition to the fees for M.B., and £10 for Government stamp.

UNIVERSITY OF EDINBURGH.

This is a qualifying and teaching body, and has complete Faculties of Arts, Theology and Law, equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination in English, Latin, and arithmetic, the elements of mathematics, and the elements of mechanics. An examination in at least two of the following subjects is demanded before being admitted to a professional examination, in addition to the foregoing subjects, viz.: Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy. The University confers three degrees, medical and surgical qualifications being granted—M.D., M.B., and C.M. The C.M. is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing a preliminary education recognised by the Medical Council. A degree in Arts of any British University is held to supersede the preliminary examination. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other university entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-four years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extra-mural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions. The total fees for graduation, including lectures, &c., are £108 18s. For regulations as to Scholarships see "Edinburgh Medical School Guide."

In *Public Health*—The University confers two degrees, a Bachelor and a Doctor of Science in Public Health.

UNIVERSITY OF ST. ANDREW'S.

This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B., and C.M. Two years of study of each candidate must be in one or more of the following Universities, viz., the University of St. Andrew's, Glasgow, Aberdeen, Edinburgh, Oxford and Cambridge; Trinity College, Dublin; Queen's College, Bel-

fast; Queen's College, Cork, and Queen's College, Galway. The degree of M.D. is conferred on any registered practitioner above the age of forty whose professional position is such as to entitle him to that degree, and who shall, on examination, satisfy the examiners of the sufficiency of his professional knowledge; provided always that degrees will not be conferred under this section to a greater number than ten in any one year. The examinations are held yearly towards the end of April.

UNIVERSITY OF GLASGOW.

This is both a teaching and examining body. It confers three degrees, viz.: Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. Before graduating the student must have been engaged in medical study for four years, one of which must have been spent at the University of Glasgow, and the others at some university or school recognised by the Glasgow University. A *medicus annus* is constituted by two courses of 100 lectures each, or by one course of 100 lectures and two of 50 each. Two preliminary examinations must be passed, one before commencing study, and the other before appearing at the first professional examination. A degree in Arts (not honorary) exempts the student from these examinations.

Public Health.—A special examination is held in subjects relating to Public Health, and a certificate granted by the University.

Bursaries tenable by Medical Students.—The Brisbane Bursary of £50 yearly, held for four years by a student of medicine who is a Master of Arts. The Walton Bursary, of £36 yearly, held by a medical student (a native of England being preferred) for four years. The Logan Bursary, of £16 yearly, tenable by a medical student for four years. Two Rainy Bursaries, value £20 per annum each, open to medical students who have just completed the second year of professional study, and tenable for two years. The Armagh Bursaries, three in number, amounting each to £25 yearly for three years, open to students of divinity, law, and medicine who have taken the degree of M.A. The Macfarlane Bursary, value £40 per annum, and tenable for three years, open to students who have attended the first session of their professional study in the University of Glasgow, and who have passed in all the seven subjects of the preliminary examination for M.B. The Marshall Bursary, value £17 per annum, and tenable for four years, open to students entering the Medical Faculty, and awarded by competition on the subjects of the Preliminary Examination. The Lorimer Bursary, value £50 per annum, tenable by a medical student for three years.

Both at the University of Glasgow, and the University of Edinburgh, numerous "extra-classes" are taught, which are virtually as compulsory as the regular classes of the curriculum. The expense of education is thus much greater than at first sight appears, and the student, to whom money is an object, would do well to take this matter into consideration.

UNIVERSITY OF ABERDEEN.

This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The curriculum of study is nearly the same as in the University of Edinburgh. One year must be passed at Aberdeen. Another of such four years must be either in this University or in some other University entitled to give the degree of M.D. With regard to fees each candidate for the degree of M.B. must pay a fee of £5 5s. in respect of each of the professional examinations. If he desires to be admitted to the degree of M.B. only he will not be required to pay any further fee in addition to the £15 15s.; but on admission to the degree of C.M. he must pay a further fee of £5 5s., in addition to the fees for the M.B. degree. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions. Perpetual fee for hospital practice is only £6. The professional examinations are held twice in each year, namely, in April and July, directly after the close of the winter and summer sessions.

Substantial encouragement to medical students is offered at this University in the form of bursaries, and quite recently 2,000*l.* have been bequeathed to it for endowment of four new medical bursaries to be termed the "Watt's Bursaries" and the "Marr Bursaries," of an annual value of from 20*l.*, to 25*l.*

The Degree of M.D.—The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged subsequently to his having

received the degree of M.B. for two years in attendance in an hospital, or in military or naval medical service, or in medical or surgical practice. Provided always that the degree of Doctor of Medicine shall not be conferred on any person unless he be a graduate in Arts, or unless he shall before or at the time of his obtaining the degree of Bachelor of Medicine, or thereafter, have passed a satisfactory examination in Greek and in Logic or Moral Philosophy.

THE COLLEGES.

Royal College of Physicians, Edinburgh.—This, like the sister College of London, is exclusively a qualifying body. In conjunction with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, this College grants a double qualification, and registerable as such. Each applicant for the professional examination must previously have passed one of the preliminary examination recognised by the General Medical Council. Exemption is made in the case of masters or bachelors of Arts, of any British University and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will, on completion of their studies, be admitted to the second part of the examination.

The Fellowship, is conferred only by election, and the candidate must have been a member of the College for at least one year previously, and have attained the age of twenty-five years.

The Membership is conferred only on licentiates of the College or graduates of a British or Irish University after an examination in Medicine and Therapeutics, and in another branch of Medical Science to be selected by the Candidate. Under certain conditions as to age and professional standing, Candidates may, however, be admitted without examination.

The Licence.—The regulations are nearly the same as those for the joint examination for the Scotch double qualification.

The professional examination will be divided into two parts, according to the following arrangement of subjects:—1. Anatomy, physiology, chemistry; 2. Materia medica and pharmacy, pathology, and pathological anatomy, practice of medicine, surgery, midwifery, medical jurisprudence, clinical medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examinations will be partly oral, partly in writing. Qualified practitioners may obtain the licence by passing an oral examination in the subjects of the second examination.

Qualification in Public Health.—The College now confers a certificate of competency in public health. The examinations are held in April and October. Fee, £10 10*s.*

Fees.—The fee payable by a licentiate is £15 15*s.* In the case of unsuccessful candidates the fee is returned, minus the expenses of examination. The fee to be paid by a member is £31 10*s.* When a licentiate is raised to the rank of member, he pays £21, or £15 15*s.*, according to the date of his licence. When a member is raised to the rank of a fellow, the fee is £31 10*s.*, exclusive of stamp-duty, which amounts to £25. All candidates for the fellowship or the membership must lodge their fees and the amount of stamp-duty payable at the time to Government with the treasurer, previously to presenting their petitions.

Royal College of Surgeons of Edinburgh.—Candidates for the diploma of this College must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school.

Preliminary Examination.—All candidates for the diploma of the College must have passed the complete preliminary examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

Professional Study.—Candidates must have been engaged, during four years after the preliminary examination in general education, in professional study, which shall include not less than four winter sessions, or three winter and two summers' attendance at a recognised medical school.

Professional Examination.—The professional examination is divided into two—the one oral, the other written. The first examination embraces anatomy, physiology, and chemistry, and for this candidates may appear at the end of their second winter. The second examination embraces

surgery and surgical anatomy; also medicine, midwifery, *materia medica*, and medical jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

The Fellowship is conferred only on candidates who have obtained a diploma from this College or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are twenty-five years of age. The election is by ballot, and three-fourths of the votes are required to be in the candidate's favour; he has also to subscribe certain bye-laws of the College. Fellows are forbidden to keep open shops, to be connected with secret remedies, or indelicate advertisements or publications.

The Licence.—The regulations are almost the same as those for the joint examinations conducted by the Colleges of Physicians and Surgeons.

Dental Diploma.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a university or an established medical or dental school recognised by the College as qualifying for the diploma in surgery. This diploma may, in certain cases, be given after examination, but *sine curriculo*.

THE SCOTCH DOUBLE QUALIFICATION.

The Royal College of Physicians of Edinburgh, by a certain arrangement, grants conjointly with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, after one series of examinations, a double qualification, two diplomas being given and registered under the Medical Act as medical and surgical qualifications, thus: Lic. Roy. Coll. of Phys. Edin. and Lic. Roy. Coll. of Surg. Edin., or Lic. Roy. Coll. of Phys. Edin. and Lic. Fac. Phys. and Surg. Glas., according as the case may be.

By the understanding subsisting between these bodies, the College of Physicians takes exclusive charge of the examination in medicine; and the College of Surgeons or the Glasgow Faculty, of that in Surgery; whilst departments common to both medicine and surgery are examined by a board in which each body is represented. Such arrangements as these were contemplated by the Medical Act, and authorised by Section XIX., and those under consideration were sanctioned by the Medical Council, 7th August, 1859.

Candidates having fulfilled the full curriculum are subjected to two professional examinations. Hereafter the preliminary examination must be passed before commencing professional study, and must be otherwise conformable to the regulations of the Medical Council.

Total fee for double qualification is £21.

Faculty of Physicians and Surgeons, Glasgow.—The Faculty grants a Licence in Surgery and a Fellowship. In conjunction with the Edinburgh College of Physicians it grants a double qualification. The regulations and fees are the same as the Edinburgh colleges.

School of Medicine, Edinburgh.

This, constituted by the whole body of lecturers licensed by the Colleges, meets for the purposes of teaching in separate buildings, of which Surgeons' Hall and Minto House are the chief. At Surgeons' Hall, the parent meeting-place of the School, some of the older teachers still lecture; but owing to the want of better accommodation and the lack of that enthusiasm which characterises its younger rivals, the classes, with one or two exceptions, are not as large as they formerly were.

Surgeons' Hall.—The chemical laboratories are under the care of Dr. Macadam. Medical jurisprudence laboratories—Dr. Littlejohn. *Materia medica* laboratories—Dr. Moinet. Dissecting-rooms—Dr. Cathcart. Pathological laboratories—Dr. Buist. Physiological laboratories—Dr. James.

The lectures of this School qualify for the University of Edinburgh and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

Total fees for double qualification, £95.

For further details, see "Edinburgh School Guide."

Minto House.—This School is a part of the Edinburgh Extra Academic School of Medicine, and in it the following means are afforded for practical instruction:—

The dissecting-rooms are open daily from 9 a.m. till 4 p.m., under the superintendence of Mr. Symington and assistants.

The chemical laboratories are open daily from 9 a.m. till 5 p.m. for instruction in practical and analytical chemistry,

under the superintendence of Mr. J. Falconer King, Mr. Hunter and assistants.

The medical jurisprudence and public health laboratories are open daily, under the superintendence of Dr. Aubrey Husband.

The *materia medica* museum and laboratory are open daily, under the superintendence of Dr. Craig.

Clinical instruction in diseases of women and in the minor gynecological operations is conducted in the Western Dispensary and Obstetrical Museum, under the superintendence of Dr. Halliday Croom.

The pathological laboratory is open daily from 10 a.m. till 4 p.m., under the superintendence of Dr. Waller.

The physiological laboratory is open daily from 10 a.m. till 4 p.m., under the superintendence of Mr. James Hunter.

Clinical instruction in diseases of children, at the Royal Hospital for Sick Children, on Tuesdays, Thursdays, and Saturdays, at 11.30 a.m.

Clinical instruction in diseases of the ear at the Ear Dispensary, on Mondays and Thursdays, at Twelve Noon.

Clinical instruction in diseases of the skin, Royal Dispensary, on Wednesdays and Saturdays, at 1 p.m.

Clinical instruction in diseases of the throat, at the Western Dispensary, on Wednesdays and Saturdays, at 5 p.m.

The dissecting-rooms and chemical laboratories open on October 4th.

Edinburgh Royal Infirmary.—Clinical instruction is afforded at this institution under the supervision of Professors of the University and the ordinary physicians and surgeons of the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee, in one payment, is £12; the annual fee, £8 6s.; half-yearly, £4 4s.; quarterly, £2 2s. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

Dispensaries in Edinburgh.—At these institutions students may take out the necessary practice required by the examining bodies.

Dental School and Hospital, Edinburgh.—The hospital practice and lectures qualify for the dental diplomas of the Royal College of Surgeons, England, Royal College of Surgeons, Edinburgh, and Royal College of Surgeons, Ireland. For further information, apply to James Robertson, 4 Lindsay Place, Edinburgh, or to Mr. W. B. Macleod, Dean of the School.

Glasgow, Anderson's College.—This is exclusively a teaching body. In addition to its offering excellent opportunities for acquiring a good medical education, instruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution are exceedingly moderate, the fees for all lectures and hospital practice required of all candidates for the double qualification of the Scotch Colleges being £48. Extensive opportunities for dissection are offered, under the guidance of the Professor of Anatomy. Several scholarships, &c., are offered by the College.

In connection with the college, there are five hospitals and dispensaries for special diseases, to all of which students are admitted.

The Summer Session at this College begins on the first Tuesday of May, and closes about the middle of July. A Lectureship on Aural Surgery has been established. Lectures on Dental Anatomy and Surgery are also given four times weekly. The fee for two years' hospital practice required by the curriculum for the Dental Licence is £10 10s. Fees for Dental Lectures are £2 2s. each course.

Further particulars may be obtained on applying to Dr. A. M. Buchanan, Dean of the Medical Faculty.

Glasgow Royal Infirmary.—Number of beds, 532. In addition to the ordinary medical and surgical wards, there are separate wards for the treatment of venereal diseases and the diseases of women; whilst diseases of the eye, ear, throat, and teeth are specially treated at the dispensary. Courses of clinical medicine and surgery are given by the physicians and surgeons, and post-mortem examinations are conducted in the pathological theatre by the pathologists, who also give practical instruction in pathological anatomy and histology.

Appointments.—There are five physicians' and five surgeons' assistants. The appointments can be held for six or twelve months, and are open to students who have passed all their examinations except the last, or to gentlemen who have a qualification in medicine or surgery. Clinical assistants, dressers, dispensary clerks, and pathological assistants are elected from the students.

Fees for hospital practice and clinical lectures, first year, £10 10s.; second year, £10 10s., afterwards free. For six months, £6 6s.; three months, £4 4s.; Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for £2 2s., or one year for £3 3s. Vaccination certificate, recognised by Privy Council, £1 1s.

Glasgow Royal Infirmary School of Medicine.—The winter session will commence on October 29th. Courses of lectures are given on all the subjects required by the licensing bodies for qualification, and lectures are also given on practical physiology, operative surgery, aural surgery, dental surgery, and diseases of the eye. During the summer, lectures on insanity are given by Dr. A. Robertson, and the City parochial asylum under his charge is free to students of this school. Students have unusual facilities for the study of anatomy, the supply of subjects being practically unlimited.

Class Fees.—For each course, first session, £2 2s.; second session and perpetual, £1 1s. Students who have attended a first course elsewhere can enter on the second course on payment of £1 1s. Anatomy, first winter session, £4 4s.; summer session, £1 11s. 6d.; second winter session, £1 4s.; afterwards the fee for lectures and practical anatomy is £1 1s. per session. Lectures on diseases of the ear, £1 1s.; with clinique to those who are not students at the Hospital, £2 2s. Clinique on dental surgery, free to students of the Hospital; to others, £5 one year, perpetual, £10. Lectures on diseases of the eye, £1 1s. Lectures on dental surgery, £2 2s.

Glasgow Western Medical School, University Avenue, Hill-head.—The Winter Session of this School will open on November 1st. The school is situated close to the University and the Western Infirmary, where students can obtain their clinical lectures and hospital practice. The class-rooms have been newly arranged and enlarged. The dissecting-rooms are open for work from the beginning of October till the end of July.

The lectures qualify for the University of Glasgow, the Faculty of Physicians and Surgeons, Glasgow, and the other corporations.

Class Fees.—For each course of lectures, First Session, £2 2s.; Second Session, £1 1s. Students who have attended a first course elsewhere pay £1 1s. Anatomy, including practical anatomy, £4 4s. Summer Session £1 11s. 6d.

THE SERVICES.

I.—THE ARMY MEDICAL DEPARTMENT.

THE Royal Warrant, dated 25th June, 1881, placed this branch of the public service pecuniarily in a better position than it had previously enjoyed. The rates of pay under that Warrant are as follows, viz.: Surgeon-General, £2 15s. per day, or if at headquarters, £1,300 yearly; Deputy Surgeon-General, £2, at headquarters, £900 yearly; Brigade-Surgeon, £1 10s. to £1 12s., at headquarters, £750 yearly; Surgeon-Major, £1 to £1 7s. 6d., according to length of service, at headquarters, £650; Surgeon, £200; after five years' service, £250 a year; after ten years' service, 15s. daily, equal to, say, £273 per annum. While on probation the surgeon receives 8s. per day. Relative rank is as follows:—As Major-General, Director-General, and Surgeon-General; as Colonel, Deputy Surgeon-General; as Lieutenant-Colonel, Brigade-Surgeon, and Surgeon-Major after twenty years' service; as Major, Surgeon-Major of less than 20 years' service; as Captain, Surgeon; as Lieutenant, Surgeon on probation. The pay of medical officers is issued monthly in arrears.

A candidate must possess two diplomas or licences, one in Surgery and one in Medicine; he must be registered. His age on appointment not to exceed 28 years. Not less than half the number of appointments to be through public competition. The Secretary of State for War may fill up the remaining number by candidates proposed by

the governing bodies of schools of medicine in the United Kingdom or Colonies. Application to be made to Director-General. On passing satisfactorily through the Army Medical School at Netley he obtains his commission, the order of precedence being in that of merit at the final examination. Medical officers, soon after being gazetted to the service are sent to Aldershot and other large stations for instruction in ambulance and army hospital corps duties.

Promotion to the rank of Surgeon-Major to be after twelve years' service, three of which abroad; but for distinguished service promotion to be irrespective of seniority. To the rank of Brigade Surgeon promotion to be by selection for ability and merit, provided the Surgeon-Major has had eight years foreign service in all. From Brigade Surgeon to Deputy Surgeon-General, and from the latter rank to that of Surgeon-General. Promotion to be by selection. If appointed as Honorary Physician or Honorary Surgeon to Her Majesty, a medical officer, if under the rank of Deputy Surgeon-General, shall, if duly qualified, be promoted to that rank.

On completion of ten years' service a medical officer may retire on a gratuity or pension, if specially recommended by the Commander-in-Chief and Secretary of State for War. If retiring voluntarily before the age of 55, he is liable to be called upon to serve in the case of national emergency. A Brigade Surgeon, Surgeon-Major, or Surgeon, shall be placed on the retired list at 55 years of age. A Deputy Surgeon-General or Surgeon-General at 60. A step of honorary rank is attainable on retiring after twenty years' full pay service. Exchanges are permitted. Good service pensions are granted in larger numbers than heretofore. Sick leave may be allowed for six months, and in special cases for a second period of the same extent—that is, a year in all. Temporary half-pay is granted under particular circumstances to medical officers incapacitated for duty by illness.

Non-effective pay, or gratuity in lieu, thereof is granted. To a medical officer of 10 to 18 years' service a sum of £1,250 to £2,500; Surgeon-Major from 20 to 30 years' service, £1 to £1 5s. 0d.; Brigade Surgeon, £1 7s. 6d. to £1 10s.; Deputy Surgeon-General, £1 15s.; Surgeon-General, £2.

Retired medical officers, and medical officers of the Militia, are eligible for employment up to the age of 63, receiving during the time of such employment a consolidated salary in place of retired pay.

II.—THE INDIAN MEDICAL SERVICE.

By recent regulations the conditions of service, pensions, and honorary awards in the Indian Medical Department have been in a great measure assimilated with those of the medical branch of the general army. It is right, however, that we allude to the fact that rumours are in circulation regarding further changes in the constitution of the Indian Department.

The examination usually takes place in February and August, when candidates are examined in the following compulsory subjects: a. Anatomy and Physiology. b. Surgery. c. Medicine, including Therapeutics, the Diseases of Women and Children. d. Chemistry and Pharmacy, and a Practical Knowledge of Drugs. The examination in Medicine and Surgery is in part practical, and includes operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside. The eligibility of each candidate will be determined by the examinations in these compulsory subjects only.

Optional Subjects.—Candidates who desire it will be examined in French, German, and Hindustani, Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to *Materia Medica*; and the number of marks gained will be added to the marks in the obligatory part of the examination, and position on the list of successful competitors will thus be improved in proportion.

Probation at Netley Hospital.—The competitor who

obtains a place in the ordinary service is obliged to undergo probation of four months at Netley Hospital, where he attends the following lectures: Pathology, by Dr. Aitken; Military Surgery, by Dr. Langmore; and Clinical and Military Medicine, by Dr. Maclean; Military Hygiene, Dr. de Chaumont. The lectures on Military Surgery include gun-shot and other wounds; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examinations of water, air, food, and clothing, &c., of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospitals under the Professor of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay as already stated. A sum of money, equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins the "Blue Ribbon of Netley" being tolerably certain to be well provided for.

III.—NAVAL MEDICAL SERVICE.

The arrangements, time, and places for examination, the declaration to be made, and documents produced, the subjects and method of examination, and the subsequent probation at Netley, are to all intents exactly the same as those quoted above for the Army and Indian Medical Services.

Fleet surgeons have the option of retiring after twenty years' full pay service in all ranks at 15s. per day, and after twenty-five years, 21s.

Medical officers share in the proceeds of all prizes.

The following rates of pay and retiring allowances are granted under Admiralty Regulations dated 7th October, 1875, namely:—

Full pay Surgeons from 11s. to 17s. per day, according to length of service. Staff Surgeons, £1 3s. to £1 10s.; Deputy Inspector-General, £1 11s. to £1 18s.; Inspector-General, £2 5s. to £2 10s. 6d.

Half pay Surgeons, 6s. to 11s.; Staff Surgeons 11s. to 14s.; Fleet Surgeons, 16s. to 18s. 6d.; Deputy Inspector-General, £1 1s. to £1 7s. 6d.; Inspector-General £1 11s. to £1 18s.

IV.—ENGLISH POOR-LAW MEDICAL SERVICE.

The English Poor-law service differs in many respects from the Irish. Each parish in England and Wales has its guardians of the poor, and these parishes are grouped together to form unions. The unions are divided into districts for medical relief. A Union medical officer therefore has the care of a district, and sometimes of a workhouse as well; sometimes only a workhouse. He is elected by the guardians of the union, and the appointment confirmed by the Local Government Board. He must have both a surgical and medical qualification, and be registered, and is required to name a duly-registered practitioner to whom application can be made in case of his absence from home; he can name his assistant or partner as his substitute. As a general rule, the guardians may not assign to any medical officer a district which exceeds in extent an area of 1,000 acres, or which contains a population exceeding

15,000 persons. This does not apply to Wales, but no such district may be assigned to a medical officer residing more than seven miles from any part of a parish included in such district. A medical officer is entitled to a fee of not less than 10s., or more than 20s. for attending a woman in or immediately after childbirth, and to a fee of £2 where great difficulty has occurred in delivery, or long subsequent attendance has been necessary. Many of the salaries of Poor law appointments are very low—often so out of proportion to the work done that the medical officer must give his services for nothing, or next to nothing, as he has to provide all medicines, instruments, &c., except trusses, cod liver oil, and quinine, for which he sends a statement to the guardians, who pay him the cost price; the paupers have to put up with those medicines which cost the least. In London and large towns some boards of guardians provide dispensaries, where the paupers are supplied with medicine, which relieves the medical officer from much labour and expense. It ought to be compulsory on all boards of guardians to provide dispensaries, and where this cannot be done, as in country districts, to provide all drugs, &c.

Clubs.—In England and Wales (more especially in the manufacturing districts) the medical practitioner derives much of his income from clubs, which pay him from 3s. to 4s. per head yearly, for which he visits and supplies medicines, &c.; the average payment for each visit amounts to the large sum of about 6d. Parish appointments are often sought for by young men as an introduction to practice, or by older men to prevent opponents setting up in the district.

V.—THE IRISH POOR-LAW MEDICAL SERVICE.

The newly-qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes in the great majority of instances upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 163 workhouse and about 808 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The salary in this service averages about £103 15s.; and when it is taken into consideration that in the vast majority of rural districts it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and medical officer of health for the district, under the Public Health Act passed in '73 and amended in '78.

The former office, in country districts, yields between £5 and £10 a year, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate every one who wishes to come. For each patient his fee of 2s. is paid, along with his salary, by the guardians, and the sum total of these fees varies, according to the populousness of the district, from £4 to £100, an average for the provinces being about £10. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for office into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

Appointments.—The qualifications required by the Poor-law Commissioners are a Licence in surgery or a Diploma in medicine, and a Diploma in midwifery; the candidate must also be twenty-three years of age.

The appointment lies with Dispensary Committee, who

elect by vote. As politics and religious feeling run high in Ireland, these elements enter largely into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away.

Duties.—The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting ticket has been issued by a member of the committee or the relieving officer, and to continue his attendance as often as may be necessary to the termination of the same. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the members of his committee. If the medical man be a favourite with his masters, they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye, even to the committeeman's own brother or daughter.

Workhouse Hospitals.—The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as they are confined to daily attendance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

Superannuation.—A Poor-law medical officer may now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. There are now about 60 ex-medical officers receiving superannuation allowance, whose average term of service before pension was 20 years, and whose allowance averages about £60. Their average age at retirement was 63.

Complete information as to fees, emoluments, duties, and appointments of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1882.

VI.—SCOTCH POOR-LAW MEDICAL SERVICE.

Practically these appointments, once made, are held *ad vitam aut culpam*, while in terms of the strict letter of the law they are but yearly appointments. Arbitrary dismissal is, however, guarded against by the powers of the Board of Supervision. It is expected that soon parochial medical appointments will be legally placed on the footing of permanent ones, and that a re-

tiring allowance will be provided for the medical officers, as is the case in Ireland. The emoluments received from the parochial boards vary according to the number of paupers, size of the parish, and often the local exigencies requiring the residence of a medical man. The salaries may be said to range, on an average, from £30 to £100 per annum. In remote and thinly-peopled districts the landed gentry and large farmers assess themselves in sums varying from £5 to £20 to make up an adequate income to the doctor, which, however must be held in lieu of fees for medical attendance. Should such attendance, however, be much in excess of any such sum, the doctor is usually safe in trusting to the honour and generosity of the Highland gentleman, for this arrangement is more peculiar to the Highlands of Scotland. The young doctor has more speedy and easy access to "good society" in the country than in large cities; and perhaps better society than the latter; and should he be worthy of it he is certain to command respect and courteous treatment, and, with limited ambition and sporting tastes, to lead a useful and happy life.

NOTICE.—The Editor desires to thank those gentlemen attached to the various Medical Schools for supplying him with the information from which the foregoing pages have been composed.

NOTICE TO READERS.—As this number is devoted exclusively to information necessary for students intending to join one or other of the various medical schools; and for those who, having passed their curriculum, are about to enter into the ranks of the profession, the ordinary matter which fills our columns is necessarily deferred till next week. Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost.

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from germs present in the soil and which float over the air of marshes; and that by treating with water the soil of a fever-haunted marsh of the Campagna the germs of this organism could be washed out; and that the water containing the organisms thus obtained, introduced into the circulation of a dog, produced ague more or less rapidly and more or less violent according to the numbers in which the organisms were present in the water.

This theory no doubt agrees with certain well-known facts.

In a tropical climate, if soil which has been long undisturbed, or the soil of marshy ground, be turned up, intermittent fever is almost certain to ensue.

In illustration of this, I recollect that at Hong Kong the troops were unhealthy, and a beautiful position on a peninsula exposed to the most favourable sea breezes was selected for a new encampment. The troops were encamped upon this spot for some time to test its healthiness, which was found to be all that could be desired. It was then resolved to build barracks—as soon as the foundations were dug, fever broke out.

As an instance of this nearer home I may mention that last winter at Cannes, in the south of France, some extensive works adjacent to the town were begun which required a large quantity of earth to be moved. The weather was exceptionally warm—an outbreak of fever occurred among the workmen, of whom fifteen died: this fever was attributed to the turning up of the soil.

If a strong solution of quinine be let fall in the water containing these organisms, they at once die: the efficacy of quinine as a preventive of this form of fever would therefore not be inconsistent with this theory.

Dr. Sternberg of the United States Army, who made experiments on the soil, water, and air of New Orleans, whilst he is unable to confirm the views of Professors Klebs and Crudelli, admits that there are many circumstances in favour of the hypothesis that the etiology of these fevers is connected, directly or indirectly, with the presence of these organisms or their germs in the air and water of malarial localities.

Sir Joseph Fayrer, whose large experience in India has given him exceptional knowledge of malarial fevers, in speaking of these researches of Klebs and Crudelli, says that the importance of such a discovery, if it were confirmed, could not be over-rated; because, if we take the world over, it is probable that some form of malaria is the most fruitful cause of disease; and that this theory offers an explanation which appears to correspond with what we know of the mode of operation of malaria:—First, that it occurs at certain heights, and that it is not necessarily connected with the presence of marshes, ponds, or rivers, nor with admixture of fresh or salt water, nor with the putrefaction of an organic substance. Second, that the production of malaria ceases when the air can no longer act on the soil; for the most pestilential marshes cease to be so when they are covered with water, or when the air is excluded by any interposing substance. Third, that a very moderate degree of humidity will produce malaria. Some malarial soils, innocuous during hot and dry weather, become dangerous after a shower, and so in the case of the upturning of new ground or the cutting down of jungle.

But he adds the following words of caution: “In our natural anxiety to find a particular origin for the poison or germ, we must not overlook the possibility that the results attributed to the so-called malaria may be due to disturbance of the system caused by gaseous emanations or by some other agencies, in a body predisposed to be so deranged by peculiarity of constitution, climatic, or other influence, of the nature of which we are ignorant, though it is conceivable by analogy.”

In the case of certain of the diseases mentioned, some very curious and valuable results have been obtained—results analogous to that of vaccination in the case of small-pox.

If a point of a needle be dipped in the blood of a fowl

suffering from chicken cholera, and then placed in a vessel containing pure chicken soup, from which care has been taken to exclude all contamination by air-borne germs, and a suitable temperature be maintained, the bacterium or microbe (as M. Pasteur terms it), and cognate organisms which are found in the blood of the diseased fowl, multiply and render the liquid turbid by their presence. If a drop of the contents of this vessel be transferred to another portion of similar chicken soup, it, too, speedily becomes permeated with the organism. The process may be repeated a hundred times; and the result inoculated upon fowls, or given them in their food, will produce the same fatal effects. But if the infected chicken soup be allowed to remain for a few weeks or months, the malignant powers diminish: it becomes, as Pasteur terms it, “attenuated.” A given quantity of infected chicken broth, even at the hundredth rapid cultivation, inoculated upon twenty chickens, would probably prove fatal to eighteen of them. If the same infusion were allowed to remain exposed to the air for a month it would be so far attenuated that it would only prove fatal, say, to ten. Exposure for another month would render it still less virulent, so that it would only prove fatal to two or three; while after exposure for six or eight months it would not prove fatal in a single instance. In its most attenuated form the infusion gives rise only to trifling local symptoms, not at first recognisable as bearing any affinity to the deadly fowl cholera, and consisting of a small local slough. But the valuable fact discovered by M. Pasteur is that the attenuated infusion works upon the system a change protective against subsequent attacks of fowl cholera, exactly similar to that which has been remarked to be enjoyed by fowl that had recovered from the virulent form of the disease. Similar results are obtained in the case of anthrax or splenic fever in cattle.

When we consider the marvellous facility of reproduction of these various germs, shown by these discoveries, we wonder how any higher form of life can exist subject to the possibility of invasion by such countless hosts of occult enemies.

But as we pursue the subject further, we find that the science of the prevention of disease, that is to say the science of hygiene, advances quite as rapidly as our knowledge of the causes of disease.

The practice of mitigating the severity of attacks of disease by producing voluntarily a milder form of the disease is not new. Inoculation for small-pox has been practised in various ways from the most ancient times; because it was known that the occurrence of the disease caused some change in the blood or in the system of the person suffering from it which prevented the development of the disease a second time, or mitigated the attack.

Jenner showed us that the milder disease of cow-pox caused a change in the system which produced a similar result.

With regard to more recent investigations, the most cautious observers are prepared to admit that in some diseases, such as anthrax, fowl cholera, and in some other diseases, it has been proved that there are certain organisms in the blood, or in the tissues, or in the morbid fluids in animals suffering from disease; that blood or fluids containing the organisms or their spores transmit the disease when inoculated; that when these organisms are absent or artificially separated, inoculation gives no such result; that the organisms can be cultivated outside the animal body, and after ten or fifteen generations the fluid which contains the cultivated organisms can reproduce the original disease when inoculated; and that the method of cultivation can modify or increase at will the virulence of the communicated disease.

There are some other diseases of the zymotic class besides those mentioned above, in which there is a probability that organisms may cause the disease; but experiments have not hitherto absolutely settled the question; and for the present our attitude must be one of reserve, much as we should wish it should prove all true.

But even if the views of those who are prepared to accept the germ theory of disease to its fullest extent were shown to be true, it seems also to be certain that if the invasion of these occult enemies present in the air is undertaken in insufficient force, or upon an animal in sufficiently robust health, they are refused a foothold and expelled; or if they have secured a lodgment in the tissues, they may be, so to speak, laid hold of and absorbed or digested by them. In corroboration of this view Professor Koch and others state that the minor organisms of tubercular disease do not occur in the tissues of healthy bodies, and that when introduced into a living body their propagation and increase is greatly favoured by a low state of the general health.

The record of facts enunciated by the various scientific inquirers into the germ theory of disease affords an interesting contribution to the solution of etiological questions; but these inquirers have not yet given the sanitarian grounds of practical action, and for the present, at least, sanitary procedure is quite independent of them.

The remaining portion of the address was devoted to a consideration of the influences affecting the death-rate under various conditions, and was amply illustrated with statistical tables.

SULPHUROUS ACID VAPOUR IN THE TREATMENT OF CONSUMPTION.

By D. H. CULLIMORE, M.K.Q.C.P., F.R.C.S.I.,

Physician N.W. London Hospital; formerly Medical Staff Indian Army.

HAVING been long convinced, as shown by my writings published in 1880, of the contagious character of pulmonary consumption, a fact which the recent discovery of the tubercular bacillus most clearly demonstrates to the satisfaction of the most sceptical, I have lately been occupied in testing the relative merits of the various antiseptic agents as inhalations in this disease, mainly with a view of finding out one that might prove an antidote to its specific poison. I believe, for reasons which I will bring forward as I proceed, that such an antidote will be found in sulphurous acid, or the vapour of sulphur administered in combination with other drugs, so as to minimise or entirely counteract its irritative properties, and disagreeable odour. However, as when the most universally accepted antidotes are limited in their action, and their success or failure determined by the intensity of the poison or its duration in the system, so will similar conditions influence the remedial action of any antidote to the ravages of the tubercular bacillus. Thus, it must not be imagined from the discovery of the bacillus of Koch that the direct application by inhalation of the most suitable remedy will at once, and in every case, be followed by a cure. Those who expect this will assuredly be disappointed, no such beneficial revolution can be accomplished, particularly in a chronic disease, where every stage is bound up with inflammation, and whose whole pathology may be briefly and correctly summed up as a combination of the pathological processes of the three forms of pneumonia, viz., the croupous, the catarrhal, and interstitial. No! This specific tubercular virus is intimately connected with the inflammatory processes, which acting sometimes as an existing, and sometimes as a predisposing cause, always furnishes the most suitable nidus for its hatching and propagation. Hence, if we would manage consumptives with advantage, we must remember, that while the bacillicide with pure air is our sheet anchor, the treatment of inflammation by counter-irritants and occasional anti-phlogistics must not be neglected. Its climatic aspect is also important. The latter is specially necessary to bear in mind in reference to winter mountain climates, for that which is best for the specific affection may be unendurable to its attendant inflammation. Moreover, I do not contend that sulphur

is alone capable of rendering inert the bacillus of tuberculosis, for great heat and extreme cold if unattended with moisture, have probably the same effect. Some physicians of eminence are also of opinion that mountain air acts in the same manner owing to its anti-putrefactive properties, which anti-putrefactive property mountain air *per se* does not possess more than the air of the plains, for I have myself seen decomposing meat at a height of 4,500 feet, and have even had occasion to condemn it. Overcrowding, diet, bad drainage and moisture will prove as injurious on the hills as the lowlands. The pure air which M. Pasteur found so deleterious to the life of his microbisms is probably equally beneficial at whatever elevation it is found. Withal, so far as drugs are concerned, the analogy, the teachings of history, even my own experience of the sulphur show that it is not only *primus inter pares*, but without a rival or a peer. There are some anti-contagionists, whose pickets being driven in by the discovery of Koch, yet stoutly maintain that there is nothing specific in the bacillus of tuberculosis, that it is not essential to the development or spread of consumption, but merely an epi-phenomenon common to certain phases of this, as of other, affections.

This view is clearly untenable, that is, if the description of the cultivation, isolation, and reproduction of the disease from the second and third generation is to be credited. And if, for the sake of argument, we may be inclined, and with justice to criticise strictly the descriptions of the authors of abstruse discoveries, still, I think everybody who believes in the researches of Pasteur with reference to charbon, must, to be rational, also accept the discovery of Koch. A great man of science—Cuvier—once said that on the whole he found it correct to accept rather than cavil at the conclusions of those who had given any subject their undivided attention. But the contagiousness of consumption, no more than the contagiousness of cholera or leprosy, or the exanthemata, does not rest, nor is it dependent on the discovery of any special bacillus. Such a discovery demonstrates and substantiates for the sake of the incredulous what was always the accepted creed in tropical countries where the catarrhal element is not so powerful a factor of complication, and I myself have, from observation, arrived at the same conclusion, and predicted the discovery of a specific germ of a bacterial character (a) long before the profession was made familiar with the bacillus of Koch. The discovery and isolation of which microscopical atom—shorter than the diameter of the red cell—disposes of the objection of Tappinger and Schotellus, as regards the injection of non-tubercular matter, and even *cheese* was followed by tuberculosis in rabbits, which I have always explained in two ways, first, as proving too much, and second, by the action of a non-specific irritation, calling into activity this latent disease to which rodents are peculiarly liable.

With these remarks rendered necessary to place the subject in its proper light, and to prevent disappointment to those who might be disposed to expect too much from the treatment I propose, I will now proceed to show how I was led to try the inhalation of sulphurous acid.

In reviewing the regions of immunity from consumption, particularly Iceland, where, in spite of an adverse climate, complete immunity—on undoubted authority—exists not only among the natives, but among the children of foreigners with an inherited taint, I was struck with the geological formation of the country. The island is remarkable for its volcanoes and beds of living sulphur, which are scattered over a great portion of the land, and, unlike the Sicilian sulphur mines, the deposit of past geological ages are on the surface of the earth in a state of constant sublimation and great purity, the deposit being renewed as soon as removed.

(a) See "Consumption as Contagious Disease," Page 28, &c.

It thus mingles with the air, and is in the most favourable state to bring its influence to bear on the virus of tuberculosis.

Iceland may be described as the sole lowland subarctic region of immunity. The torrid regions of immunity being found on the upland or mountain plateau of Central America—regions, according to Humboldt, abounding in volcanoes, many of which, owing to some subterranean connection, are always in a state of eruption, belching forth sulphur and pitchy stone. Again, in the upland of Mexico, the same conditions has existed for centuries, and Prescott tells us that Cortes, having destroyed his ships before advancing into the country, found sulphur to make his powder by sending his soldiers in buckets down the craters of volcanoes. Thus the Arctic lowland and the torrid mountain regions of immunity, so dissimilar in all respects, agree in the one point of sulphurous formation of the soil. Sulphurous acid is also, as all are aware, useful in the treatment of parasitic diseases—either of the animal or vegetable character—and I have used sulphur vapour in cholera with considerable advantage.

For these reasons I have lately tried it in pulmonary consumption, and with advantage, though at first discouraged by reason of its irritative properties and obnoxious odour. Since, however, combining it as follows, these difficulties have passed away. These preparations may be had from Mr. Bullock, of Hanover Street, and are:—

- 1st. Vapor acid sulph. c. pini.
- 2nd. Vapor acid sulph. c. eucalyptin.
- 3rd. Vapor acid sulph. c. benzoini.

The first contains sulphurous acid dilute, oil of pine, and kaolin; the latter to assist in forming a mixture. The second contains the acid with the oil of the *Eucalyptus globulus*; this latter ingredient answers the purposes of carbolic acid without its disagreeable odour. The third contains sulphurous acid, with benzoic acid or compound tincture of benzoin. These inhalations may be conveniently dropped on a bit of sponge in a wide-mouthed bottle, or used in an inhaler with hot water, or dropped on a little cotton wool in a respirator, or placed in the nostrils. The latter mode will render superfluous the large hideous instruments that cover both nose and mouth.

Other substances may be used in combination, as, for example, iodide of sulphur and permanganate of potash, as well as any sedative that the peculiar symptoms might at any time suggest. The eucalyptus combination I have found especially useful, and, as an example, I may bring forward the case of a young lady who, last October, was in an advanced stage of hereditary consumption, with hæmoptysis, a cavity, extensive crepitation, and high temperature, who is now well under the influence of the eucalyptus and benzoic combination treatment. This patient, unless for a fortnight, was never out of London. Counter-irritation, with aconite to control acute exacerbation, were occasionally applied. Quinine was also given, but no cod-liver oil.

On a future occasion I hope to return to this subject with the result of the trial of permanganate of potash and iodide of sulphur, together with a more extended experience of the sulphurous acid treatment.

ON THE CHANGES PRODUCED IN THE SECRETION OF MILK UNDER THE INFLUENCE OF CERTAIN DRUGS.

By PROFESSOR STUMPF.

Translated from *Deutsch. Archiv. f. Klin. Med.*, Bd. 30, Heft. 3.

By J. E. BURTON, L.R.C.P. Lond., M.R.C.S.,
Physician-Accoucheur to the Liverpool Lying-In Hospital.

DRUGS are capable of influencing the secretion of milk both in relation to its quantity and its quality.

With regard to the first, Röhrig, amongst others, found that medicines that increase blood pressure, such as strychnine and jaborandi, increase the quantity of the milk secreted; whilst the administration of such as diminish blood pressure, such as atropin, bromide of potassium, and chloral hydrate, diminish it. These changes in the secretion last only so long as the drug employed continues its action on the vascular system. As this action is mostly of a transitory nature, it is possible, that notwithstanding a temporary augmentation or diminution in the quantity of milk secreted, that there may be no change whatever, or but the slightest in the day's supply. As substances that check the milk secretion are reckoned iodine, belladonna, quinine, and alum; as milk excitors, the leaves of the *polygala vulgaris* and of the castor-oil plant.

The qualitative changes produced in the milk under the influence of drugs may have relation to its constituent parts, as the fat, milk-sugar, or casein; or may consist in the passing over of the particular drugs in a decomposed or undecomposed state into the milk. Concerning the first-named of these changes but scanty information is before us. It has been represented by Vernois and Becquerel that under the action of mercury the milk becomes richer in fat but poorer in sugar. But, on the other hand, statements as to the passing over of medicine into the milk are very numerous. Thus it was early observed that organic colouring matters, such as saffron, rhubarb, indigo, madder, &c., appear in the milk; that the odorous particles of many plants, such as garlic, onions, camomile flowers, as well as other organic substances used as dressings, as camphor and oil of turpentine, can be detected in the milk. There have, moreover, been found in it foreign fatty matters, originating in the food taken, such as linseed oil, olive oil, rape oil, besides substances taken as medicines, such as aloes, opium, scammony, iodine, zinc, bismuth, boracic acid, arsenic, lead, antimony, and mercury.

But data are wanting as to the quantities of these substances that are to be found in the milk, as to the form in which they are met with, and as to the possibility of a change in the glandular activity due to them. These lacunæ the author fills up as far as regards some of these substances in the above exceedingly exact work. The substances, the actions of which have been investigated, are iodide of potassium, alcohol, lead, salicylate of soda, morphia, and pilocarpine. For this purpose he made use of a goat, 52 kilos. (104 lbs.) in weight, that had lambed ten weeks before the institution of the experiments, and some wet nurses.

On the day after the administration of iodide of potassium (5 grm.), there followed a not inconsiderable diminution in the quantity of milk, the fat increased, but the sugar-rate was diminished. Other oscillations in the proportions of these two constituents took place during a period of eight days, during which 5 grms. of iodide of potassium were daily exhibited. The total of the fat constituents was under the mean, the sugar-rate rose uninterruptedly, and the albuminous substances underwent a rapid increase.

From these experiments it follows that iodide of potassium produces a disturbance in the gland function, and that in consequence of this, fluctuations in the proportions of the various constituents are set up. The contained iodine of the milk increases steadily so long as the iodide of potassium is administered, and in the human species ceases at once on its discontinuance, but in herbivora more gradually. The iodine in human milk is in a relatively higher proportion than in goat's. The therapeutical employment of iodised milk is to be rejected, as the quantity of the contained iodine is subject to such great fluctuations. Iodine *why* is a somewhat doubtful preparation, as the iodine is apparently exclusively excreted in combination with casein, and not as iodide of potassium in solution.

After exhibition of alcohol and beer, the quantity of

the day's secretion of milk undergoes no change; but after the use of alcohol a very decided, and after beer a somewhat less, increase of contained fat sets in; whilst after alcohol, albumen and sugar suffer rather a diminution in quantity, but after beer the sugar is not inconsiderably increased. These changes cease immediately these substances cease to be administered. The author was not able to detect alcohol in the milk, even after the administration of large quantities; and in the same manner some of the products of incomplete alcoholic oxidation were wanting, particularly acetic acid.

He, however, considers the possibility of some small quantities of alcohol passing over into the milk. The sleepiness of some children fed on spirit-drinking nurses may possibly depend on the action of the kinds of ether that resist combustion, or of amylic alcohol that is constantly present in brandy.

After the administration of lead (acetate) the quantity of milk underwent no change, and the changes among the constituent parts were so trifling that they might be looked upon as accidental. The quantity of lead passing over into the milk was very small, but the metal could be detected sixty hours after the exhibition of the last dose.

For this reason the milk of women who are exposed to the action of lead, or who have recently suffered from chronic plumbism, should not be used for children.

Salicylate of soda produced an increased supply of milk, the increase continuing after the suspension of the drug. With the exception of the sugar, the quantity of which was increased, there was no change worth naming in the proportions of the milk constituents. Spontaneous curdling of the milk was prevented by the drug, owing to the increased alkalinity produced by it. The salicylate only passes over into the milk in small quantities, notwithstanding that large doses of the drug may be administered. Morphia produces neither quantitative nor qualitative changes.

After the introduction of pilocarpine rather a diminution than an increase set in; and the relative proportions of the various constituents were scarcely altered at all, only the sugar was increased to a small extent, but the increase was constant.

Clinical Records.

A LARGE PSOAS ABSCESS TREATED ANTISEPTICALLY—RECOVERY.

Under the care of J. C. HALL, M.B., Monaghan.

A. B., *et. 30*, unmarried, a sturmount-looking woman, with family history of phthisis, and who herself had a finger amputated some years ago for scrofulous disease of one of the joints, was admitted into the workhouse infirmary on December 1st, 1881, suffering from a large psoas abscess. For the last few months she has suffered constantly from a dull aching pain in lumbar region and great pain in her back, so much so that she was hardly able to walk. She did not notice any swelling until August last, when she first became aware of a small soft swelling below Ponpart's ligament. On examination I found great fulness in left lumbar region, in which fluctuation could be distinctly felt. The abscess extended downwards to lower third of thigh, and was showing signs of pointing through suppurous opening, where a small bubo-like swelling had formed, about the size of a hen's egg; this had already begun to ulcerate; it communicated with the main abscess. She had slight lateral curvature of spine, and second and third lumbar vertebrae prominent and painful on pressure. Heart and lungs healthy. Menstruation regular, but very scanty of late. I ordered her to bed and gave cod liver oil and syrup ferri. phos.

Dec. 6th.—Having first washed the leg well with carbolic lotion, I drew off from the lowest part of abscess with the aspirator 69½ ozs. of healthy pus; Before withdrawing the

needle I placed a piece of lint soaked in carbolic oil around it so as to prevent the contact of air with the wound. I withdrew the needle and dressed with carbolic oil and salicylic tow and bandaged the leg firmly. Her temperature on the morning of operation was 99° F. The measurement round centre of thigh was 24 inches before, and 21 inches after, operation.

8th.—Removed dressings; wound quite healed; no rise of temperature or any constitutional disturbance.

14th.—Doing well; applied a poro-plastic jacket to her back. She menstruated on the 9th.

17th.—Tapped again, drew off 25½ ozs. of healthy pus, and dressed as before.

24th.—Have had some trouble with the small tumour in groin, it having at last opened of itself, and discharged a small quantity of serous-looking fluid, containing white flaky substances, which are so often seen in abscesses of this kind. It did not communicate with the main abscess, the opening having become occluded when the sac contracted. However, it is now almost healed and not discharging. She went home for Christmas.

Jan. 3rd, 1882.—Was re-admitted on the 1st. Tapped again and drew off 16 ozs. of serous flaky-looking fluid. This was the third and last operation, making in all 110½ ozs. of pus drawn off with the aspirator.

Feb. 6th.—Has been doing very well, and has gained 10 lbs. in weight during the last month. One of the needle wounds has opened and discharges some serous fluid every third or fourth day. I keep the opening well covered with carbolic oil and salicylic tow, thus preventing any septic action taking place. She left hospital to-day in good health and spirits.

I did not see her again until 5th of June. Sinus quite closed and pain in back gone, though she still wears the poro-plastic support. Says she feels better than she has done for more than a year, and can walk several miles without fatigue.

I look upon this case as interesting in several respects. It shows the value of the method recommended by Mr. Abernethy, of evacuating by a small incision, getting the wound to unite by first intention, and opening again when cyst fills, thus letting its walls contract gradually and lessening the danger of hectic, which so often follows operative interference with lumbar abscesses.

In this case I had an extra danger to contend with in the small swelling in the groin, which fortunately did not open until its communication with the main abscess was closed. I consider salicylic tow a most useful, indeed I might say necessary, adjunct in the treatment of these cases; it can be used as a compress, and prevents the discharge, which makes its way through nearly every kind of dressing, from becoming septic, especially when the wound is in the groin or thigh. I saw it first used by Dr. E. H. Bennett, of Dublin, with great success in a similar case.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

ANTISEPTICS IN THE TREATMENT OF TYPHOID FEVER.—At the meeting of the Académie de Médecine M. Vulpian read a report on the relative value of the different so-called antiseptic agents in the treatment of typhoid fever. M. Vulpian, in his service at the Hotel Dieu, had abundant opportunity of testing the efficiency of the drugs in question. Iodoform gave him no good results. Salicylate of bismuth is an excellent antiseptic, but it was insoluble, and the dose had to be greatly increased. Boric acid, although administered at the dose of three drachms daily, was not attended with any appreciable effect. It was quite otherwise with salicylic acid. M. Vulpian employed this acid at the dose of ninety grains a day, given in divided doses of five grains every half-hour. Under the influence of this treatment the temperature fell considerably in forty-eight hours. At the same time a very sensible amelioration in the general state of the patient was observed. The effects of the acid, however, are limited to these phenomena; the duration of the disease or the mortality are in no wise affected. The

phenate of soda is an excellent antiseptic, but it is impossible to accumulate in the blood a quantity sufficient to destroy the toxic principle. In conclusion, and having passed in review the different agents employed in the treatment of typhoid fever, M. Vulpian pronounced in favour of salicylic acid.

ERGOT OF RYE IN THE TREATMENT OF TYPHOID FEVER.—M. Martineau read a communication from a colleague on the efficacy of ergot of rye in the treatment of typhoid fever. The author based his observations on the number of cases treated by him in the past seven years, and has come to the conviction that ergot of rye is, up to the present, the best remedy against all forms, and especially the gravest forms, of typhoid fever. He tried many other drugs, but none of them gave him such good results. Since the splendid discoveries of M. Pasteur, which gave us the true etiology of charbon in animals in demonstrating the existence of bacterides, medical men are endeavouring to emulate the eminent chemist, and are vying with each other in their endeavours to discover similar causes for the virulent diseases of man. Syphilis was the first to engage attention, and although all researches for bacteria or microbes made up to the present in Germany, as well as France, were unfruitful, M. Martineau was not to be deterred from prosecuting more minutely his experiments with a result which he considered eminently satisfactory and conclusive. His report will be made known next week.

MENINGITIS SUCCESSFULLY TREATED.—At the congress held at La Rochelle, and styled, "Association Française pour l'Avancement des Sciences," M. Vovard, of Bordeaux, gave nine cases of meningitis successfully treated. Five of the children were treated after a method of his own, which he would have the honour of laying before the assembly, as soon as the diagnosis of meningitis was made. He prescribed the iodide of potassium, he has the head shaved, and spreads, by means of a hair pencil, over the whole shaven surface, a slight coating of croton oil, applying subsequently a bonnet of oil-silk to prevent absorption of the irritant by the clothes. This dressing is renewed twice a day until a good and abundant pustular eruption is obtained, when the croton oil is stopped, an irritant pomade is applied, and the suppuration continues. He insisted greatly on the necessity of procuring a prolonged and abundant suppuration. The relative frequency of cures in this disease made him inclined to believe that in a large number of cases the meningitis of children was not of a tuberculous nature, but depending on a strumous diathesis. Another member called the attention of his colleagues to the importance of injecting concentrated acetic acid into and around cancerous tumours, so as to saturate them with the caustic. He cited two cases in which he had recourse to this method. The first, epithelioma of the lip, was entirely cured, and for eight years, or until the death of the patient, there was no sign of a return. The second was very characteristic; it was epithelioma of the tongue, and was treated first by the thermo-cautery, but returned in a month. The acetic acid in a concentrated form was now used in interstitial injections, and caused great pain after each operation. After the third operation the effect of the acid was manifest, and in four days the tumour became detached. Three months have passed, and no sign of a return. The treatment in any case is worth a trial, as there is never any excessive hurry with the thermo-cautery. The pain, which, as we have been told, is exceedingly severe, could be materially lessened by large doses of chloral.

MORPHIOMANIA is becoming alarmingly prevalent in France, and examples are to be met with in every class of society. Amongst the ladies the little silver syringe is an indispensable article of their toilette. Whenever they are put about, recourse to that little machine—which they handle very dexterously and scientifically—settles everything all right; the self-inflicted torture is more than compensated by the results. It is sad to have to say, and entirely incomprehensible, that the whole cause of this demoralising and ruinous habit must lie at the door of medical men. However, it is so. The French doctor would no more dream of leaving his house in the morning without his hypodermic syringe than he would without his hat; and, indeed, the former is considered by him by far the most indispensable. The patient has only to say where he has a pain and a *piqûre de morphine* is immediately made. The next day the operation is repeated, and every day as long as the patient complains. It is needless to add that it is done more often than the occasion requires; but if the medical attendant always administered the drug himself perhaps the evil would not extend beyond the convalescence of the patient, but, unfortunately, such is far from the case. It is the habit of doctors, so little do they think of the danger, to recommend to a patient attacked with a chronic disease, such as sciatica, to buy a Pravaz syringe for himself, and to use it, whenever the occasion required, at least once a day. The results are easily foreseen. There are numbers of medical men themselves who have fallen victims to the alkaloid. There is no doubt that morphia in subcutaneous injection affords a precious resource to medical attendants for the allaying of acute suffering, but it is not the only agent capable of producing an immediate cessation of pain. Ether, chloroform, atropine, and even simple water, have been proved to have equally as good an anodyne effect, when used subcutaneously, as morphia, and with the advantage—which cannot be considered an unimportant one—of not being attended with a deleterious effect on the constitution from prolonged use, except, perhaps, in the case of atropine. It would be well if medical men took into serious consideration the ill-effects which invariably follow a careless, and often needless, use of the syringe, and apply their influence to warn their patients against a danger no less formidable, as regards society and themselves, than alcoholism, a plague which is rapidly on the increase, and in a country where hitherto it was almost unknown.

EPIDEMIC OF MEASLES.—At St. Etienne (Loire) there is an epidemic of measles, producing a great mortality amongst the children. Pneumonia and diarrhoea are the chief complications which cause a fatal result.

Special.

HEALTH OF THE NATIVE ARMY OF INDIA.

FROM official sources we learn that during the four years previous to 1880, a steady and progressive rise had been in progress in the rate of mortality among the native force in India. Thus, whereas in 1877, the rate of death among them was only 13.33, it has risen to 41.12. In respect to two classes of disease there was a decrease in the admission and death-rates as compared with 1879, namely, intermittent fevers and cholera. The latter scourge was confined almost exclusively to Bengal, the total deaths by it throughout India falling from 558 in the previous year to 67 only in 1880. And yet notwithstanding the decrease in deaths by these affections,

there has been a general rise in that of mortality from all diseases, from 1877 as first stated, and from 1879 of from 37·79 to 41·12. It is stated that no one particular disease proved unusually fatal, but that a general rise took place in the more ordinary and fatal maladies. Thus, respiratory diseases, the death-rate of which stood at 2·12 in 1877, had run up to 10·00 in 1879, and 12·30 in 1880; the death-rate of fever, other than intermittent, increased from 1·91 in 1877, to 6·73 in 1880; and in bowel complaints a notable increase took place. A notable cause of the increased death-rate was the greater number of men who fell in action, namely, 908 in 1880, as against 342 in 1879.

In the Bengal Regular Native army the rate of admissions per 1,000 strength was 1,737, of deaths, 51·39, or excluding Afghanistan 1,609, and 33·85 respectively; Madras, 1,399 admissions and 15·57 deaths; Bombay, 1,455 admissions and 56·97 deaths, or excluding Afghanistan, 1,283 admissions and 10·44 deaths. In cantonments generally, throughout India, the increased rate of mortality shown, chiefly occurred in Bengal, the death-rate in that Presidency having advanced from 10·32 in 1879 to 33·85 in 1880, the chief causes of the increase those already stated. The circumstance also has its significance that among the British troops the death-rate 27·73 was considerably below that of the natives. At certain stations, the cases of sickness and mortality were particularly high. Thus at Barrackpore, the 36th N.I. lost a ratio of 163·63 per 1,000 strength as against 64·43 in 1879. In 1878 however, the 38th N.I. lost, at this once favourite station, a ratio of 264·35, the great majority of deaths being due to ague, dysentery, diarrhoea, and their results caused by prolonged residence in unhealthy situated barracks. The Delhi Field Force lost 91·01, and the 42nd N.I., stationed in Upper Assam, lost 70·69, chiefly by anæmia, cholera, fevers, and bowel affections. Among Madras troops occupying cantonments the death-rate was 14·7. At a few stations, however, results were less satisfactory, thus at Rumpah, the rate of admissions was 4,274, of deaths 62·88, at Rarjamunday 4,268, and 43·03, at both chiefly by fever and bowel complaints. On the other hand, at Bangalore the admission rate was only 810, and at St. Thomas' Mount, as low as 510. But statistics gave far other results in regard to Madras regiments sent to Bengal to replace corps thence ordered on service: thus the 1st M.N.I. at Fort William gave admission and death-rates of 2,414 and 45·85; a Madras regiment at Mooltan lost 35·66 of its strength.

With regard to Bombay troops remaining in cantonments the admission rate was 1,283, that of mortality 10·40. The highest admission rates occurred at Ahmenahad and Ahmednuggur, they have been at those stations 1,884 and 1,726 respectively. The highest rate of mortality, namely 19·91, occurred at Aden.

With regard to native forces engaged in active service the rate of admissions was 1,964 and 82·24, against 2,380 and 84·95 respectively for 1879. Of the above death-rate only 3·88 was due to casualties in battle and otherwise, out of hospital. Bowel affections furnished 38·25 per 1,000 strength out of the total mortality, the other most fatal diseases being evers and lung affections, the two latter being twice as fatal as the same affections in cantonments. There was a decrease of 12·58 in deaths by cholera as compared to 1879, but that respiratory diseases increased by 10·80 per 1,000 strength; this great increase being assigned to inability on the part of the native Indians to withstand climatic influences in Afghanistan.

In respect to certain divisions of the active army, the statistics are very suggestive, and indeed sad. Thus, in the

Khyber Valley the death-rate in the native forces equalled 105·94 per 1,000, among the British 71·43; in the Kurrum Valley among natives 42·03, British 49·0; but while the former lost "by violence" only 7·98, the latter lost 22·07. For the eight months in Cabul, the mortality among native troops was 28·81, among British 18·87.

Of the Madras army only a strength of 1,512 took part in service in Afghanistan. The statistics in reference to them show a rate of admission equal to 1,211; of mortality 31·03, thus indicating far more favourable results than among the more northern native troops of the larger Presidency.

With regard to Bombay troops on service, the general death-rate was 134·10 per 1,000. This general high rate is however accounted for by the large number of men belonging to this Presidency who fell in action, namely, 625 at Maiwand, and 64 at Deh Kojah. Deducting these numbers there remains a loss by disease equal to 79·47 per 1,000.

REGISTERED FOR TRANSMISSION ABROAD.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 27, 1882.

ALLEGED MALPRACTICE IN AUSTRALIA.

At the present time, when scarce a week goes by without adding at least one name to the long list of those who have been rightly prosecuted and punished for imposing themselves on the public as duly qualified medical men, any account of alleged incompetency in regard to members of the profession will not be without interest. In this connection a case has recently been concluded in Australia, the particulars of which cannot be allowed to pass unnoticed. In the action, which commenced at Sydney on June 12 and terminated on June 15, Dr. Alexander Stark Ogg, M.B. Toronto, L.R.C.P. Edin., and M.R.C.S. Ontario, was sued for £3,000 by a man and his wife, the damages being demanded as a set off against loss and injury asserted to have followed in consequence of Dr. Ogg's unskilful treatment of the female plaintiff during and succeeding labour. The facts of the case unmistakably point to one conclusion—viz., that Dr. Ogg brought a most difficult and dangerous illness to a successful convalescence; and this opinion was expressed in the verdict of the jury, by whom the defendant was declared not guilty.

Dr. Ogg's attendance on the woman commenced at a time when she was experiencing early labour pains; delivery was difficult and protracted, and after due time and effort, was effected by forceps. For a day or two all

went well, but ere long puerperal fever set in, and at one time a temperature of 107 and pulse of 140 were recorded. During this critical period Dr. Ogg was unremitting in attendance, and by his prompt and sound treatment he undoubtedly preserved the patient's life. She did not, of course, get well at once, but the fever was followed by phlegmasia dolens; this distressing malady, however, was likewise yielding to skilful treatment when she appears to have fallen into the hands of a "Dr. Marshall," who described himself as M.D. of the Coll. of Med. and Surg., Cincinnati, U.S.A. This gentleman is an admitted rival practitioner of Dr. Ogg's, and, as the only witness in support of the claimants at the trial, favoured the court with some very remarkable evidence. He diagnosed the case when "called" to it on September 15 (the last day on which Dr. Ogg saw it) as *uræmia*, and from a microscopical examination of the blood determined that the white corpuscles equalled in amount one-third of the red. From the ankles he obtained a watery serum containing (likewise determined by the microscope) crystals of uric acid, and the presence of urine in this situation was explained on the ground that it had "dropped down into the legs." The evidence of this practitioner was altogether unreliable, and displayed such ignorance that there could be no question of his utter incompetency in a professional sense. On the other side ample and unimpeachable testimony, supplied by highly qualified medical men, gave indisputable evidence of the skill with which the female plaintiff had been treated; and the case naturally ended to the satisfaction of professional honour.

We have said that this case occurred in Australia, and, unfamiliar as we are with any parallel to it in this country, we may with advantage inquire how it could possibly have arisen. Without desiring to insinuate anything which we are not entitled to suggest, it is impossible to avoid the suspicion that jealousy of a brother practitioner has had some part to play in the drama, and that at least one person claiming rank as a medical man would have hailed the downfall of the defendant. It seems but reasonable, then, that Dr. Marshall's credentials should have been made the subject of investigation by the court to which, in reality, he appealed against another practitioner, for he directly impugned the latter's skill and knowledge. Every attempt, however, to ascertain the worth of his degree was foiled by the obstinacy with which he refused all information about it, alleging in excuse the fact that the New South Wales Medical Board had the matter under investigation.

This Medical Board is in some sort a copy of our own "Council," and apparently almost as useless. In each of the Australian colonies medical practice is regulated by a Medical Board, the licence of which is necessary to everyone calling himself a practitioner, and which, moreover, is empowered to punish all pretenders, a fine of £50 being possible on conviction. The samples we get in London from time to time of Australian quacks, one of the most unblushing of the tribe being at this moment in practice in a principal West-end street, speak but little for the stringency of the "Board's" regulations; and from what we occasionally see and hear of

the doings of rogues in this country and Australia, we cannot help the thought that if one blow swept away our Council and their Board it might do some real good to the profession.

Suits for malpractice against duly accredited medical men are so rare that we may safely ascribe them to the jealous instigation of rival practitioners, who can lose nothing, but may gain much from the result. Nor is it difficult to convince oneself that the active exciter of the proceedings is often open to suspicion regarding the *bond fides* not only of his motives, but of his qualification as well; from which it is but a short step to the conclusion that an honourable practitioner would be among the last to impugn the professional conduct of a professional brother. This ought to be; here, at any rate, we believe it is so.

In a recent trial in London, an unqualified assistant was tried and found not guilty on a charge of manslaughter, the principal evidence against him being that his diagnosis of a certain case was contradicted by post-mortem examination of the patient. The question arises whether a charge of malpractice with a claim for damages maintained in a civil court might not successfully be urged against every unqualified assistant who misconducts a case; and how many such there are each day it would be difficult indeed to estimate. Were the proceedings we have mentioned as taking place in Sydney imitated in London in those instances only which the various associations for protecting medical interests could easily bring forward, we venture to think the pocket principle thereby invoked, would do more in a short time to check the unqualified assistant system than a long course of such action as is being taken at present.

THE LONDON WATER SUPPLY.

QUITE recently a paper has been published in the shape of an official Report by the Thames Conservancy Board, and from it we learn that, in consequence of the efficiency and activity of the Board during the past fourteen years, the Upper Thames, whence the Water Companies take their supplies, is now "practically free from sewage contamination." This, an old cry revived, is still a very long way from the truth. From personal inspection made during the past summer months, we are in a position to say, from a sanitary point of view, that only some very slight improvement in this respect has taken place. The last census showed that nearly one million of people reside on or about the drainage grounds above the intake of the water companies, and the whole of this vast mass of human beings send sewage more or less directly into the Thames. A slight alteration between the fluid and solid contents of the sewage we admit has taken place. What in former days was collected in covered cesspools, or sent through drains directly into the river is now intercepted, pumped into reservoirs, and there treated chemically, after which the liquid portion is allowed to flow into the river, whilst the more solid portion is used as manure, that is, spread over the adjoining land, and in consequence a good deal of this is washed by rains back to the water-shed. In other cases the sewage is strained

off by being passed directly over land, sewage farms, and the whole of the fluid portion then passes directly back into the bed of the river. A tolerably large proportion of the solid matters find their way back to the Thames, as in former times, and mainly by the action of storms and rain. In either case, all the liquid portion, holding in solution the urinary salts and the albuminoid ammonia, of which consists the chief nourishment of infective germs, the dreaded bacilli of typhoid and cholera, finds its way back to the river in as dangerous a state as it is possible to conceive, much in the condition it was before the Thames Conservancy Board attempted to exercise control over the Thames. Indeed, we are assured by competent water engineers that more sewage now finds its way into the river than a few years ago. The solid contents of the sewage which under the cesspool system was deposited and became a solid mass at the bottom of these receptacles is by the intercepting methods more effectually mixed up with the fluid portion and sent into the river, thus contaminating the water to an alarming extent. So much for the fool's paradise into which the Thames Conservancy Board would lead the public. On the other hand, the "water examiner" would have us believe that this liquid poison is made pure by "efficient filtration," and that "a standard of purity" may be fixed by straining Thames water through a few layers of sand and gravel, about the arrangement and thickness of which no two companies are perfectly agreed. For instance, the Grand Junction is content with four feet of the two ingredients, the Southwark and Vauxhall five feet, the Lambeth seven feet, the Chelsea eight feet; the West Middlesex has no measure, and so it comes about that the water examiner has been unable to fix the water companies with anything like what he terms "a tentative standard rate of filtration;" but he is quite sure the water should not pass through the sand and gravel filter bed at a greater rate than 540 gallons per square yard in the twenty-four hours. So that what the Conservancy Board and filtration may be said to have done for us is simply to convert thick soup into thin; and so the London water supply remains as of old, an unceasing source of danger to the public health.

THE IMMOLATION OF AN IRISH POOR-LAW MEDICAL OFFICER.

A FORTNIGHT since, we gave in the Supplement which we specially devote to Irish Poor-law affairs a narrative of the sacrifice of an Irish workhouse medical officer by the personal spite of his board of guardians—the transaction being under the immediate patronage of the Irish Local Government Board.

Dr. O'Reilly, of Lismore, in the county Waterford, had served for 13 years without any charge whatever against his efficiency or his willingness to perform his duty until one day he became involved in a brawl along with the master of the workhouse and the nurse. Whose fault the wrangle may have been we know not, but a sworn investigation thereon declared that the harmonious working of the establishment was at an end, whereupon the guardians, seeing their opportunity to get rid of an unpopular medical officer, called upon him to resign, but allowed

the master and nurse to remain in office. Considering that, if any one was entitled to use strong language it was certainly not the subordinate, and considering that the Local Government Board themselves on the report of their inspector expressed officially the opinion that there was no reason for making a distinction of punishment in favour of the master or nurse, we certainly hoped that that Board would have exercised the authority specially confided to it for the protection of its officers, and would have refused to endorse the dismissal of the medical officer, in which the board of guardians, for personal reasons, persisted. But we were mistaken in crediting the Irish Local Government Board with this much firmness or fairness, for not only did that Board not protect the medical officer, but it went out of its way to hint to the guardians that they might get rid of him comfortably by suspending him, though they had no power to dismiss him.

In view of that suspension, and of the risk which he would run of losing his dispensary appointment, in case he was dismissed from the workhouse surgeoncy, the medical officer submitted to injustice and resigned.

The full details of the case will be found in the Supplement to our last issue, and, as we are now about to discuss the principle, we will not further touch the circumstances, except to say that, so far as we can find out from perusal of the sworn evidence, no cause whatever existed for treating Dr. O'Reilly as incapable, unwilling, or unfit for his office. We are fully satisfied that he has been "got rid of" by the guardians because he was personally unpopular with the voting majority of them, and that his unpopularity arose in a great measure from his having more than once found it necessary to make complaint of certain matters of workhouse administration. Certain it is that Dr. O'Reilly has never been guilty of anything which his enemies could formulate into a charge worthy of investigation, and that he stands to-day untainted by any fault whatever which affects his competency for office, or, indeed, by any other fault than the heinous one of not being, in the eyes of the guardians, a "jolly good fellow."

Now we are not at all interested in the defence of Dr. O'Reilly personally. He has—perhaps of necessity—purchased his own safety by submitting to a gross injustice, and in so doing, he has conceded to the board of guardians a principle which, in the interest of Poor-law officers generally, ought to have been contested by every possible means. By his resignation of his office he has acknowledged the right of the guardians to get rid of him because they do not like him, and has relieved the Local Government Board from the dilemma in which his refusal to resign would have placed them. Therefore we have, speaking for the profession, nothing to thank Dr. O'Reilly for, but there still remains open to dispute the conduct of the Irish Local Government Board.

For the first time that Board has taken up the position that it is none of its business to interfere for the protection of its officers if the board of guardians under whom that officer acts pleases for any unknown cause to thrust him out of office. The Local Government Board has, in fact, degraded the medical officer from his position as a civil servant of the Crown acting under the superintendence of the local guardians, to the position of a domestic servant

to whom the guardians may "give warning" at any moment that their caprice may dictate, and it has practically declared its determination not to embroil itself with any board of guardians who may please to change their officer for one more pleasant to their ideas. From this interpretation of its act the Irish Local Government Board has no escape, for it has already pinned itself to an official acknowledgment that Dr. O'Reilly did not deserve exceptional punishment. Having thus publicly declared that the contemplated act of the guardians was unjust and improper, the Local Government Board was surely bound to withhold its official sanction to the act, but instead of adopting this course, it sought to relieve itself of responsibility by encouraging the guardians to do the dirty work of virtual dismissal. And why? Because the Board well knew that the guardians had no power to dismiss—that, if the medical officer refused to resign, the act of removing by sealed order an officer whom they had officially declared to have done nothing worthy of exceptional treatment, would fall, with all its moral, legal, and Parliamentary responsibilities, upon the Local Government Board itself. To save itself from this difficulty, the Board said to the guardians, "You cannot dismiss, but you may suspend," and thus they escaped from their cowardly and discreditable position by frightening the medical officer into a foolish resignation.

The Local Government Board for Ireland has all the honour which its diplomacy deserves. It has shown considerable knowingness in shuffling out of its duty in a way that a firmly and justly administered public department would not have condescended to do. It has advertised to all the boards of guardians and dispensary committees in Ireland that it is willing to oblige them in every way—legal or illegal—if they have a desire to clear out a Poor-law officer; and it has given warning to all such officers that they had better keep in favour by hook or by crook with the ruling of their guardians, for they differ only from domestic servants by not enjoying the cook or housemaid's privilege of a month's notice to go.

We do not doubt that the Local Government Board and the board of guardians would—if they dared speak the truth—excuse themselves by saying that Dr. O'Reilly was an unpleasant person, and, as the phrase goes, "a troublesome fellow." We think it likely he was. Every medical officer in Ireland who is not of the politico-religious colour of the majority of his guardians is—to them—an unpleasant person; and every active, conscientious officer who tries to improve his district or get rid of old abuses in his own department is inevitably "a troublesome fellow." The term is one of laudation rather than of opprobrium; but, if it were not, we utterly protest against the sacrifice of a medical officer for any reason whatever which does not see the light. We hold the opinion—which the Local Government Board will no doubt consider ridiculous—that a medical officer has his rights as well as his duties; that he holds his office *dum bene gesserit*; and that no board or person whatever has any legal or moral right to deprive him of his position without sufficient cause publicly shown. Therefore we regard Dr. O'Reilly's removal, and every other suspension or dismissal which is actuated by any cause whatever

which cannot be publicly justified, as a tyrannical abuse of power by the strong against the weak.

We do not intend that the proceedings of the Local Government Board shall drop out of notice, and we hope that, when Parliament assembles, some member of the House who values liberty and justice will drag before the opinion of the masters of the Irish Local Government Board their very discreditable action towards Dr. O'Reilly of Lismore.

Notes on Current Topics.

A Challenge to Anti-Vaccinators.

WE have received a copy of a letter from Dr. J. B. Mitchell, in which he challenges any anti-vaccinating champion to join him in carrying out a crucial experiment as to the value of inoculation. His proposal is that a properly qualified person, nominated by the anti-vaccinators, shall accompany him to a country where scientific inquiry is not burked by a penal enactment, and that comparison shall there be made of the results produced by small-pox inoculation of recently-vaccinated and non-vaccinated persons. The expenses thus incurred, Dr. Mitchell suggests shall be paid by him and the anti-vaccinators in equal proportions, but that the amount paid by the winning side shall subsequently be refunded by that which is condemned by the experimenta. These proposals have been communicated both to the *Echo* newspaper, and to the high priest of anti-vaccination, Mr. P. A. Taylor, M.P., but have been ignored by both these mainstays of anti-hygiene. The *Echo* has so prominently identified itself with non-progressive principles, and has so vehemently abetted the popular ignorance in all questions of scientific importance, such as vaccination and vivisection that it is easy to comprehend its unwillingness to give place in its columns to any utterance which might possibly excite unfavourable criticism of its pet creeds, or tend to stimulate its readers to a process of reflection very unusual with them. Mr. Taylor, also, is more given to support his craze by words than by acts, for he very well knows that such a proof as that demanded would forever debar him from posing in his present guise, inasmuch as it would effectually ruin the cause he has in hand, and settle every argument in his and his co-agitators' repertoire. Perhaps, however, some of the "medical men" who swell the roll of the anti-vaccinators may, for shame's sake, take up the gauntlet thrown down by Dr. Mitchell.

The Action of Oxygen on the Tissues.

EXPERIMENTS have recently been conducted by Signors Capranica and Colasanti, at Rome, with the object of ascertaining the effects produced on the tissues by oxygenated water. From a note in *Nature*, it appears that the substance acts as a poison, when physiologically absorbed according to Hueter's method, animals dying more or less quickly under it, according to size; a dog, weighing three kilogrammes requiring twenty-five cc., and another of thirteen kilos, seventy-five cc. The poisonous

action appears in all the great functions of the body, but especially in the spinal cord, the excito-motor centres being intensely stimulated, as shown by the use of convulsive phenomena. Nutrition is also profoundly disturbed, death being preceded by very pronounced glycosuria. The consequences observed are attributed by the experimenters to the decomposition of hydrogen peroxide (H_2O_2) in the tissues, and a similarity is traced between the consecutive phenomena and those recorded by M. Paul Bert as following on the action of compressed oxygen on the animal body.

Acute Myelitis with Double-sided Neuritis Optici.

THE following case, which Dr. Henry D. Noyes had under his charge and reported in the *Arch. f. Akde*, x. 3, p. 331, is in so far of great interest, as the issue of the case was remarkably favourable, ending in an almost complete cure:—A minister of the church, 25 years old, and an habitual smoker, but otherwise in perfectly good health, began to suffer first from constipation and then from difficulty in urinating. At the same time he complained of a cold sensation in his lower extremities, and could cross one leg over the other with exertion only. First, vision of the right eye, and, about a week later, vision of the left eye also, became very much impaired. In both eyes, but especially in the right, the inner half of the papilla became swollen and hyperæmic. Besides concentric narrowing of the vision, there existed also a central defect. Large doses of iodide of potassium were given the patient internally, and the neck and back over the spinal column were cauterised. Gradually the patient reached the enormous dose of about five drachms (18 grams) of iodide of potassium per diem, and this medication was continued for fully one month and a-half. The scotoma cleared up totally; two months later both eyes possessed their normal power of vision, and a perfectly clear field of vision had been regained. But occasional giddiness, headache, and some difficulty in micturition, notwithstanding a normal composition of the urine excreted, were still present. In consequence of the favourable issue of the case, it must always be an open question if the diagnosis regarding the seat of the lesion—inflammatory affection of the spinal cord, accompanied by a morbid change confined to the commissure of the optic nerve—was the correct one.

The Sanitary Congress.

DURING the present week the Annual Congress of the Sanitary Institute of Great Britain is being held in Newcastle-on-Tyne, under the presidency of Captain Douglas Galton, C.B. A strong local committee, with Mr. H. E. Armstrong, medical officer of health for the city of Newcastle as chief secretary, has been actively engaged in preparing for the reception of the Congress, which promises to be among the most successful of the many similar gatherings already held this autumn. The three sections of Sanitary Science and Preventive Medicine, Engineering and Architecture, and Chemistry, Meteorology, and Geology will be presided over by Dr. Dennis

Embleton, Mr. Henry Law, and Dr. Arthur Mitchell, F.R.S., respectively, and in each a goodly number of communications will be read on important subjects. In connection with the Congress, also, an exhibition of sanitary apparatus and appliances and articles of domestic use and economy will be held in the Old Tyne Brewery, Bath Lane, closing on Saturday next, on which evening Dr. B. W. Richardson, F.R.S., will deliver a lecture in the Town Hall to the working classes. Numerous excursions and visits to places of interest in and near Newcastle have been arranged, and the lighter entertainments include a public luncheon on Tuesday, a *conversazione* in the Town Hall on Wednesday (this) evening, and a "banquet" in the assembly rooms on Friday. Altogether there is every reason to anticipate a large and successful gathering.

Fraud by a Physician.

At the Middlesex Sessions, before Mr. Prentice, Q.C., Richard Ryan, 35, physician, was indicted for having obtained by false pretences, from Joseph Hill, the sum of £8, with intent to defraud. Mr. Purcell conducted the prosecution; the prisoner was not represented by counsel. The case was rendered a somewhat painful one from the fact that the prisoner had been a brilliant student and was a graduate of Queen's University, Dublin, a L.R.C.P. and M.R.C.S., Edin., as also a L.A.H., Dublin. The evidence showed that Dr. Vickars, who practises in the East India Road, being desirous of a month's holiday, advertised in one of the medical papers for a locum tenens, offering a salary of £10 10s. for the month, with apartments and board. Instead of answering by letter the defendant called personally, and on showing his diplomas was at once engaged. He was instructed to receive fees from the patients and subscriptions from those attending at a local dispensary of which Dr. Vickars was the medical officer, but had no authority to draw or give receipts for any other moneys. It seemed that on August 14th Mr. Hill, the nominal prosecutor in the case, who is a tenant of the doctor, called to pay a quarter's rent, amounting to £8, and the prisoner, representing that he was empowered to receive it, gave a receipt for the sum. In consequence of complaints from many of the patients, Dr. Vickars's sister and the gentleman who acts for him as dispenser telegraphed for him to come home. On his arrival he paid the prisoner the balance due to him and dismissed him. A few days afterwards he ascertained that Mr. Hill had paid his quarter's rent, and the prisoner was then given into custody. In his defence the prisoner pointed out the serious consequences of a conviction, stating that he should be struck off the registers of the various universities to which he belonged, and urged that he had no intention of stealing the money, but that falling into bad company he had lost it. The jury having returned a verdict of guilty, Mr. Prentice, in consideration of the serious consequences of a conviction, passed the lenient sentence of three months' imprisonment.

THE library of the Royal College of Surgeons in Ireland re-opened, after the summer recess, on Monday, September 18th.

Surgeon-Major John Alexander Shaw, F.R.C.S.I.

THE announcement of the death of this gentleman which was published in several journals as having been killed in Egypt is contradicted. The Surgeon-Major Shaw who was killed in action at Kassassin was Surgeon-Major George Shaw, a licentiate of the Royal College of Surgeons in Ireland, and son of a late Dublin surgeon.

Professional Puffs.

WITH reference to our recent editorial notices of a fulsome puff of a Dublin surgeon which appeared in the *Waterford News*, and a report of a surgical operation published in an Enniskillen journal, we have received a letter from the Editor of the Waterford paper to the effect that he "was alone responsible for the publication, having written it without the knowledge or consent of any person." We have also received a letter from Dr. Gamble, who was mentioned as the hero of the Enniskillen case, in which he informs us that the paragraph "was published entirely without his knowledge, and was altogether repugnant to his feelings." We have already expressed our confidence that the surgeon named in this Waterford paragraph was not in any way privy to it, and we are glad to publish now a reclamation which relieves him of all connection with the transaction. It is, however, we think, greatly to be regretted that the responsible conductors of public journals seem, in some cases, to imagine that they are doing a medical practitioner a service by be-lauding him in paragraph. They are, in some degree, to be excused because of the frequency of this offence against professional decency, but, nevertheless, they are entirely wrong in their estimate of the position which the medical profession occupies. Physicians and surgeons are not mere traders, dependent for their character on the amount of newspaper publicity they can attain; they occupy the position of men of science, and gentlemen recommended to the public by their attainments, intelligence, and work, and it is not complimentary to them to suppose that they cannot secure the public confidence without the adventitious aid of newspaper puffs, nor complimentary to the public to suggest that they select an adviser because they see his name frequently in the paper.

We wish it were universally understood by newspaper conductors that they do not serve any medical practitioner by puffing him, but, on the contrary, involve him in suspicions of complicity which are very injurious to his professional character. On the other hand, we hold that the medical practitioner who is the victim of a zealous newspaper friend owes it to his profession to aid in removing from the public mind the idea that newspaper puffery is a legitimate method of seeking medical practice. It is not, in our opinion, sufficient to repudiate the transaction privately, after it has attracted public attention, but, on the contrary, a surgeon who respects himself—if he has reason to fear a paragraph puff—ought to make it understood that he seeks no such honour, and, if it be conferred on him unexpectedly, he ought to hasten to repudiate the proceeding, lest the impression may be created that he connives at the advertisement and accepts willingly the professional profits arising therefrom. We are quite satisfied that neither of the surgeons victimised

on this occasion had anything to say to the puffs of which we complained.

Nerve Stretching.

THE *New York Medical Record* last to hand among exchanges, contains the second part of a highly important and interesting paper "On Nerve Stretching," by Dr. W. J. Chandler. In this communication the author tabulates over 350 cases of diseases treated by the operation, and a study of the results thus presented is certainly most instructive. He has arranged them in groups distinguished by the nature of the pain experienced. Thus seventy instances of operation for sciatica are placed together, and the result in a great majority of cases is given as "cured." Indeed, the best results seem to have been obtained in this affection and other neuralgias, and the least satisfactory in diseases involving the nervous centres. The opinion that must be formed after careful consideration of all the tables, however, is decidedly not adverse to the justifiability of the operation in cases selected with appropriate judgment. Especially is it, apparently in actual neuralgias, that it is most frequently successful, and rarely even where no cure is obtained is some relief at least not gained. Much as nerve stretching has been deprecated, it has undoubtedly been often productive of benefit, and enough has been shown in its favour to encourage somewhat of the feeling which evidently animates Dr. Chandler. Speaking of the future of the operation, he predicts that it will continue to be opposed—"even misrepresented. But while it does not accomplish all that its most ardent advocates claim for it, while, too, there is much to be learnt as to particular modifications of the operation, and their adaptability to different forms of disease, we feel confident that an operation that develops so much statistical strength has certainly enough of real merit to overcome opposition, and stand in the future side by side with ovariectomy, tracheotomy, and paracentesis thoracis in the honoured list of accredited surgical operations."

The Perils of Sanitary Progress.

THE Wigan Corporation, after spending over £62,000 on works for the disposal of sewage by means of a sewage farm, are now the subjects of an action for coal lying under a portion of the pipe line of sewers. The claim is for £22,664 12s. 7d., being the value put on the coal lying under a little over half a mile of pipe line. The Corporation have been forced into an arbitration, and the arbitrators are at present sitting, hearing the evidence at Lancaster; should this case be successful, the town is threatened with half-a-dozen other claims of a similar character, the total amount of which would reach an enormous sum. The Corporation does not ask for this or any coal to be left for the support of their sewers, and have offered to indemnify the coal owners should any damage arise by the mines being worked; but owing to the way in which the clause applying to sewers in the Public Health Act of 1875 is framed, no provision is made for exemption, and the coal company now suing, maintain that the Corporation are bound to take the coal, although the engineer of the works, Mr. B. C. Brundell, C.E., of Doncaster, made special provision for subsidence which is

likely to arise in a mining district. A town like Wigan, therefore, is forced to dispose of its sewage by the Local Government Board, and afterwards is liable to be sued for such an amount of compensation that would lead to its bankruptcy should the claims be sustained. Sanitary authorities in mining districts are in great peril till some alteration of the law is made, for should it be decided that a company has the power to enforce payment for coal left under sewers—whether it is required or not—few would have the courage to carry out these necessary works, and the effect would be completely to stop sanitary progress.

Insurance Companies and the Working Classes.

MR. ROWBOTTOM, the coroner for the borough of Wigan, has just held an inquest on a man, set. 74, found dead in bed in a lodging house. No post-mortem was made, and the jury returned a verdict of "death from natural causes," which is something equivalent, but more materialistic, to death from the "visitation of God." In the evidence, however, it was shown he had been addicted to drinking so far back as thirteen years ago, and it was stated that the relatives had the deceased insured in some burial societies to the amount of £85. In manufacturing towns speculations in insuring lives is carried on to a frightful extent, and the insurance companies themselves are the most to blame.

The late Accidents at St. Patrick's Cathedral.

CONSIDERABLE misunderstanding seeming to prevail regarding the case of the child Francis Mooney, one of the sufferers from the falling of one of the buttresses of St. Patrick's Cathedral, we now publish the facts in connection with this case.

At about noon on Thursday last, the 14th inst., when Mr. B. Wills Richardson was about to leave the medical board-room of the Adelaide Hospital, the child Francis Mooney was brought to the hospital almost moribund from collapse with a flap wound of the scalp. The flap was triangular, raised from the frontal bone, which was exposed and cracked, the crack extending upward from apex of wound, and corresponding to its centre. The periosteum seemed thickened at base of wound as if it had been forced, as it were, at this part into a ridge; the base of the flap being intact; hæmorrhage almost nil. There was an abrasion upon the left side of frontal bone and several trifling bruises about left side of pelvis and left lower limb. Mr. Richardson immediately on the admission of the child applied himself to get it out of the collapse, placed it under the care of two of the most experienced of the hospital nurses, and had a bed made for it on the table of the board-room, where he had the satisfaction of seeing the child gradually recovering from an almost hopeless condition. The collapse lasted about an hour and quarter, during which period the pulse of the child, it may be stated, could barely be detected. Mr. Richardson did not leave the room until reaction was sufficiently established to enable him to transfer the child to the care of the resident pupil, Mr. Blandford, and the nurses. It is scarcely necessary to give the details of the surgical

treatment, but we have been informed that Mr. Richardson on the moment stated that he would at once take all responsibilities connected with the case, and that of the boy's nursemaid, whose body was so fearfully and fatally mutilated, beyond the reach of the professional aid and skill of Dr. Wallace Beatty, assistant physician to the hospital.

Ether in the Treatment of Strangulated Hernia.

DR. FINKELSTEIN, of Jassy, being called to a case of strangulated hernia that resisted all his efforts to reduce it, with a view to preparing for another attempt poured upon the tumour a mixture of ether, ol. hyoscyami, and ext. belladonnæ, when to his astonishment the swelling disappeared. Charmed with the result, he made a similar use of ether by itself, or with ol. hyoscyami, in sixty-three strangulated herniæ, with a favourable result in fifty-four cases. His method of procedure is to pour one to two tablespoonfuls of ether on the rupture every quarter-of-an-hour, after which the intestine generally recedes of itself, or is pushed back without difficulty.

The Royal Irish University.

ABOUT 450 candidates have recently been engaged in the several classes of the medical examinations of this University, which commenced on Monday, the 11th instant, and will end on Thursday, October 4th. Nearly 100 candidates were examined for the degree of Master in Surgery; 150 came up for the second examination in Medicine, and 180 for the first. There are also candidates for the diploma in Obstetrics and in Sanitary Science. Only a few on this occasion seek the degree of M.D. As on previous occasions, the examinations were held in the Exhibition Palace. In the medical section the practical testing of candidates' proficiency was carried on in the School of Physic of the University of Dublin and in a number of hospitals specially selected.

The Typhoid Outbreak at Bangor

Shows no decrease, something like 400 patients still remaining under treatment. The hospital tents in the bishop's park are being utilised for convalescents, and extra accommodation for those recovering from the fever has been secured in Upper Bangor. The outbreak has, however, extended to Bethesda, a populous quarrying district about six miles from Bangor, where it has assumed most serious proportions. Fortunately, up to the present time the rate of mortality has been low. A committee has been formed at Bethesda to organise a system of nursing and assistance for the poorer class of patients. The drainage, as well as the system of water-supply in this place, is of a very primitive character, and new works are being executed under the direction of Mr. Mansergh, C.E. No report has yet been received from Dr. Barry, who, more than a month since, was sent down by the Local Government Board to inspect the locality and furnish a report upon it.

PROF. ERB, of Leipzig, has been invited to succeed the late Prof. Friedreich at Heidelberg.

"The Northern Sanitary Association."

AN Association has been recently formed in Liverpool under the name of "The Northern Sanitary Association," having for its objects the providing "the best practical advice on sanitary matters at a moderate cost, and to advance sanitary knowledge." The association is founded and will be worked mainly on the same lines as the associations already in successful operation in Edinburgh and London. There are to be two classes of members—honorary, who pay an annual subscription of one guinea, and who must be "persons or societies interested in the development of sanitary science;" and ordinary members, who shall pay an entrance fee of one guinea and an annual subscription of one guinea. "Thus, a member occupying a house of the rent of £200, within the three miles radius (from St. George's Hall), will be entitled to a report, on payment of his entrance fee, annual subscription, and a fee of one guinea—in all, three guineas. The future annual subscriptions would entitle him to a periodical inspection free of charge, and interim inspections in cases of urgency." The names announced as already connected with the society are a sufficient guarantee of the position to which it is entitled; and when we bear in mind the very little that is known on sanitary matters—we might almost say the absolute ignorance that prevails even amongst many who live in expensive houses, and how very little leisure even the better-informed have of making themselves acquainted with the sanitary condition of their dwellings—we see what a wide scope there is for such an association, and what advantages membership will afford to occupiers of dwellings, highly rented, indeed, but in too many instances wanting in just those things that conduce to the health of its inmates. The fees to be paid on admission and as subscription may seem high, but after careful consideration they have been adopted as the lowest that could be fixed upon consistent with the efficient working of the association.

Mercer's Hospital, Dublin.

DR. CHARLES F. KNIGHT has been elected physician to this hospital, in succession to Dr. George F. Duffey, recently appointed physician to the City of Dublin Hospital. Dr. Knight is a graduate (M.D., 1877) of the (late) Queen's University, and a Demonstrator of Anatomy at the Ledwich School of Medicine. With one exception, all the members of the visiting staff at Mercer's Hospital are now connected with the Ledwich School.

Tannate of Cannabia as an Hypnotic.

DR. FROMMULLER, of Fürth, claims for tannate of cannabia that it is an excellent hypnotic; that it is at once powerful and mild; that its use is free from danger; that it does not disturb the secretions; that if the dose be properly adjusted it does not produce intoxication; and that it is well calculated to rank by the side of morphia and chloral. He administers it in doses varying from $1\frac{1}{2}$ grains to 20 grains (?)—the latter dose being given in a case of lead colic. It may be given in powder with or without sugar, or dissolved in water with the aid of a small quantity of alkali.

Parasitic Skin Diseases.

ONE of the reports to the Scientific Grants Committee of the British Medical Association, presented at the recent meeting at Worcester, contained a *résumé* by Dr. G. Thin of some of the results of his investigation upon the "Pathology of Parasitic Diseases of the Skin." With regard to the fungus of ringworm (*Trichophyton tonsurans*) he is of opinion that it is not a form of a common fungus, as has been supposed by some observers. He found that it could be cultivated artificially when moistened by vitreous humour, but when completely immersed in vitreous humour there was no evidence of its growth. This would appear to explain what takes place when, in the treatment of ringworm, recourse is had to applications which provoke inflammation, i.e., an effusion of serum around the follicles, in which the *Trichophyton* cannot develop. In ringworm of the scalp Dr. Thin says considerable caution is necessary in the choice of an application for provoking this curative inflammation; but in ringworm of the body the parasite is so well within reach that it can be easily destroyed by one application of tincture of iodine and subsequent scrubbing with soap and water. With respect to *Microsporon furfur*, the fungus of pityriasis, and *Achorion Schenleinii*, the fungus of favus, he has only obtained negative results. The destruction of the hair in *Alopecia areata* he considers to be due to minute bodies of definite and fixed shape and size, which are found in and on the hairs. They are distinct from the granular elements in hairs, and are neither oily particles nor crystals, but have the refractive properties of and are bacteria (*Bacterium decalvans*). The disappearance of the hair, resulting in baldness, is due to a breaking up of the hair shaft by the multiplication in it of these organs.

Hypodermic Application of Purgatives.

AFTER L. Lewin and Kohn had published a number of observations concerning the action of certain purgatives, if employed by the hypodermic method, A. Hillier, of Berlin, made some experiments, which he reported last month in the *Zeitschr. f. Kl. Med.* The remedy mostly recommended for this purpose is *aloïn*. Hillier observed, after injecting 0.15 to 0.2 grams of the remedy, a copious and soft discharge within four to six hours. But the action depends much upon the preparation of the remedy. *Colocynthis purum* produced, in the dose of five to ten mgrm., watery stools with slight bellyache. A solution is made with water, glycerine, and alcohol, but the injection is very painful. Just as painful are the injections made by a similar solution of *citrullin*, dose 0.005-0.01. The same can be said of *acidum catharticum* (made from senna), dose 0.2 to 0.3. We may conclude, therefore, that these injections produce too much pain, while *aloïn*, which does not cause this inconvenience, is very unreliable.

DR. COMER, Medical Officer of Health for East London, reports that the death-rate for the past three months has averaged but 16 per 1,000 of the population. He adduces figures to prove that the health of this most populous part of the metropolis will compare favourably with that of more highly-favoured districts, and hopes that it will remove the wrong impression of insalubrity commonly entertained.

Skin Eruptions in Locomotor Ataxia.

CHARCOT, Velpian, and others have observed the presence of skin eruptions (papulæ, maculæ, &c.), in cases of sclerosis of the posterior columns. These eruptions have been found to be in intimate connection with the lancinating pains of tabes. J. Strauss (*Arch. de Neurologie*), has now noted ecchymoses in the skin appearing in tabes after the paroxysmal pains. From a description in the *Centralbl. f. d. Medic. Wissensch.*, No. 16, we take the following :—

These ecchymoses show themselves only after the attacks are over, and they resemble the spots which result when the skin is pinched severely ; they have an irregular, round shape, and their size varies from that of a split pea to that of a silver half-dollar. There are usually several (3-4) spots in one extremity. They are painless, and are observed only after a very severe attack of pain, and according to the nature of the latter the spots are one- or double-sided. The spots are mostly to be found above the seat of the pain, and differ from Charcot's skin eruptions by not following the course of the nerve. Exceptionally, they appear on the extremity which is not the seat of the pain. Strauss considers these spots as rather frequent in locomotor ataxia, and brings them in direct connection with the morbid alteration of the posterior columns of the spinal cord. He thinks that they are reflex phenomena (irritation of the vaso-dilators). This seems possible, if we remember the hæmorrhages which have often been observed in cases of tabes after gastric and rectal crises (paroxysms of intense pains beginning either in the stomach or in the rectum).

Certificates of Death.

An inquest has just been held at Hallatrow, in Somerset, by Dr. Lionel A. Weatherley, respecting the death of a young girl under circumstances eminently suspicious. In the certificate of the cause of death this was given as consumption, apparently for the sake of avoiding the publicity of a coroner's inquiry. Death really arose from mercurial hæmorrhage, and it is much to be regretted that a medical practitioner should have so far forgotten his duty to the profession and society as to permit any other opinion to obtain currency through his means. All the circumstances seem to call for further extended investigation, and it is to be hoped the police will sift the matter completely, as many points brought out in evidence point to the possibility of improper proceedings on the part of those who were in contact with the deceased woman before her death.

The Army in Egypt.

ACCORDING to the statistics of the Army Medical Department, the average number of sick admitted to the Ismailia Base Hospital from August 24th to the end of the first week in September amounted to sixty-two daily, or between one-half and three-quarters per cent. of the entire British forces in the field at that date. These rates do not include the men wounded in action. Since then the army has been increased by the arrival of the Highland Brigade and other troops, and the daily average to September 13 was one hundred and forty-nine, or about one per cent. of the whole force. The majority of

the men under treatment are suffering from sunstroke and diarrhoea, while to a less extent dysentery and ophthalmia prevail. The above figures do not include the cases of sickness among the Indian troops, the number of which is, however, merely nominal.

WE understand that there is about to be a vacancy in the surgical staff of St. Vincent's Hospital, Dublin, owing to the resignation of Dr. Kehoe.

THE epidemic of scarlet fever at Accrington shows no signs of abatement, many deaths having again occurred from the disease last week.

THE examination for certificates in sanitary science of the University of Cambridge begins on Tuesday, Oct. 3. Candidates must send in their names to Professor Living, Cambridge, on or before Sept. 28th.

OWING to the epidemic of fever at Bangor, which is popularly believed to have proceeded from contaminated water, the population are now buying their supply for drinking purposes of purveyors from a distance, who import it in water-carts and tubs.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were :— Birkenhead 12 ; Cardiff, Derby, Portsmouth 15 ; Brighton, Bristol 16 ; London, Halifax 17 ; Edinburgh, Plymouth, Birmingham 18 ; Bolton, Bradford, Wolverhampton 19 ; Norwich, Sheffield 20 ; Newcastle-on-Tyne, Huddersfield 21 ; Glasgow 22 ; Nottingham 23 ; Leeds 24 ; Manchester, Dublin, Salford 25 ; Preston, Oldham, Liverpool, Leicester 26 ; Blackburn, Hull 28 ; Sunderland 38.

THE Irish probate of the will of Surgeon-Major Espine Ward, Army Medical Department, who died at Barbadoes, West Indies, granted to his brother, Mr. Montgomery Albert Ward, M.B., was sealed in London on the 16th ult., the aggregate value of the personal estate in England and Ireland exceeding £1,200. The testator's wife, who under the will took a life interest in his property, having died, all his estate becomes at once divisible between his children.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows :— Calcutta 24, Bombay 26, Madras 31 ; Paris 23 ; Geneva 16 ; Brussels 23 ; Amsterdam 20 ; Rotterdam 27 ; The Hague 23 ; Copenhagen 28 ; Stockholm 26 ; Christiania 21 ; St. Petersburg 45 ; Berlin 26 ; Hamburg 22 ; Dresden 29, Breslau 32, Munich 24, Vienna 20, Prague 21, Budapest, 31, Trieste 30, Rome 19, Naples 30, Turin 16, Venice 27, New York 34, Brooklyn 31, Philadelphia 20, and Baltimore 22.

THE Committee of the Alexander Memorial Fund has advertised a competition for a prize of £50, and a gold medal of the value of £10, for the best essay on "Antiseptic Surgery and its Application in Military Hospitals

and in the Field." The competition to be limited to executive medical officers of the army on full pay. The relative merits of the essays to be determined by assessors chosen by the Committee. The prize to be awarded to the writer of the best essay, without reference to the number of competitors, provided the writer has complied with the prescribed conditions.

THE annual death-rate from diarrhoea in the large towns last week, which had been equal to 4·6, 4·0, and 2·3 in the three preceding weeks, further declined to 2·0, when it ranged from 0·5 in Brighton and 0·6 in Huddersfield and Cardiff, to 6·6 and 8·0 in Hull and Preston. The highest annual rates from scarlet fever were 1·3 in Nottingham and Derby, and 1·8 in Sunderland; from whooping-cough, 1·3 in Huddersfield and 2·3 in Oldham; from measles, 1·9 in Huddersfield and 5·3 in Sunderland; and from fever, 1·1 in Liverpool and Newcastle-upon-Tyne and 3·9 in Sunderland. The 39 deaths from diphtheria included 23 in London, 5 in Glasgow, 3 in Dublin, and 2 in Portsmouth. Small-pox caused but 3 deaths in London, one in Leeds, one in Hull, and one in Newcastle-upon-Tyne.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE NOTIFICATION OF INFECTIOUS DISEASES.—The Town Council of Edinburgh received on Thursday last a deputation from the Corporation of Liverpool anxious to gain information as to the working of the Edinburgh Municipal Police Act relating to the notification of infectious diseases in the city. Some interesting facts not generally known may be of use to those who are now pressing for an application of the provisions of the Edinburgh Act to their own towns. In the first place the medical practitioners were against the provisions placing the *onus* of reporting infectious diseases upon them; and their opposition was only withdrawn on the distinct undertaking that they should be relieved from that duty. The passing of the Act in its present form was, therefore, contrary to their wishes; and if they have apparently acquiesced, motives of policy rather than a belief in the value of the present system is the more than probable cause of their silence. Besides, it is no easy matter to extract a candid statement on the subject in small places, where the expression of opinion might entail pecuniary loss; and men in this generation are beginning to look upon the martyr's crown as more fitting for the head of a fool than for that of a wise man. It is also open to question whether infectious diseases are less prevalent in Edinburgh than they were before the passing of the Act. In August—considered the healthiest month in the year—there were no less than 227 cases of infectious disease recorded, of which 153 were scarlet fever, and of these 65 were in the New Town, which during the month mentioned is nearly depopulated. This gives 16 new cases of scarlet fever every week, and witnesses to the exceeding value of the reporting system adopted in Edinburgh. The weakness of the whole system is the want of proper and immediate isolation of the sick, without which the mere reporting of the cases as they occur is a mere farce. The reporting forms permit the medical attendant to decide as

to whether the case demands "immediate attention"—that is, removal to the hospital or not. Now, men who will not run the risk of martyrdom for the expression of their opinions are not likely to send a case to hospital, and lose three or four weeks' attendance on it. Yet every case, without immediate and perfect isolation, whether rich or poor, is a focus of infection. The wonderful advantages derived from the simple notification of infectious disease exist more in the fervid imaginations of its advocates than in any real good to the people.

FEVER HOSPITAL ACCOMMODATION IN EDINBURGH.—An arrangement seems likely to be come to immediately between the municipal authorities and the managers of the Royal Infirmary regarding the question of accommodation for fever patients in the city. The managers of the new Infirmary, it will be remembered, undertook to provide that not fewer than 74 beds should be so set apart in the old Infirmary for fever patients, and those suffering from febrile disease. This arrangement was given effect to, and a portion of the old Infirmary fitted up as a fever hospital, at a cost of between £2,000 and £3,000. The cost of maintenance, however, involving as it does a separate staff, has been found so considerable, that the managers some time ago brought the matter under the consideration of the Town Council. They suggested that the municipal authorities should take advantage of the provisions of the Public Health Act, which empowers the Local Authority to provide for the treatment of such cases, the cost being defrayed out of the rates, and that in this way a payment should be made by the city to the Infirmary of at least a portion of the expense connected with the maintenance of a separate fever hospital. The matter has been under the consideration of a joint committee of the Lord Provost's, the Public Health, and the Law Committees for some time. As the result of their deliberations, it is thought that the best and most economical arrangement, both for the Infirmary and the city, would be to make an annual payment out of the rates to the Royal Infirmary, on the understanding that they continue to treat all fever cases in the old building, and that only in cases of epidemic should there fall a charge on the city rates over and above this annual grant. It is proposed that the grant should not exceed £2,000—a sum with which it is understood the Infirmary managers will, in the circumstances, be well satisfied.

HEALTH OF EDINBURGH.—At a meeting of the Public Health Committee, held last week, Dr. Littlejohn submitted his usual report on the health of the city. The total number of deaths during August was 326, giving a death-rate of 16·89 per 1,000 of the estimated population. The average death-rate for the five preceding years in the corresponding month was 16·75. Of the total deaths, 84 occurred in the New Town, 216 in the Old Town, and 26 in the southern suburbs. As regards age, 118 of the deaths were registered as under five years of age, 151 between five and six years, and 57 above six years. Deaths from diseases of the chest amounted to 101, while 80 were due to debility and old age. Diseases of a zymotic nature proved fatal in 18 cases. During the month 590 births were registered, giving a rate of 30·58 per cent. per annum of the population, 39 being illegitimate. There were 227 cases of infectious disease reported, comprising 153 cases of scarlatina, 41 of measles, 20 of typhoid fever, 11 of diphtheria, and 2 of typhus. Of the scarlatina cases, 65 were in the New Town, 73 in the Old Town, and 15 in the southern suburbs. Of the typhoid fever cases, 9 were in the New Town, 8 in the Old Town, and 3 in the southern suburbs.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 16th inst., the death-rate in Glasgow was 23 per 1,000 per annum, being the same as the previous week. For the corresponding periods in 1881, 1880, and 1879, the rates were 21, 24, and 19 respectively.

ABERDEEN.—THE THREATENED TYPHUS EPIDEMIC.—Dr. Simpson, the medical officer of health for Aberdeen, has prepared and submitted to the Town Council of Aberdeen a report on the sanitary state of the city, in which he states that the returns for the month of August gives the deaths in Aberdeen at 173, equal to an annual rate of 19.39 per 1,000. Typhus fever, the officer reports, which a short time since threatened to become epidemic in Aberdeen, has now been stamped out. Dr. Simpson complains of overcrowding and bad ventilation in Aberdeen as conducive to the spread of such an epidemic as that from which the city has escaped, and he suggests the clearing out of a number of the courts in the poorer districts of the city as the only means of accomplishing a better sanitary condition.

ANDERSON'S COLLEGE.—WESTWARD REMOVAL OF THE MEDICAL STAFF.—For some time past the medical staff particularly of this school have been desirous of a western migration, to be in more direct competition with the University. At a meeting of the trustees, held on the 22nd inst., Dr. J. B. Russell called attention to the proposed removal of the Medical Faculty of the College westwards, and asked that the trustees in their corporate capacity would assist them in making an appeal to the public in furtherance of their views to a greater extent than they had been doing. Mr. M'Kinlay urged the removal of the whole institution. He pointed out that the number of scholars attending certain classes was considerably less than it was ten years ago, not from any fault of the professors, but from their altered circumstances. He maintained that the cost of the removal of the Medical Faculty would be some £14,000, while the removal of the whole would be less than £30,000, against which they had to place the value of their present site. Its removal westward near to the Western Infirmary would place it in the centre of a population of two hundred and fifty thousand. The chairman said the matter of the removal had been for some time under consideration of the managers, by whom a report would be issued in due course.

Literature.

THE DISEASES OF THE SPINAL CORD. (a)

THIS clear, comprehensive, and profusely illustrated work is composed of a part of the course of lectures on medicine which is delivered by Dr. Byrom Bramwell in the Edinburgh Extra-Academical School. In that course it is Dr. Bramwell's practice to teach by the eye as well as by the ear, making copious use of diagrams, drawings, and microscopical preparations, and in that portion of the course which is now reproduced the same practice is faithfully and happily followed, exactly one illustration being supplied for two pages of print. The illustrations being derived from various sources, including the publications of Charcot, Ferrier, Flower, and Gowers, as well as Dr. Bramwell's own pencil, are of very unequal merit; some being elaborate and highly finished, and others crude and ill executed; but, whatever their artistic excellence or defects may be, they are of extreme value in elucidating and simplifying the text, and in impressing its lessons on the memory. None of them can be said to be superfluous, and some of them are essential to the explanation of the complexities which modern physio-

logical and pathological research have revealed in relation to the structure and functional activity of the spinal cord in health and disease. No one who is not a professed neurologist could, without the aids to the eye which are provided in this volume, follow even Dr. Bramwell's plain and perspicuous descriptions, or carry away many practical lessons; but with the engravings and chromo-lithographs which stud its pages, the treatise becomes intelligible and instructive to all who will be at the pains to read it attentively. It will, therefore, be of service to that body of medical practitioners—an ever increasing body in this country—who desire to keep abreast of medical science as well as to the student for whose use it is perhaps more especially designed, and we are much mistaken if certain of the drawings which it contains do not pass into the mental portfolios, if we may so say, of many members of the medical profession, to be often referred to by the sick-bed or in the consulting-room, for the interpretation of obscure symptoms.

Dr. Bramwell's work does not, of course, occupy new ground, nor can it be said that it is as much wanted as it would have been two years ago, before the publication of Gowers' careful monograph on Diseases of the Spinal Cord; of Ross's eminently philosophical treatise on Diseases of the Nervous System, in which spinal affections are so exhaustively dealt with; of the seventh edition of Aitken's Science and Practice of Medicine, in which the same subject is so ably and learnedly treated; of Althaus on Diseases of the Nervous System, and of other kindred works. And yet, notwithstanding all that has been written on Dr. Bramwell's theme, there is still room for his new disquisition on it, which, while reproducing much that has been already set forth in the works named, has some features that are peculiarly its own. It enters more fully and systematically than other text-books into the morbid histology of the spinal cord, and affords directions of singular minuteness and precision for clinical examination in cases of spinal disease. Nothing is left to be desired in its treatment of the pathological anatomy of intra-medullary lesions, as regards both primary morbid processes and secondary degenerations, and in its method of case-taking and summary of symptoms.

The scheme of diagnosis which Dr. Bramwell offers is not, in our judgment, equal to that of Dr. Gowers. No doubt everything that is essential to diagnosis is included in the chapter on the subject, but the plan adopted does not seem to guide the investigator as precisely and directly as does that of Dr. Gowers, through doubts and difficulties to the only justifiable conclusion. We miss also in Dr. Bramwell's work the scientific breadth that is so conspicuous and admirable in the pages of Dr. Ross, and if we were disposed to find fault with him we should accuse him of exalting the spinal segment at the expense of the spinal cord. A novice, dipping into his book might be inclined to question whether man had yet emerged from amongst the articulata, and might regard him as a mere string of spinal beads, each with a pair of nerves and some bodily appendance attached. No doubt, the separate and systematic examination of each spinal segment, by the observations of the motor sensory, reflex, vaso-motor, and trophic conditions of its body area, is of the first importance in the study of diseases of the cord, but the attention bestowed upon distinct units must not withdraw notice from the grouping of functionally related segments, and from the unifying and co-ordinating influences of the great physiological tracts of the cord, of the blood-supply, and of the domination of the cerebrum to a greater or less degree over each and every segment. The exact localisation of experimentally induced phenomena is of much less importance to the practitioner than the correct appreciation of clusters and processions of symptoms as they occur in disease. The condition of other parts of the nervous system beyond that primarily involved in cord lesions has not yet been sufficiently investigated. When more complete inquiries have been carried out in this department of neurology it will probably be found that deviations from mental health are not so uncommon as is generally believed in spinal diseases. The delirium which sometimes occurs during polio-myelitis, anterior acute, and spinal meningitis, and the hallucinations and progressive fatuity of sclerosis have been noted, but beyond this there is scarcely any record of psychological symptoms in spinal diseases in books treating specially on the latter. In the literature of insanity, however, there are more frequent references to the association of mental affections with changes in the

(a) "The Diseases of the Spinal Cord." By Byrom Bramwell, M.D., F.R.C.P. Ed. n. Edinburgh: MacLachlan and Stewart. 1882. Crown 8vo. Pp. 300.

cord. Thus, it has been alleged that certain well-marked varieties of mental aberration have been noticed during the progress of locomotor ataxia, with reference to which allegation Dr. Bramwell only remarks that the symptoms of locomotor ataxia are not unfrequently developed in the course of general paralysis of the insane. But the converse of this statement would be equally true, for numerous reported cases make it evident that some of the symptoms of general paralysis of the insane are not unfrequently developed in the course of locomotor ataxia.

In common with most other recent works on diseases of the spinal cord Dr. Bramwell's is less full and explicit than could be wished in the topic of treatment, which is, after all, the paramount consideration. Under the different diseases all useful remedies are enumerated, but in some instances the indications determining the choice of remedies, and the periods for their employment are not perhaps adequately set forth. This defect is, however, likely to be removed in future editions, all the more so because the progress of research will, it is to be hoped, put in our hands more efficient remedies than we now possess.

So excellent as a whole is Dr. Bramwell's work that it is almost impossible to criticise it without appearing to be captious. It is entitled to a cordial reception as a lucid, concise, and thoughtful text-book of diseases of the spinal cord.

SPASMODIC ASTHMA. (a)

WITHIN the narrow limits of a university thesis the author tells us much that is curious and interesting connected with the mysterious and troublesome disease to which he has himself during his life been more or less a martyr. It has been said that nobody really understands sickness unless he who has himself been sick, and we have got from Dr. Steavenson's monograph a number of *practical* hints and "tips" about the treatment, relief, and prevention of asthma. He does not add much that is new about remedies; but gives a great deal that is valuable about the mode of using them. He is a firm believer in the good or evil effect upon the convalescent of certain airs and localities, and this we know to be correct.

ECZEMA AND ITS MANAGEMENT. (b)

It has been well remarked that a knowledge of eczema is the entrance to the science of dermatology, and we have read this valuable treatise with pleasure and profit. As the well-known translator of Neumann's work on skin diseases the author has already written extensively and ably in America on the subject of eczema; and the present volume appears to be a combination of all his previous labours, together with much new matter. Dr. Bulkley is, we are glad to see, a firm believer in the constitutional origin of eczema, and of the necessity of combatting it by constitutional as well as by many local treatments. His work is a valuable contribution to medical literature, and a specimen of the advances which our American cousins are making in this direction.

THE PHYSIOLOGY AND PATHOLOGY OF THE BLOOD. (c)

THE peculiarity of this work is that it attacks almost every accepted fact concerning the constitution and development of the blood. The author admits that the blood is a fluid in which corpuscles float, certain of these being flat, coloured, circular discs, whilst others are spherical, colourless corpuscles. Beyond this point he is altogether at variance with his contemporaries. But whilst his destructive tendency is great, his constructive power is equally so,

and the result is that a totally new theory of the constitution and development of the blood is evolved. In addition to the coloured and colourless corpuscles, he describes a third series of corpuscles, which are in great part invisible, and to which he gives the name of the "fugitive group." In form they are flat, circular, biconcave discs, and they are invisible, owing to their having precisely the same refractive index as the liquor sanguinis in which they float. Between the altogether invisible disc and the ordinary red corpuscle he believes that there is every gradation; that the former gradually, by the acquisition of the colouring matter, hæmoglobin, and by alterations in its chemical constitution, becomes the latter.

With regard to the white or colourless spherical corpuscle, he draws a distinction between those which have a single nucleus and those which have two, three, four, or, it may be, five nuclei.

His views regarding the structure of the corpuscles are somewhat startling. He combats the theory that the red corpuscle is a solid body consisting of a delicate reticular stroma infiltrated with hæmoglobin. Hewson's idea that small quantities of liquid swimming in a large quantity of fluid in which they are not soluble, become globular, he considers to be altogether erroneous, and he holds that the blood disc is a liquid body, and "that its biconcave shape is due to the operation of physical conditions, and not to structural restraint." He adduces a number of elaborate and ingenious experiments to prove this. We fear, however, that he will have some difficulty in obtaining general acceptance of his theory.

The ordinary white corpuscle is clothed with a cell-wall. This he claims to demonstrate by certain reagents which, by causing a "species of imbibition or osmose," renders the cell envelope apparent. Even his excellent micro-photographs are insufficient to convince us of this addition to the constitution of a white corpuscle. Further, he is bold enough to deny the presence of Hitzmann's intra-cellular network.

His conceptions of the origin and development of the blood corpuscles are so clear and simple, and the links of his chain are so complete, that it indeed would afford physiologists a great satisfaction—not to say relief—should they prove to be correct. We cannot, however, conscientiously state that he has made his position unassailable; all we can say is that he suggests a consistent theory, and supports it with great ability and great ingenuity.

Very properly he dissents from the growing tendency there is for physiologists to insist upon the identity of the lymph and splenic corpuscle with the white blood corpuscle. The lymph and splenic corpuscles are usually smaller, and uni-nuclear; the white corpuscle, whilst it may be uni-nuclear, is more frequently multi-nuclear. We are rather sceptical as to Dr. Norris's statement that the lymph corpuscles are disc-shaped, although they certainly present that appearance in his photographs; and we still further question the presence of a cell-wall in these corpuscles. In addition to the ordinary lymph corpuscles found in the spleen and lymphatic glands, he describes smooth, flat, non-nucleated discs which are very plastic and difficult to demonstrate. To these he gives the name of *advanced lymph corpuscles*, whilst he terms the ordinary lymph corpuscles the *primary lymph corpuscles*. He believes that the *primary corpuscle* gives rise to the *advanced corpuscle* by the loss of its cell-wall and the special development of the nucleus. The advanced corpuscles entering the blood, become members of the fugitive group, which in turn are converted into the red corpuscles. This he styles the *major mode* of red-corpuscle development, and the stages are the following:—(1) Primary lymph, splenic or thymic corpuscle; (2) advanced lymph, &c., corpuscle; (3) fugitive group of corpuscles in the blood; (4) the fully-developed red corpuscle.

But Dr. Norris also endeavours to explain the origin of the white blood corpuscle. "If," he states "the primary lymph cell fails to undergo *enucleation*, it passes on into the blood, and becomes there the uni-nuclear white corpuscle, from which, by proliferation of the nucleus, the multi-nuclear varieties of this body spring." The existence of the multi-nucleated white corpuscle is brought to a close by the discharge of its nuclei, which flatten, become biconcave, and join the fugitive group of blood-discs. This Dr. Norris terms the *minor* or indirect mode, or *red-corpuscle* development.

(a) "Spasmodic Asthma." A Thesis for the M.B. Degree of the University of Cambridge. By W. E. Steavenson, M.B., M.E.C.S. Cambridge: Deighton, Bell, & Co. Second Edition. Medium 8vo. Pp. 31.

(b) "Eczema and its Management. A Practical Treatise based upon the Study of 2,500 cases." By L. Duncan Bulkley, A.M., M.D. London: J. & A. Churchill. Royal 8vo. Pp. 38.

(c) "The Physiology and Pathology of the Blood." By Richard Norris, M.D., F.R.S.E., Professor of Physiology, Queen's College, Birmingham. London: Smith, Elder & Co. 1892.

Such is a very brief epitome of the leading views advanced by Dr. Norris in his interesting and highly-suggestive work. It would be impossible to criticise them with any degree of fairness without re-treading step by step the same ground. This, to some extent, has been already done by a reviewer in the *London Medical Record* (January, 1880); and not the least interesting part of Dr. Norris's book is the section which he devotes to answering the criticisms which were then advanced.

It is a suspicious feature in a book evolving a new theory when the author tilts without fear or favour at every accepted view. It is to be regretted that the spirit of Dr. Norris's book is so much of this kind.

One great advantage to be gained from Dr. Norris's work is to show the success with which micro-photography can be applied to investigations of this kind. We quite agree with the author when he states that "many delicate things can be observed in photographs which, owing to the sameness of tint and the glare of light in the microscope, can only be seen with difficulty, and in some cases not at all, in the original specimens." The micro-photographs which accompany the text of Dr. Norris's book are exceedingly beautiful.

Obituary.

JOHN ALEXANDER SPENCER, F.R.C.S.I.

We regret to have to announce the death of Dr. John Alexander Spencer, which took place at his residence, Burton Port, co. Donegal. Dr. Spencer was a licentiate of the King and Queen's College of Physicians, and a Fellow of the Royal College of Surgeons in Ireland. Dr. Spencer was surgeon in the United States army during the American war, and afterwards succeeded the late Dr. Handsell Griffiths as assistant-librarian to the Royal College of Surgeons in Ireland, which position he resigned some twelve months since, and was elected medical officer of the Dungloe Dispensary, Glenties Union, and Admiralty surgeon for the district.

THE SOCIAL SCIENCE CONGRESS.

THE meeting of the Congress which has just terminated has not been one of its most successful, although the civic authorities of the town had munificently voted the whole expense incident to the meeting, and the University Buildings, where the meetings were held, fulfilled every possible requirement. The number of members who attended was not quite up to average, nor were the addresses of sectional presidents as bright and interesting as might have been desired. Nevertheless, much good work was got through, and the meeting, if not an especially brilliant one, may be classed as one of the successful efforts of the Association. The Public Health Section was chiefly employed in debating three questions: 1. The influence of female factory work on infant mortality; 2. The reform of hospital management; and 3. The notification of infectious disease.

The factory question was opened by a valuable paper by Dr. T. M. Dolan, of Halifax, who advocated the abstention of female factory operatives from work for a fortnight before lying-in and a month afterwards. A paper by Dr. R. Martin also declared the necessity for some legislation to limit the employment of women at such time; whilst a communication by Mr. Cooke Taylor combated the proposals, and advocated perfect freedom of action in the matter. The debate on this subject made it manifest that not only was some arrangement necessary to provide rest for the operative before and after parturition, but such system was working effectively on the Continent.

The reform of hospital administration gave rise to an interesting debate in connection with the proposal that a central board of superintendence should be appointed to supervise that

administration. A resolution in favour of such appointment was eventually passed.

The Notification of Infectious Disease was the subject of an entire day's discussion of the warmest character. The subject was introduced by two papers, by Mr. Michael, Q.C., and Dr. Littlejohn, both of whom have always been enthusiastic compulsionists. We understand that a paper was offered on behalf of Dr. Carter, of Liverpool, which would have taken the opposite view, but that it was declined by the Council of the Association for some unknown reason, the effect of which decision was, in great measure, to prejudice the question in favour of the compulsionists. The cause of the profession was maintained by Dr. Brookhouse, of Nottingham, Dr. Whittle, of Liverpool, Dr. Jacob, of Dublin, and other physicians, while the onslaught was delivered by a posse of medical officers of health, including Dr. Hill, of Birmingham, Dr. Leaton, of Nottingham, and Dr. Cameron, of Dublin. Mrs. Sherers spoke also as the representative of the Vigilance Committee for Defence of Personal Rights against compulsion.

At the wind-up of the debate, Mr. Powell, M.P., proposed an unexpected resolution, pledging the meeting to approval of Mr. Hastings' Bill, and his proposal was seconded by Mr. Collins, and this motion, on being put from the chair, was met by Dr. Jacob by an amendment of "the previous question." After a good deal of turmoil, the Chairman delivered himself of the strange ruling that no amendment could be entertained, and that the question must be decided by a vote upon Mr. Powell's resolution. Against this ruling many members strongly protested, as being both unconstitutional and contrary to the usage of the Association, and, on a poll, the greater number of the members present abstained from voting altogether, and the division resulted in a majority of 38 to 16 in favour of the motion.

A vote thus arrived at could not, of course, influence the question in the least, for it is manifestly an improper course to seek without previous notice to pledge a meeting to approval of a Bill which was not before them and with which most of the members were totally unacquainted, and it is equally improper to suppress discussion of every alternative offered. We, therefore, cannot congratulate the compulsionists on a victory, nor, indeed, upon the line adopted by their advocate, Mr. Michael, Q.C., whose style was truculent and language offensive. This gentleman is evidently unable to debate public questions with good temper and polite language, and it would be as well for the compulsionists to select a more conciliatory representative in future.

WE regret to learn by telegram that the serious attack of cardiac dropsey by which our valued Indian correspondent, Surgeon-Major Hogg, had been seized, has ended fatally, at Morar, whither he was stationed with his regiment. Deceased was in the prime of life—46 years of age.

SIR JAMES ALDERSON, M.D., F.R.S., who died a few days since at the ripe age of 87, was, we believe, with one exception, the oldest Fellow of the Royal College of Physicians of London, of which he was three years President.

Correspondence.

AMPUTATION OF THE SCROTUM FOR ELEPHANTIASIS ARABUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 6th inst., you published an article upon the above subject, by Dr. G. V. MacDonogh, which contains various references to myself, and to my paper on the above subject, published in the June number of the *Glasgow Medical Journal*.

I would not deem it worth while to trouble you with any

communication in reply were it not for the following remark made by Dr. MacDonogh in writing about one of the errors which crept into my paper, errors which have already been publicly corrected by me in the July number of the *Glasgow Medical Journal*, a copy of a reprint of which corrections I sent to Dr. MacDonogh.

Dr. MacDonogh says: "But perhaps this inaccuracy may be accounted for by another of his statements in his letter to me of the 22nd June, 1882, in which he says, 'I found that your name had dropped out of the Medical Directory, and I reluctantly came to the conclusion that you were dead.'"

What is meant to be gathered from that quotation is plain, and in justice to myself I must ask you to allow me to continue Dr. MacDonogh's quotation from my letter to him of 22nd June last. The words immediately succeeding those above quoted are as follow:—"Afterwards it occurred to me that I might find out about you from Dr. S—, and so I wrote him last March, asking about you. He replied that you 'applied for and were granted twelve months' leave of absence from England in July last.' His reply was dated 25th March, and it was of course impossible for me to communicate with you anywhere abroad, after that, before reading my paper on 7th April, as I had promised."

In a subsequent letter from Dr. MacDonogh to me, dated 1st July, 1882, he says: "I cannot but think that you considered me dead when you wrote your paper as you informed me in your letter, and when you heard from S— that I was living on the Continent you perhaps said to yourself, he will never see it." In replying to that on 4th July, I said: "I must protest also against your statement commencing 'I cannot but think that you considered me dead,' &c. I have already informed you that when I was writing my paper I found out through Dr. S— that you were still alive, and would be home in July, and when I read and published my paper, I knew that you would read every word that I had written regarding you. So far from 'striving to asperse your memory,' I had distinctly stated in my paper that it was what I learned from your cases that 'gave me confidence to undertake similar cases afterwards, and laid the foundation for the subsequent success with which I met in the treatment of them.'"

Notwithstanding these repeated statements on my part, Dr. MacDonogh again virtually charges me in your columns with deliberately publishing what was untrue on the faith that he was dead and would never be able to correct it!

Yours faithfully,

GEO. A. TURNER, M.D.

Glasgow, 22nd Sept., 1882.

Notices to Correspondents.

MR. ANGUS.—We are much flattered, and especially since you only reflect the opinions of numerous other correspondents on your side the Tweed. We are glad to use our influence for good, and always wish to receive suggestions that may help the accomplishment of this desire. Your wish has been acceded to.

R. T. G.—It could not be used in consequence of the whole of our space having been devoted to special intelligence respecting the hospitals and examining bodies. Any further information of a similar nature will be acceptable, and will of course be employed at the right time.

ENTHUSIAST.—You could not easily perform the operation on yourself, and if you got another to perform it he might be open to prosecution for vivisection without licence. The Society which is so careful of the few animals which suffer under the hands of scientific investigators, while it regards unheeding a millionfold greater cruelties daily occurring, is not dead, but stunned. The blows under which it is suffering are such that we believe the "officers" have very little hope of ever again being able to exercise the same amount of influence as formerly. If you go to Paris you will find many both able and willing to assist you.

DR. J. B. (Liverpool).—The notice has not been received; if it comes to hand we will prevent its insertion and communicate.

DR. KINLOCH PATTERSON (Perth).—We will look through the paper, and if suitable will give it early insertion.

MR. G. P. F.—You will find the object of your inquiry answered in our issue for August 9th.

DR. BIGAUD (Paris).—Full information upon the various colleges and schools of the United Kingdom will be found in our "Students' Number" for Sept. 20th.

SURGEON-GENERAL C. R. F.—The "Clinical Cases with Remarks" referred to in your note would be acceptable.

MR. HAGERSTON (Newcastle).—Sorry we cannot put your library

on our free list; the number sent was in accordance with our annual custom of presenting all the libraries in the United Kingdom with the "Students' Number."

THE CHINESE MATERIA MEDICA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Why Mr. Frederick Newcome, F.R.S., should favour the medical profession with his somewhat lengthy lucubration on the *Materia Medica* of the Celestials is, to me, an enigma, and doubts will remain so to many of your readers, for all must acknowledge that a great number of drugs already utilised in this country are, to a certain extent, superfluous, and too numerous, without having useless additions made; and besides, I think we need not go to the land of Confucius to seek for new remedies when we have so many at hand.

The ingenious writer argues that the sole reason for the alleged longevity of the "Heathen Chinese" is due to the wonderful properties of his almost incalculable number of remedial (?) agents, and that they also protect his prolific race from "cholera, famine, yellow fever," &c., and even shield them from the pernicious effects of the insalubrious condition of their dwellings. Reading this, "I am inclined to join the good Dominie in crying 'Prodigious!'"

I am sure all must thank him for his praiseworthy and laborious undertaking, and particularly so when he draws our attention to a certain marvellous pill, which, "according to M. Huc and later travellers," consists of a little piece of paper on which the medical Lama scribbles the name of the "specific medicine," and which "the confiding patient" swallows, and, let us hope, to his entire satisfaction.

Mr. Frederick Newcome is not so very complimentary as regards the questionable talents of the "childlike and bland Chinese" as he is respecting his *materia medica*, for he informs us that "Europe has discovered its match in double-dealing, adulteration, cheating, and similar recondite sciences;" consequently, we may justly infer that the "doctors" who prescribe their invaluable nostrums to cure "Ah Sing" of his maladies not unfrequently receive aid for their professional services. I think your numerous readers will join with me in saying, *Cui bono?*

Yours, &c.,

Birmingham, September, 1882.

F.R.C.S., F.R.S.

MR. ENSLEY (Kensington) will find his questions answered on reference to our last number.

Vacancies.

Charing Cross Hospital Medical School.—Demonstrator of Practical Physiology. Applications to be addressed to the Dean, 62 Chandos Street, W.C., on or before Oct. 2nd.

Dursley Union.—Medical Officer. Salary, £80, with fees extra. Applications to be addressed to the Clerk to the Guardians not later than Sept. 27th.

Granard Union, Fines Dispensary District.—Medical Officer. Salary, £100, and £14 as Medical Officer of Health Election, Oct. 14th.

Lismore Union.—Medical Officer. Salary, £100. Election, Oct. 4th.

Northampton General Infirmary.—Physician. Applications to be addressed to the Secretary not later than Oct. 27th.

Western General Dispensary, Marylebone Road, N.W.—Resident House Surgeon. Salary, £100, with apartments, &c. Applications to be forwarded to the Secretary on or before Oct. 2nd.

Births.

LEFTWICH.—Sept. 20, at 241 New Cross Road, S.E., the wife of C. H. Leftwich, M.R.C.S., of a son.

MANSON.—Sept. 18, at Alford, Aberdeenshire, the wife of Patrick Manson, M.D., of a son.

Marriages.

LOGIE—ABEL.—Sept. 21, at the parish church, Kinsell, N.B. J. C. Logie, M.D., of Morpeth, to Emily, daughter of the late Rev. J. C. Abel, of Forgue, N.B.

M'ARDLE—KING.—Sept. 18, at Rathgar, John S. M'Arde, of Dublin, to Miss Madeleine King.

MEYERS—WOODLEY.—Sept. 21, at Lewis Lane Parish Church, Herbert H. Meyers, M.R.C.S., of Battersea, to Jessie, daughter of John Woodley, of Forest Hill.

PHILLIPS—ANDERSON.—Sept. 21, at St. Bartholomew's, Sydenham, W. A. Phillips, M.D., M.R.C.P. Lond., to Isabella, daughter of W. C. Anderson, Esq., of Sydenham.

Deaths.

ALDERSON.—Sept. 18, at his residence, Berkeley Square, London, Sir James Alderson, M.A., M.D., F.R.S., Physician Extraordinary to the Queen, aged 87.

BIRD.—Sept. 21, at Heaton Chapel, near Stockport, J. Durham Bird, M.B., aged 44.

BELL.—Sept. 20, at 8 Baby Place, Bath, Henry Bell, M.D., aged 55.

DAVIS.—Sept. 21, at Bournemouth, Jane, wife of J. Hall Davis, M.D., of London.

HARRIS.—Sept. 16, at The Avenue, Blackheath, Surgeon-Major Wesley Poulett Harris, M.D., aged 61.

HOGG.—Sept. 21 (by Telegraph), at Morar, India, Surgeon-Major Francis R. Hogg, M.D., aged 44, eldest son of the late Dr. John Hogg, of Truro.

LEWIS.—Sept. 8, at Whitby, Waller Lewis, M.D., Chief Medical Officer of Her Majesty's Post Office, London.

PALMER.—Sept. 14, Thomas Spinner Palmer, M.D., of 32 Merrion Square North, Dublin.

THOMPSON.—Sept. 21, killed accidentally, Dr. Thompson, of Lismore, co. Antrim.

WALLACE.—Sept. 3, at 15 Russell Place, Dublin, James Wallace, M.D., aged 72 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 4, 1882.

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Original Communications.

HYSTERICAL SPINE.

By OSMAN VINCENT, F.R.C.S. Ed., M.R.C.S. Eng.
Surgeon to the National Hospital for the Deformed.

I HAVE ventured to bring the following cases under the notice of the readers of the *Medical Press*, in the hope that they may prove not only of interest, but the means of assisting the diagnosis of a class of cases at present too little understood, and therefore either magnified to a degree to which they are not entitled, or treated with less attention and consideration than they deserve. The subject of hysteria is a very ample one, and I shall not attempt to touch upon the general pathology, and the different phenomena of this most curious disease, but shall content myself with describing the symptoms and treatment of the particular form of hysteria known as hysterical spine.

The first symptom and the usual reason for the first visit of the patient is pain. "I have such awful pains in my back." Now in slight, and even in severe, cases of lateral curvature, which particular deformity the hysterical spine most nearly simulates, there is seldom any pain, and when we come to investigate this pain we soon discover its nature.

We are all aware that, when any of the tissues of the body are the seat of acute or chronic inflammation, the pain which results is augmented by pressure; but the pain we are considering, and which is alleged by the patient to be "all down the spine," is not increased by pressure. For instance, if the patient is placed face upwards on a firm mattress or couch, the whole weight of the surgeon's body transmitted to the spine by means of the open hand will give no pain; but, on the contrary, if the finger be drawn lightly over the spinous processes, from the cervical portion down to the sacrum we shall hear a scream or sob, together with considerable cringing or flinching. So the apparent suffering of the patient bears no proper proportion to the pressure exercised.

Another test producing a very characteristic symptom of these cases is to tap gently the spinous processes as the patient stands erect before you. The same flinching will be observed, and by these means one is often enabled to more or less localise the pain. The seat of this will generally be found in the lumbar region, especially if we can trace any uterine irregularity arising from any cause whatever. The second symptom is deformity. This may exist in various degrees, from being hardly noticeable to an extent simulating the worst form of lateral curvature; but, unlike that far more serious disease, the hysterical deformity can in a minute be reduced, although, when the pressure or manipulation necessary for this is removed the deformity returns; yet for the moment it has vanished, and we have satisfied ourselves that there is no structural change.

These two symptoms will generally be found sufficient to determine the nature of the case, especially if our diagnosis be assisted by the existence of any of those morbid conditions of the emotional centres so well known and recognised in the phenomena of hysteria.

The prognosis of hysterical spine is generally favourable, especially in the younger cases. I have never seen a case under thirty that has not completely recovered, and I am of opinion that such of the older cases which do not get well, are due to climacteric disease, and are better dealt with by the obstetrician than by the surgeon.

In the treatment of these cases, if there is anything like severe apparent deformity, nothing short of an instrument will do; but this should be of the lightest and simplest kind, for we do not want to exercise any force to overcome adverse muscular or fibrous contraction, but simply to support the spinal column, and supply the place, *pro tem*, of those muscles, which have, as it were, "struck work," and remind them of their use and duty.

Our next valuable agent to the support, and in slight cases to be used without it, is cold water. There is generally an innate dislike in hysterical patients to this most valuable remedial power, but of all treatment this is the most reliable, acting, as it does both on the superficial nerves, and also on the whole system, by means of shock. The best way of applying the cold water is, if possible,

by the douche, with as much force as the patient can bear; but if this is not available—and in very few private houses can it be efficiently carried out—then a large sponge and hip or sponge bath are all that is needful, the sponge being filled with cold water, and held at the nape of the patient's neck, and slowly, *very* slowly squeezed, the water thereby being allowed to *trickle* down the spine.

This, followed by a sharp friction with a glove of some soft texture at first (as hysterical patients cannot bear the coarser forms, such as horsehair, or Cash's towels, for the first few weeks) tends very greatly to help the cure. This douching should be morning and night, care being taken that a good reaction sets in after each application. Two or three hours rest should follow on the rubbing. (This rubbing should be on a hard mattress, and without the support, if one be worn). Then five minutes trapeze-work, the trapeze being just high enough for the patient to swing clear of the ground. After this more repose, and afterwards a good walk of a mile or two out and home (according to the strength of the patient), without loitering or looking into shop windows. This *régime*, if regularly carried out, will be found all that is necessary in the way of external remedies.

As regards internal remedies, they are not of much use, except as influencing the mental state of the patient; but as a rule, the more disagreeable and nastier the mixture is the better, as it is a sort of inducement to the patient to exert herself in order to get better, in order to be able to leave off the obnoxious medicines. I usually give a mixture of strychnine, valerian and sulphate of magnesia, and find that is about as nasty as it is possible to get.

Above all, good moral influence is the thing for these cases. Never, for your own credit's sake, treat a case at her own home, where there is at least one sympathising relative, who, by his or her weak and injudicious pity and interference, defeats your best attempts at cure. Get the patient away from all friends, and place her with some gentle but firm woman who will carry out your orders with a conscientious, but kind, strictness, and who, while paying little heed to the hysterical cry, will at once relax any of the treatment that may, in the individual case, seem too severe.

By these simple means, if properly carried out, you will, in a few months, or even weeks, return to her delighted friends, cured, the case that has probably come to you as one of severe spinal disease with structural change, and surrounded by alarming complications.

CASE I.—H. A., 24, a well-developed, florid-complexioned girl, presented herself at the hospital complaining of pain in the back. In May last year she had been told she had spinal disease, so sought advice. The examination revealed great tenderness on percussion over the whole length of the spinal column, and a great amount of hyperæsthesia; she was unable to keep the spine straight by the exercise of her will for more than a few seconds, but swayed from side to side, and then dropped into a chair, if handy, but if not, on to the floor. The uterine functions were all wrong, dysmenorrhœa having existed for two years, and I learned that she was sometimes fifteen hours a day on her feet, in the vitiated atmosphere of a draper's shop. There was also marked globero-hysterical. The case was not severe enough to need a support, so she was treated by the trapeze and cold douche, and all but complete recumbency, with a mixture of Epsom salts and tinct. ferri perchlor. After two months she could stand firm and erect for any length of time, and bear any amount of rubbing and tapping. She continued the cold bath every morning and obtained a situation of less severity, and up to the present time has been quite free from her hysterical spine.

CASE II.—A. D., 30, a widow of six months, had been nursing her husband through a long illness, and was very much broken down; sallow complexion, dark rim round her eyes, perfectly unable to sit up owing to the "giving-way" in her back. When supported by the hands placed in the axillæ the spine could be brought perfectly straight, but relapsed into a state of "limpness" on the support

being removed. The pain was intense on slight pressure, and the cry produced most characteristic. The support was worn for three weeks before she could attempt the trapeze, but at the end of a month she could swing for an hour and *almost* enjoy it. The great difficulty in this case was the cold water, the shrieks and howls that it occasioned rendering it necessary to leave it off, and it occurred to me that a Chapman's spinal ice-bag might do as well if applied for one or two minutes daily. This I found perfectly successful, and after about ten days she was able to bear not only the cold sponge, but the friction afterwards. She had the strychn. and valerian mixture, and although it was quite six months treatment in all, she perfectly recovered.

CASE III.—H. S., 21, medium height, good development, and apparently good constitution, up to eighteen never had bad health. Fell from third storey at that age, and, according to her own description, fractured her skull, and was insensible for fifteen days. Ten days after recovering consciousness she lost the sense of smell entirely. This continued for four months, when violent pain in the back began, the sense of smell being regained. This pain has existed until the present time, the lightest touch anywhere in the region of the spine produced a spasm almost tetanic. She could not raise herself from the couch on which she was lying, nor could she keep herself erect. After determining it was a case of hysterical spine, I, with some difficulty, got her to submit to the cold douche, she bravely persevered, and after a month she could sit up, and we soon began the trapeze, and finally some walking exercise, and four months after the first cold bath she was quite well, and has remained so for more than nine months. I should remark in this case the catamenia, which had ceased directly after her accident, recommenced—scanty at first, but soon becoming normal—directly after the douching had been begun.

I have had several other cases of more or less interest and severity, and I trust I have been able to demonstrate that there is not only such a condition to be diagnosed, but also a good prognosis, and a fairly easy remedy, for hysterical spine.

ON THE METHODS OF DIAGNOSIS IN DISEASES OF THE NERVOUS SYSTEM.

By E. C. SEGUIN, M.D.,

Clinical Professor of Diseases of the Nervous System in the College of Physicians and Surgeons, New York.

LECTURE I.

GENTLEMEN,—I propose to devote this and a subsequent lecture to a brief summary of the methods of diagnosis, more particularly those resorted to in organic nervous diseases, describing the instruments used and showing you how to go over a patient's body and examine it. A knowledge of the methods of diagnosis and of how much trustworthy information they will yield us is very important, and, I think, may be considered with profit. I will have a patient brought in, that I may make such manipulations upon him as are used in forming a diagnosis. Of the functions of the nervous system there are two general divisions: in the first place, the functions of movement; and in the second place, the functions of sensibility. An examination into the psychic functions is of great importance, but hardly a subject for a clinical discourse.

For determining the condition of the functions of movement there are three methods, viz.:—

1st. By means of dynamometers.

2nd. By the performance of passive and active movements.

3rd. By inspection.

1. The instrument which is mostly used in making examinations into disorders of movement is the dynamometer.

* * For the woodcuts illustrating these Lectures we are indebted to the New York Medical Record.

mometer, or strength-measuring instrument (see Fig. 1). There are several varieties of dynamometers. The one I use is the simplest kind, and consists of an elliptical steel spring which can be compressed in the hand or

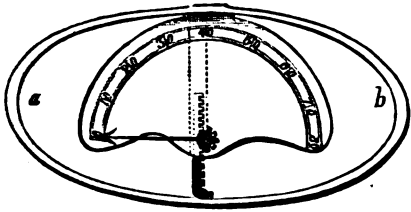


FIG. 1.

other parts of the body. Connected with it is a cog-wheel which moves an index-needle upon a dial, the index-needle remaining where it is carried by the muscular effort of the patient. The French instrument is provided with a double scale, which I think is altogether unnecessary. Observations made with this dynamometer, when recorded, should be accompanied with a statement as to whether the numbers refer to the inner or outer scale, as the numbers indicated on the two scales differ enormously. For instance, the dynamometer-needle in this patient's grasp points to 200 on the outer scale, and 70 on the inner scale. These numbers are supposed to represent kilogrammes, but I have no faith in the accuracy of such representations. Again, there is no advantage to be gained by knowing the exact number of pounds or kilogrammes of force exerted. A registration of degrees of force is entirely sufficient, and I always speak of the numbers indicated in any particular case as so many degrees. Now, as to the method of grasping the instrument. It should be grasped fairly and squarely in the hand, with the second phalanges resting upon the spring, and should be compressed without resting the hand or arm upon anything, and without giving the arm a swing at the moment of compression, as some patients will do. It is also important to place the face of the dial toward the palm of the hand, otherwise the fingers of the patient may interfere with the movement of the index needle. We know that there is in most healthy individuals a difference in strength between the left and right hands, but we want to estimate it. There are very few healthy individuals with a difference of more than five or eight degrees; a difference of ten degrees would lead to the suspicion of paralytic weakness upon one side. Sometimes we find the left hand stronger than the right. A number of patients are left-handed, and therefore use the left hand more than the right. There are some occupations which tend to develop more strength in the left hand than in the right. Car drivers show equal strength of both hands, or greater strength with the left hand, for the reason that the reins are held in it. I need not go into further details, but will say that you should be on the look-out for these normal variations in making tests with the dynamometer.

My friend Dr. Birdsall has invented a foot-dynamometer, which is intended to record the comparative degrees of strength of either the anterior or posterior tibial group of muscles upon the two sides of the body. It consists (see Fig. 2) of a board with a movable foot-piece, which is grooved so as to receive the hand-dynamometer between the base-board and the movable foot-board. The foot-board is provided with a toe and heel strap, by means of which the foot is secured in position upon it. By placing the hand-dynamometer in the front grooves and strapping the heel down upon the foot-board and telling the patient to lift his heel, the strength of the posterior leg-muscles can be approximately estimated. For testing the anterior tibial group of muscles the ends of the instrument are reversed, the hand-dynamometer being left in position, and the toes strapped to the foot-board. The

patient is then directed to attempt to raise his toes, and in so doing the power expended is transmitted through the heel to the hand-dynamometer. This instrument was brought to the notice of the profession by Dr. Birdsall, in a paper read before the American Neurological Association. Its accuracy is not as great as that of the hand-dynamometer, but, as I have already remarked, we do not care so much for an accurate record of the force expended as we do for a comparative measurement of the force exerted on the two sides of the body.

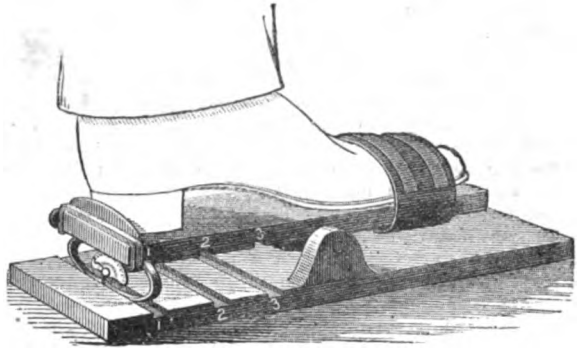


FIG. 2.

There are registering dynamometers which record upon paper, or other prepared material, the muscular strength and tone of the patient. There are also dynamometers which will register the amount of pulling or pushing force exerted, and so on; but, for practical work, all that is necessary is a good hand-dynamometer.

2. Another method of treating disorders of movement is by handling the patient. The manipulations are made with our hands, and against the patient's will. We are thus enabled to determine the amount of resistance—strength of a great many muscular groups in the body. We lay hold of the patient's limb, having directed him to hold it in a given position, and tell him to resist our efforts at flexion or extension. By having the patient resist downward pressure upon the chin, we can determine whether there be paralysis of the masseters, temporals, or pterygoids. If paralysis exist, a very slight downward pressure will be sufficient to overcome the muscular resistance, and thus open the mouth. We can judge of the condition of the neck-muscles by the movements of the head. We direct the patient to hold his head perfectly stiff and upright, and see how much force is required to move it forward or backward. In a similar way we test the power of the flexors and extensors of the arm. In partial lead-paralysis only a very slight force is required to flex the hand. The short flexors of the hand can be tested in this way, and even the interossei can be tested by lateral movements of the fingers. With the lower extremities we proceed in a corresponding way. To test the quadriceps extensor femoris, we make the patient hold the leg in extension and attempt to flex it. For testing the posterior thigh muscles we cause the patient to flex the leg upon the thigh, and take hold of the foot and pull it forward. The same test which was applied to the hands and fingers can be applied to the foot and toes. The abductors and adductors should be tested in the same way. In little children under three years the condition of the muscles may be examined by what I am in the habit of calling the cataleptoid test; or, more properly speaking, we note the absence or presence of the cataleptoid state in the muscles. I have found that if we divert the attention of a healthy baby and gently place one of its arms or legs in a given position, or in any position, that position will be maintained for several seconds or minutes. The limb is held by an automatic muscular contraction—an exaggeration of the muscular tonus. This normal state I call the cataleptoid state. In paresis or paralysis, more especially in infantile spinal paralysis, the

affected limb, when most carefully placed as described above, falls at once, like lead, in obedience with gravity.

The ocular muscles can be tested by requesting the patient to follow an object about with his eyes without moving his head. Convergent and lateral movements can thus be studied. A good way of testing the interni is to hold your finger at about twelve inches from and in front of the patient's eyes, and move it gradually to within three inches. If affected, one eye or both eyes will diverge. We test the external recti muscles by making the patient follow an object in the outer fields of vision. It must not be assumed in obscure cases that this test is sufficient. There are cases of diplopia which are not revealed by this means. The method by which the oculists determine the existence of latent diplopia is to hold a strip of coloured glass before one eye so as to colour one of the images of the object, and thus enable the patient to distinguish them. Prisms are also used for detecting slight weakness of the recti muscles; but, as this is a part of a delicate manipulation of special eye practice, I need not more than refer to it.

3. The third method is by observing the patient's movements, or by inspection. The tongue is tested by requesting the patient to protrude it, and observing whether it deviates to the right or left, and how far it is protruded. You should guard against error in making the projection test. If the patient has lost a good many teeth upon one side, the tongue may be deviated in consequence, or it may be turned out of line by a cicatrix in itself. The tongue may be deviated by paralysis of one cheek. These sources of error are of considerable importance in a practical way. Facial paralysis on one side is evidenced by a drawing of the features to the opposite side, as well as by loss of expression on the affected side. In paralysis of the orbicularis palpebrarum the eye cannot be closed, &c. The various movements of the arm are to be tried in a systematic way. In evident paralysis, of course, we do not make these tests, but in slight cases we tell the patient to move both arms simultaneously, and note which one moves slower and less forcibly. I will show you a case of ordinary hemiplegia. I ask the patient to hold up both arms, but you see that the paralysed arm does not go up like the other.

By voluntary movements we test the various forms of inco-ordination. We test co-ordination by testing the precision of the movements of the muscles, not their strength. A ready means of doing this for the arm is to request the patient to shut his eyes and try to put the tip of his forefinger upon the end of his nose. Some patients cannot do this. In that form of sclerosis known as disseminated cerebro-spinal sclerosis, and in posterior spinal sclerosis involving the cervical cord, the patient, upon being submitted to the above test, has oscillating movements of the arm and finger, and ends by thrusting his finger into his eyes or mouth. Similar oscillations are shown when the patient attempts to put a key in a key-hole. These resemble closely the movements of a person trying to do the same thing while in a state of acute alcoholic intoxication.

(To be continued.)

LOCOMOTOR ATAXY OF SYPHILITIC ORIGIN.

By Dr. FOURNIER, of Paris; and Dr. DRYSDALE, of London.

ONE of the most contested points in the natural history of syphilis is whether the disease is ever the true cause of locomotor ataxy. Dr. A. Fournier, of Paris, in 1875, alleged, at one of his lectures at the Lourcine Hospital of Paris, that syphilis, when it attacked a certain department of the spinal cord, might be the cause of the disease described by Duchenne and by Trousseau. This allegation has been opposed by many very able writers, but still its original partisan, Dr. A. Fournier, remains of the same opinion.

In France, for instance, Vulpian and Graesset are among the only two clinical observers who agree with Fournier; but in Germany, Erb, Westphal, Remak, Mayer, and Berger gave in their adhesion, more or less, to his views. At the London Medical Congress, again, in 1881, Erb, Althaus, Zambaco, and others, were more or less on the side of Fournier, Lancereaux being, however, quite opposed.

Fournier points out that there are at present four opinions on this point, the first being that ataxia is, in the immense majority of cases, caused by syphilis; the second, that syphilis and ataxia have no connection; the third, that syphilis, when it attacks the posterior columns of the cord, may give rise to symptoms of ataxia, but that it never can cause the systematised type of disease described by Duchenne; fourthly, syphilis may produce ataxia in an indirect manner—not through gummy deposits or syphilitic lesions, but by causing anæmia and cachexia.

In the history of rheumatic affections of the heart by the illustrious Bouillaud, says Fournier, the discoverer assembled a large number of cases of acute rheumatism and a large number of cases of murmurs of the heart, and showed that the latter were very frequently indeed preceded by the former. Fournier proceeded in the same way in trying to ascertain the causation of ataxy, and found at the Lourcine that twenty-four times out of thirty locomotor ataxy had been preceded by syphilis; whilst Sireday found it eight times in eighteen; Fereol, five in eleven; Caizergues, eight in fourteen; Drysdale, five in seven; Erb, eighty in one hundred; Althaus, ninety in one hundred. Fournier asks whether any of the causes ordinarily accepted as the origin of ataxy, such as rheumatism, cold and damp, onanism, venereal excesses, hysteria, moral emotions, &c., can summon such a large number of cases all agreeing in one point. Vulpian adds that syphilis had preceded ataxy in seventy-five per cent. of his cases; Gowers, in seventy per cent.; Erb—lately—in eighty-eight per cent.; Quinquad, in twenty-one; and Fournier—recently—in 107 out of 117 cases seen by him at the Hôpital Saint Louis.

Syphilitic ataxia may arise from six to twelve years after infection; but it also may be seen earlier or later than these dates. In some cases no other cause is seemingly present; in others, again, cold and damp, rheumatism, and excessive work have co-operated. The ages at which locomotor ataxy is most frequently seen are between twenty-four and fifty-nine. It generally commences between twenty-five and thirty-five, or among young persons. It is greatly confined to the male sex; another proof that it is syphilitic, since for one woman who has had syphilis, perhaps ten men have contracted it. Perhaps five per cent. of the cases of locomotor ataxy are to be seen in women. As Dr. Broadbent has pointed out, too, it would seem that it is only in cases of very slight secondary syphilitic symptoms that we are to expect that ataxy may possibly follow; in this respect all syphilitic nervous diseases seem to resemble each other.

Syphilitic tabes has no special symptoms, and has three periods—the pre-ataxic, the ataxic, and the terminal. It is only in the pre-ataxic period that much effect can be expected from specific treatment in this dangerous affection. The pre-ataxic period may be characterised by "lightning pains," by ocular palsies, by gastralgia, or loss of sight, by paresis of the lower limbs, and urinary paresis, by spasms of the larynx, or even by such very contrary symptoms as satyriasis or impotence. The lightning pains are very slight at first, and scarcely felt, but may become extremely painful, and amount in the end to attacks of agony. Local hyperæsthesia and anæsthesia occur occasionally, and sometimes headache and pains in the lower limbs. In about one-half of all the cases there is paralysis of one of the motores oculorum, and the symptoms seen are diplopia, strabismus, mydriasis of one eye, &c.

These affections appear suddenly. The genito-urinary symptoms rarely consist in hyper-excitability; far more commonly in symptoms of depression, such as over-rapid ejaculations, and even complete absence of all desire. The urinary symptoms consist in weakness of the bladder, and tenesmus, or hyperæsthesia. As to the symptoms in the lower limbs, these consist, at the commencement, in a feeling of weight, and constant fatigue in them. Everyone knows the importance of the symptom of incertitude of walking in the dark. The failure of sight consists in amblyopia, or in failure to distinguish colours, such as red and green. Both eyes are affected, but only after a great interval of time does the one follow after the other affection. Blindness may be complete in some four or five years.

The affections of the stomach noticed at the commencement of ataxy are sometimes severe enough to make us believe in the existence of an ulcer in the stomach, or hepatic colic. At other times simple dyspepsia is noticed, which is almost quite unamenable to treatment. In the larynx, too, there is sometimes noticed spasmodic cough, which may resemble the hysteric cough. There may be symptoms of constipation, or incontinence of feces, and tenesmus of the anus.

Sometimes there is well-marked vertigo, which may be aroused by a rapid motion of the head, or quickly descending the stairs. The lightning pains in the head constitute a symptom which often remains unrecognised. There may be anæsthesia of the face, lips, and tongue co-existing with plantar anæsthesia, the latter constituting a very valuable symptom of the disease. In addition to these symptoms, disturbances of hearing may be among the pre-ataxic symptoms, but these are very difficult to understand. The pre-ataxic period is said to last from three to six years, but nothing is more difficult than to determine when ataxia commences.

It is often necessary to seek carefully for commencing symptoms of tabes. To make it less difficult, it is useful, says Fournier, to make the patient walk up and down; to cause him to descend a flight of stairs; to shut the patient's eyes and make him stand with the feet close together, when the smallest oscillations must be noted; to make the patient stand first on one and then on the other foot, with the eyes open, and then shut; lastly, to take account of the sign of "tendon reflex" of Westphal, 1875.

Ataxia, as is well known, consists in a more or less inco-ordination of movement with conservatism of force in them. In the period of ataxia the pains are severer than those seen in the pre-ataxic period. Some patients, however, do not suffer from lightning pains. In addition to these there occurs in the ataxic period, frequently, anæsthesia of the lower extremities, especially of the toes, with analgesia occasionally; disturbances of the genito-urinary system become more common, such as impotence, incontinence or retention of urine, causing the unfortunate patient to be constantly seeking the urinal. The intestines also become greatly disturbed in function, and rectal inertia, with diarrhoea or constipation, prevails.

The skin becomes pallid and dry, and the lower extremities near the metatarsus and toes are sometimes incrustated with a thinner or thicker incrustation, like ichthyosis. The perforating ulcer of the foot is one of the early symptoms of tabes, according to Dr. Ball (International Congress, London, 1881).

Syphilitic locomotor ataxy, according to Dr. Fournier, is not always seen in the form of pure and simple ataxy. It is frequently preceded, accompanied, or followed, by other phenomena not noticed in ordinary ataxy, this last being limited to those symptoms solely which point to a lesion of the posterior columns, with or without irradiation on certain cranial nerves. The mixed or complex forms of tabes are, he alleges, most symptomatic of specific tabes. For instance, in company with the motor inco-ordination there are seen symptoms

of muscular weakness, of paresis, such as the addition of paraplegia to the ataxy. Progressive muscular atrophy may also be seen in the upper extremities in the course of syphilitic ataxia.

Certain cerebral symptoms may accompany syphilitic tabes, such as taciturnity, fits of rage, and strange dreams, or epileptiform attacks may occur, or vertigo; or, again, there may be hemiplegic seizures accompanied by epileptiform seizures. When ataxia has appeared, it may be followed by attacks of epilepsy and aphasia, with congestion of the brain and hemiplegia. Dementia, exaltation, and general paralysis of the insane may also arise from this form of syphilis, and be its final stage. Gradual dementia and depression are the commonest forms seen.

Dr. Fournier speaks of "bulbous crises," as exhibited in loss of consciousness, with cyanosis, slowness of breathing and slowness of pulse.

Writers on insanity had remarked, in syphilitic patients, the association of tabes with general paralysis, and have described this fact under the name of "general paralysis of medullary form commencing with locomotor ataxia."

Fournier has named this "posterior cerebro-spinal syphilosis," and gives several examples of it which are likely to force conviction on the sceptical.

Sometimes the predominance of brain symptoms may be such that the tabes is masked: we cannot too much insist on the fact that these cerebral forms of tabes are peculiarly common in the syphilitic variety. And the same has to be said concerning the epilepsy, the hemiplegia, and the aphasia of syphilitic patients. Syphilis has a marked tendency first of all to multiply its lesions, and then to spread them over different departments of the nervous system.

Fournier mentions a case, seen by Dr. Prevost, of Geneva, where ataxia appeared simultaneously with the early symptoms of syphilis in the period of secondary syphilis.

Treatment.—The treatment of syphilitic tabes ought to be that used in syphilis of the brain and spinal cord; and should be tried as soon as possible, for it is only at its commencement that this affection can be cured. We ought then to act vigorously and to persevere in treatment. Fournier recommends the exhibition of four to eight grammes of iodide of potassium daily (3j. to 3ij.), and three, four, or five centigrammes of corrosive sublimate daily (gr. $\frac{1}{2}$, gr. $\frac{2}{3}$, gr. $\frac{1}{4}$) for three weeks alternately.

If the patient has been long ataxic, nothing can be hoped for from treatment; but, on the contrary, if the affection be not ancient, it may be arrested; if still in its infancy, it may be cured. According to Fournier's own personal experience, two cases were cured only for a time, i.e., in one case for two years, and in another for four years. In eight cases the disease was arrested in its initial forms. So that the Professor of Syphilis of the Ecole de Médecine insists very strongly on the necessity of attacking tabes at its onset, when it is only marked by some ocular paralysis.

It must be noted, however, that although specific treatment is capable of curing syphilides, it cannot cure the scars which are caused by them, and Charcot and Bouchard have shown (Soc. de Biol., 1866) that sclerous myelitis of the posterior columns may exist as a lesion even before it gives any symptoms, so that treatment may sometimes be too late even at the apparent onset.

Professor Fournier has placed so many facts before us in favour of syphilis being the most common cause of locomotor ataxy, that it is difficult to remain any longer unconvinced. Several years ago I read a paper on this point in the Medical Society of London, when I mentioned that most cases of ataxia I had seen had a syphilitic history.

Clinical Records.

TOTTENHAM TRAINING HOSPITAL.

Three Cases of Acute Tuberculosis.—Autopsies.

Reported by Mr. SIDNEY DAVIES, B.A. (Oxon.), M.R.C.S.,
House-Surgeon.

CASE I. (Under the care of Dr. Lichtenberg.)—John D., *æt.* 65, painter, was admitted into the hospital on the 13th of March. From the time of admission he was not quite clear-headed, so that only an incomplete history was obtained. He stated that he had suffered much from rheumatism, for which he had been laid up for two or three months two years ago. From his account, however, the malady appeared to have rather resembled gout than rheumatism. Otherwise he had had good health till two months ago, when he became very weak. Since that time he had suffered from short breath and bad appetite. Three weeks before admission he had diarrhoea. He was sleepy, and started in his sleep. He had been receiving parish relief for eighteen months previously, on account of the scarcity of work. He was addicted to drink, but said not to be a hard drinker. His family history, as far as obtained, was good.

On admission, the skin was dry, rough, and of a dirty yellow colour; conjunctivæ also yellow. Face dry, and rather flushed; tongue somewhat furred. Pulse, 100; temp., 99°. Abdomen rather full, but no marked tenderness in the right iliac fossa. On auscultation, loud harsh breathing, of an almost bronchial character, was heard all over the chest, and a few clicks in different places. Resp., 40. Heart sounds natural. Marked senile degeneration of the cornea. Urine contained no albumen. The patient's mental condition was peculiar; when spoken to he replied with a harsh, hoarse voice, like an injured person in a bad temper. He appeared to understand all that was said to him, but his observation and memory were evidently at fault. He appeared pre-occupied with his own injuries.

The temperature rose to 102.4° on the morning after admission, which was about the average temperature until his death. It remained for the most part constantly above 101°, with very variable remissions, being generally higher in the morning than at night.

March 27th.—Patient very hoarse; will not allow an examination of the throat. Face much flushed. Very light clayey motion seen. Bowels act once a day. Nails much incurved. He continually falls asleep, with loud nasal breathing, and then wakes with a start. He often groans. Pulse, 88; resp., 36.

30th.—Throat examined; fauces congested. Patient has an earthy smell, and very earthy appearance. He sometimes passes his excreta unconsciously. Sleeps much, and groans and starts in his sleep. Localised crepitation, and dry râles heard on the right side, at the base in front, and at the angle of the scapula, accompanied by bronchial breathing, but no dulness. Loud harsh breathing continues all over chest. Pulse is not dicrotic.

April 3rd.—Patient seems a little better in his general condition. The left eyelid droops, and there is slight conjunctivitis of the left eye. He shivers and twitches a good deal. The tongue is moist and thickly coated. Pulse, 100; resp., 22.

4th.—There is a bed-sore on the right buttock.

5th.—Patient can scarcely be roused to attend to what is said to him. The mouth was drawn on one side as if he were trying to speak. Otherwise there are no signs of paralysis. Pupils equal and contracted.

He died on the 6th.

Treatment.—Pil. hydragryri was given at the commencement, but it had no effect on the jaundice. Large doses of quinine were given to reduce the temperature, but without any definite result. The other treatment was merely symptomatic.

Autopsy.—Performed 26 hours after death. Rigor mortis well marked; body not much emaciated. (The patient lost but little flesh after admission.)

Brain.—There was a considerable quantity of fluid in the lateral ventricles, but no tubercles nor inflammation of the pia mater were detected.

Lungs.—No fluid in the pleural cavities. Firm adhesions at both apices, and some loose adhesions elsewhere, chiefly on the left side. On the surfaces of both lungs were some hard rough prominences, the size of a nut. Both lungs infiltrated

from base to apex with grey tubercles and tubercular masses, varying in size from a pin's head to a small pea. There were one or two hard cretaceous masses, about the size of a large pea. There was no cavity, nor any sign of breaking down of the pulmonary tissue, but the bases of both lungs were in a soft, pulsatious condition.

Heart.—There was hypertrophy of the left ventricle, and a patch of atheroma on the mitral valve.

Abdomen.—There was a large sub-peritoneal ecchymosis, corresponding to the lower half of the rectus abdominis. Some loose peritoneal adhesions, chiefly about the spleen; spleen did not extend below the ribs; very soft; weight, 4 ozs. Liver weighed 46 ozs. Intestines not distended. In the lower part of the ileum was a small, oval, transverse ulcer, $\frac{1}{4}$ inch in diameter, with thickened border, and irregular, congested base. In the ascending colon were three ulcers, about $\frac{1}{4}$ inch long, elongated transversely. In the left kidney was a large hæmorrhagic softening, and on the surface a small defined abscess. Pancreas enlarged, chiefly at the hepatic end. Weighted 6 ozs. Tissue very hard and rough.

CASE II. (Under the care of Dr. Rasch.)—William Moore, *æt.* 53, gardener, was admitted into the hospital on May 22nd. He had been ill for seven or eight weeks, troubled chiefly with cough and weakness. He had had insufficient food for some time previously to his illness. He had lost much flesh. The bowels were always constipated, and he had never vomited during that time. But, as in the former case, the patient himself was not sufficiently clear-headed to give his history, nor could much be learnt of him from his friends. He said he had always suffered from a winter cough, and his father had died of a tumour in the back.

On admission he presented in his general appearance a striking resemblance to the last case. His face was flushed and dusky; tongue dry, slightly furred; breathing quick and loud. Pulse, 63; resp., 36. Evening temperature, 101.2°; morning, 98.2°.

Physical Signs.—Large crepitation, with puerile breathing at the left apex, but resonance there normal. Large crepitation at the right base in front. Behind, dulness at the left base, with bronchial breathing and diminished vocal vibration. The patient complained of pain in the left side. Mucopurulent sputa. The abdomen was full and tender, but there were no spots nor any special tenderness in the right iliac fossa.

May 25th.—Motion seen, loose, yellow-green colour, shreddy, with small yellow lumps, and mucus. Morning temp., 100.5°; evening, 102.5°. Pulse, 108; resp., 40. Patient sleeps a good deal, with hard sonorous breathing, often snoring. Takes food well. The patient continued in this state, with a hectic temperature, for about two weeks. If anything, his general condition seemed to improve; but the signs of effusion on the left side increased till the whole side became dull. On June 2nd, after an exploratory puncture, he was tapped with an aspirator, and 29 ozs. of clear serous fluid drawn off; the tapping was stopped while the fluid still ran freely. After tapping, dulness reached to two inches below the angle of the scapula. The patient had several attacks of epistaxis about this time.

June 13th.—All left front and axilla completely dull; bronchial breathing very distant. Back not examined, owing to weakness of patient. Right side resonant; breathing puerile, rough, with one or two clicks. Abdomen very full; tympanitic, with dulness in the flanks, varying on movement. Much mucopurulent sputa. Tongue very dry; motions natural; bowels regular. Patient is delirious, chiefly at night; the pupils are equal, and react to light, and there is no sign of paralysis.

17th.—Tongue dry, glazed, cracked. Conjunctiva and skin yellow. Skin very moist.

The patient was now going rapidly down hill. He was tapped again on the 19th, and 46 ozs. of clear fluid drawn off, but as before, he gained no relief from the removal of the fluid; on the contrary, he seemed rather worse after it. The hectic temperature continued, but it seldom rose above 100°. Rapid wasting, chiefly in the temporal regions, was now apparent, and the patient quickly sank and died from apnoea on the 26th.

The *post-mortem* was unfortunately not completed, owing to the friends demanding to see the body during its progress. The lungs and peritoneum were, however, examined. The right pleura was generally adherent, and the lung was universally infiltrated with miliary tubercle. It was rather congested, and crepitant all over, and showed nowhere any sign of breaking down. The left pleura was distended with a

nearly clear fluid. The lung was completely collapsed and airless, and like the right, infiltrated with tubercle. There were loose pleural adhesions, very numerous and vascular, in the posterior and superior parts of the cavity. The peritoneum was covered with small, light grey tuberculous nodules, varying in size from a pin's head to a lentil. The peritoneal cavity contained a considerable amount of serous fluid.

CASE III. (Under the care of Dr. Rasch).—John B., æt. 52, carpenter, was admitted on the 29th of March. He had been unwell for about six weeks before admission, suffering from frontal headache and colicky pains in the abdomen. A few days before admission he had been treated as an out-patient for slight pleurisy in the left side. Since then his breath has been very short. He had been unable to work for three months, owing to the frontal headache, and at the commencement of that time was treated in the hospital for paralysis of fingers.

On admission, the patient exhibited some dyspnoea. He had cough, with scanty expectoration. The tongue was dry and slightly coated. On physical examination of the chest, crepitation and bronchial breathing was heard at both bases behind, but no other markedly abnormal signs. The abdomen was natural, and perhaps slightly full. There were no spots, and the spleen was not felt below the ribs. Urine clear, acid, sp. gr. 1010, contains no albumen. The temperature was 102°, and subsequently showed daily morning remissions and evening exacerbations, varying from 103° to 100°, the daily difference being usually about 2° Fahr. The patient was sensible and intelligent. The following notes were made subsequently:—

April 20th.—Crepitant râles at the left base; no dulness; no spots on the abdomen. Tongue dry and furred. Headache and pains all over. Patient passed a bad night.

22nd.—Much headache. Tongue very dry and furred. Sleeps badly.

24th.—Headache very severe last night.

27th.—Headache gone. Tongue moist. Patient feels better, and sleeps well, but starts in his sleep. A large, dark, formed motion seen, streaked with blood. The anus was examined, but no piles nor fissure were found. The bowels are fairly regular.

May 1st.—Patient vomited three or four times yesterday, and twice this morning. Slight delirium. Sensible when roused. Tongue cleaner.

3rd.—Severe hiccupping. Pain over left supra-orbital ridge. Uncontrollable vomiting. Delirious, but sensible when roused. Pupils equal, contracted. Tongue cleaner. Abdomen still full.

4th.—Passed his urine unconsciously this morning. Hiccupping and delirium all night. Tongue clean. Abdomen very full, tympanitic. Dulness in the flanks. Rapid wasting of flesh, marked by sinking of the temples.

6th.—Vomiting continues; hiccup less. Patient hardly conscious, but puts our tongue when asked. Dozed all night. Breathing gulpy (jerky). Tongue moist, much furred. The patient died at 7.0 p.m., with stertorous breathing.

The treatment had been purely symptomatic; various remedies were tried to stop the vomiting, but without avail.

Autopsy (forty hours after death).—Body not very emaciated. On removing the dura mater from the upper surface of the brain the arachnoid was found to be partially adherent. Lymph and small grey tubercles were seen in the pia mater occupying many sulci, both on the upper surface and at the base of the brain, in the Sylvian fissure, ventricles, and choroid plexuses. The latter were injected with blood. The opposite sides of the Sylvian fissure were adherent. The costal and visceral pleurae were loosely adherent all round on both sides. There were firm adhesions at the right apex. In the right lung at the apex was an irregular, ill-defined cavity, about the size of a walnut, with very soft walls, showing signs of rapidly breaking down. The whole right lung was very soft and vascular. Both lungs were infiltrated all over with grey tubercles. All the abdominal organs were adherent by firm bands of lymph to each other and the abdominal parietes. The intestines were distended with flatus. At the lower part of the ileum were four old, irregular, cicatrised ulcers. The peritoneal surface of the intestines was in parts congested. There were a few enlarged mesenteric glands. The spleen was small, not reaching to the free border of the ribs. No tubercles were seen in the peritoneum.

Remarks.—These three cases are interesting from their similarity, the difficulty in diagnosis of at least two, and the rarity of acute tuberculosis in advanced life. In all three there were cranial, thoracic, and abdominal symptoms combined, although the head symptoms were most pronounced in one, and lung symptoms in another. All three were men between fifty and seventy years of age. Two of them had been for some time deprived of sufficient food. It is probable that not one of the three had any consolidation or breaking down of the lungs at the apices on admission, though in one there were signs of rapid breaking down having preceded death. This point is important, because most cases of acute tuberculosis in adults are secondary to apical phthisis. It would seem to indicate some external source of infection. In only one case was the diagnosis made with any confidence before death. The other two were put down as probably enteric fever, though the unusual temperature chart and the puerile breathing and head symptoms led me to suspect the true cause in the first case. The third case differed at first in no respect but the absence of spots and diarrhoea from an ordinary case of typhoid with pulmonary complication. The two cases in which the abdomen was examined after death both had intestinal ulcers, but they were evidently tubercular in one, and old in the other, and the small spleens in both cases precluded the supposition that they were typhoid ulcers. The jaundice in the first case greatly complicated the diagnosis. It appeared to be due to pressure of the enlarged (tubercular?) pancreas on the bile duct, the tissue of the pancreas being remarkable hard.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

CURE OF A CASE OF HYSTERICAL CONTRACTION.—At the meeting of the Société de Biologie, M. Chantemesse reported the case of a young girl affected with hysterical contraction, which persisted nine months, and which was cured by the application of metallic plates, according to the method of Burg. This patient had been subject to headache since she was ten years old. When the contraction manifested itself she had attained the age of fifteen; and at this period the headache disappeared altogether. In the month of November she was wounded in the left hand by a piece of broken glass, and immediately stiffness of the muscles set in; and this contraction resisted every means directed against it for many months. In July last the patient entered the Hôpital Beaujon, under the care of M. Fernet, who on examination found there was hemi-anæsthesia of the whole left side, and the already-named contraction of the muscles of the forearm. A powerful magnet was applied to the affected side, and recourse was had to the apposition of different metals—gold, silver, tin, platina, zinc, and copper—but there was no change in the contraction, and the sensibility was in no way improved. At last, about eight days ago, a bracelet composed of steel plates was placed around the forearm, and the next day the whole of the contraction had disappeared, but the anæsthesia was in no way modified. The bracelet cannot be taken off for some time, as the affection would return within forty-eight hours. The election of the metal on the muscular element, the contraction that it caused to disappear, leaving unaltered the special and general sensibility is a phenomenon curious to observe.

CAUTERISING THE CERVIX IN INCOERCIBLE VOMITING IN PREGNANCY.—At the Medical Congress held at Rochelle a member read a paper on "Incoercible Vomiting in Pregnancy, and its Cure by Cauterising the Cervix." He cited seven cases in which this method was tried, and each time with full success. The author concluded by affirming that

the time was come when this evidently heroic treatment should be admitted into medical practice and generalised; and thus many who were otherwise condemned to certain death would be saved. A colleague, replying, said he did not intend to attack the method of his learned friend, but he thought that the number of cases cited was not sufficient in order to convince him that no accident would result from the operation, for it was well known that all manipulations of the cervix in a woman *enccinte* provoked frequently abortion. In any case he would not attempt the operation except in the gravest cases. M. Mauny (the author) insisted upon the fact that in the twelve cases he attended abortion did not occur once. He was far from wishing to apply this method to every case. On the contrary, it was only when all other means were exhausted, and that the life of his patient was in danger, that he had recourse to the caustic.

TREATMENT OF SYPHILIS.—In the treatment of syphilis Dr. Thomaun uses subcutaneous injections of iodoform in glycerine—iodoform, 3iss.; glycerine, 3vj. He commences by injecting six grains of iodoform, and at the end of a few days the dose is raised to ten grains. According to Dr. Thomaun, the syphilitic manifestations rapidly disappear; and there is no abscess at the point of insertion of the syringe. The solution of iodoform should be always recently prepared, as otherwise the iodine is set free and causes violent pain.

VASELINE AND BORIC ACID OINTMENT AS A NON-IRRITANT ANTISEPTIC.—M. Lucas Championnière recommends an ointment of vaseline and boric acid as a non-irritant antiseptic. It is particularly useful for those wounds which it would be important not to irritate. It is very advantageous as a local application in eczema and intertrigo; and in the erythema of infants provoked by the prolonged application of soiled linen, or from other causes, there is no better remedy. Its disinfecting action, though not very powerful, is sufficient. M. Championnière employed it with great success in feet that emitted a bad odour. The ointment was applied between the toes, and the effect was almost instantaneous. The formula of the pomade is—Boric acid, 3iss.; vaseline, 5j. The acid should be employed in fine powder, and incorporated with the vaseline, and not dissolved in alcohol or glycerine, which renders the pomade irritant.

SEVERE EPIDEMIC OF MEASLES AT ST. ETIENNE.—At St. Etienne (Loire) there has been for the last month a severe epidemic of measles, and a great many children have been carried off—meningitis, pneumonia, and diarrhoea being the complications generally observed and the cause of the fatal termination. Grown-up persons have not been spared, although in them the disease never assumed an aggravated form, and no deaths are reported.

DEATH THROUGH EATING POISONOUS MUSHROOMS.—A very sad accident, which unfortunately ended fatally, occurred recently to the Rev. G. T. Dodds, son-in-law of the well-known Dr. Horatius Bonar, of Edinburgh. It appears that Mr. Dodds, who was the collaborator of the Rev. R. W. McAll, the founder and conductor of Mission enterprise in France, left Paris for the country, with his wife and family, to enjoy a few days' well-earned rest. They selected a village in the neighbourhood of Orleans as their abode, and one day he took his family into the woods to pick mushrooms, of which he was very fond. Unfortunately, the children were allowed to help in the search, and it is supposed that they unwittingly picked some of the venomous species. However, in the evening,

after they had all partaken of the mushrooms, symptoms of poisoning set in amongst them all; and as where they were stopping was an out-of-the-way place, medical aid could not be procured till the following day, when Mr. Dodds, who is supposed to have indulged more freely than the rest in the poisonous fungi, was in a prostrate condition, and never rallied. He succumbed a few days later. Mrs. Dodds and the family, which consists of five children, the eldest of them not yet six years of age, have entirely recovered.

Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

THE GERMAN IMPERIAL OFFICE OF HEALTH AND KOCH'S EXPERIMENTS ON THE TUBERCLE BACILLUS.

PROF. BILLROTH, during his recent sojourn in Berlin at the Session of the Eleventh Congress of the German Society of Surgery, took the opportunity of making himself more intimately acquainted with this institution than he had previously been, and on his return to Vienna gave a short but interesting account of what he had seen to members of the Society of Physicians of Vienna.

At the present time, when vivisection, the tubercle bacillus, and R. Koch are so prominently before the minds of the medical profession, some of the information he imparted cannot fail to be interesting to your readers.

From the communication thus made we learn that the Imperial Health Office is the creation of the Imperial Chancellor. The building in which the work is carried on is of tolerable size, and contains a fair number of workrooms and laboratories, besides a number of apartments for the lodging of animals intended for experiment. The greatest care requires to be taken to keep the animals in perfect health, as it is known that under unfavourable circumstances they are liable to die off, or to fall victims to tuberculosis. Ventilation is here carried out so carefully that it is only to be wished that our own sick-rooms might equal it. The cages are kept scrupulously clean. Each animal represents an experiment. Besides the Director and a number of fellow-workers (chemists, &c.), there are now several physicians specially occupied with the study of the tubercle bacillus, amongst them Robert Koch—a *R. gierungs-Rath*, or Government Councillor.

As regards the tubercle bacillus, it is known that it has been long sought after, and many have thought they had already discovered it.

Billroth's own words will best express his meaning in the following sentence. He says: "Judging from the whole method of research, and from the clearness and certainty of the process, for me it is beyond a doubt that in Koch's tubercle bacillus we have to do with a scientific fact not again to be cast aside. Years ago I expressed the conviction that these vegetable organisms—and as such I considered the originators and disseminators of tuberculosis—must be discovered."

The Vienna surgeon considers that, notwithstanding the acknowledged genius of Koch, the first and greatest step towards the solution of this problem was made by Villemin, when he proved by experiment that tuberculosis was inoculable. From this time it has been settled that this disease could be transported by a fixed virus. The primary stage is a chemical process in the tissues, whence the pathological changes result. This chemical key we do not yet possess. Here in tuberculosis the chemical agent is associated with

vegetable organisms; the latter are, however, but the carriers and disseminators of this unknown agent.

The tubercle bacillus does not seem to differ from the algae that are already known to us (to which order it belongs) in its mode of development; it resembles other varieties in size and form so completely, that it cannot be distinguished from them by the microscope alone. Through Koch, however, we have been made acquainted with a reaction that separates it from all similar organisms.

Prof. Billroth described the vegetation forms of these algae, how the rods increase in number, how the permanent spores develop, and from these again the rods, &c. Koch was convinced that the tubercle bacillus also developed spores, but that, contrary to what obtained in the case of *bacillus anthracis*, the whole process was completed in the body of the animal. As in the case of large plants, so this bacillus showed its own peculiarities in regard to the soil from which it grew. It had been long known that rabbits and guinea-pigs were easily inoculable, but that, on the contrary, dogs were not. Within the animal, also, the parasite showed peculiarities in its growth; it attacked some organs very readily; whilst in others it remained at the lower stage of development, and rapidly died out. Absolutely uninoculable the dog is not, as Koch has recently shown, but for this parasite he does not offer a suitable soil. Generally speaking, the herbivora are more fitted for the growth of this alga than the carnivora. Barndoor fowls have a high degree of receptivity for the tubercle bacillus, whole yards of fowls quickly dying off.

In the human species the disposition to tuberculosis is a very varied one, and this disposition is handed down from parents to children. Only this is to be understood by the hereditariness of tubercle, viz., the greater receptivity for tubercle infection, which is also outwardly expressed in the bodily structure. A lesser disposition to infection is the great protection of the bulk of the human race.

Another reason why local tuberculosis (Volkmann) so often exists without general infection, why a relatively large number of individuals the subjects of caries of the bones, do not become the victims of general tuberculosis lies in certain mechanical conditions. At the periphery of such tuberculous masses (bones, lymphatic glands) is a thickening, a compact capsule that prevents the emigration of the vegetable organism into the circulation.

Moreover, the plant requires for its development a high temperature—that of the blood—whence the development does not take place outside the body. This difficulty in the way of growth is likewise fortunate for humanity. The spores require a certain period of rest before they germinate afresh, and this is plainly the period of incubation that is observed after inoculation.

From a practical point of view, we know now that tuberculosis is an infectious disease. This, indeed, was believed before now; but we have now obtained a fresh grip, as it were, when we see that the tubercle bacilli are present in the sputa of those patients whose mucous membranes are in a catarrhal condition. Much that we have looked upon as heredity must now be considered to be infection. Thus, for example, a tuberculous mother who ejects a sputum into her pocket-handkerchief, and uses the handkerchief to her child who has sneezed, may infect her offspring. Another source of infection is the intestines, which may become the channel of infection from flesh, or milk from tuberculous cows, &c. ("grapes"). These sources of infection must be studied. The sputa, and the other dejects of tuberculous individuals are also infectious, but certainly in a lesser degree. Pus becomes

horny in drying, and a firmly-seated crust. To examine into this and much more is reserved for the future.

This discovery of Koch's has this beauty in it, that it carries our medical observations into the domain of science; that which has been assured empirically for millenniums finds now its confirmation in natural science.

Special.

EFFECT OF TEMPERATURE ON SEPSIS.

M. H. BOULEY, at the Paris Academy of Medicine, read a paper by M. Paul Gibier, "On the Possibility of causing 'Charbon' Infection in Cold-blooded Animals by raising their Temperature." It appears that the temperature most favourable for the development of the charbon bacteride is that of the normal temperature of mammals—viz., from 37° to 38° C. All birds having a higher temperature than 42° are not subject to the ordinary forms of this disease; but M. Pasteur succeeded in developing charbon bacterides in fowls by reducing their temperature through prolonged immersion of their claws in cold water. After having decided that in water of the ordinary heat frogs do not appear to feel at all a subcutaneous or intra-peritoneal injection of charbon liquids, the question presents itself whether, by raising their temperature to about 37°, charbon bacterides would develop in these cold-blooded animals which have become, for the time being, warm-blooded. This experiment has been tried by injecting frogs with charbon, and forcing them to live in water of 33° to 37° of heat. Out of twenty cases of injection performed by M. Gibier only five were successful. The remaining fifteen died immediately on their immersion in warm water, or in a few days afterwards, without presenting any bacterian subjects, and only two survived entirely. This proves that with frogs, as well as with other animals, there exist individual peculiarities. The length of the charbon bacterides is to be attributed to the slowness of the circulation of this batrachian. The following are facts worthy of notice:—

1. It has been observed that frogs in which the charbon has developed itself fast for a certain period. Healthy animals, when first captured, either resist altogether or die in the space of a few days, without presenting any specimens of bacterides, and without enlargement of the liver.

2. Frogs plunged into water without any transition from cold to warm, and soon after inoculation, died sooner than those which were gradually acclimatised.

3. Lastly, a remarkable fact appears which, perhaps, is more than a simple coincidence. It is that frogs first inoculated in cold water did not die after a second inoculation in warm. Ought we to consider this a phenomenon of vaccination?

It is proposed to make other experiments in this direction; but from the evidence of M. Pasteur and others we can safely conclude that, to make an animal physically opposed to it contract an infectious disease, we ought, first of all, to make ourselves acquainted with the conditions which can confer the morbid aptitude on the subject of our experiment.

THE well-known chemical inventor, Jean Wickersheimer, in Berlin, has invented three fluids, which, while doing no harm whatever to the substances, protect bread, meat, and beer against all influences of temperature, weather and atmosphere, for many years.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 4, 1882.

THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE BY THE ATTENDING PHYSICIAN.

THE recent debates on this subject at the meetings of the British Medical Association at Worcester, and of the Social Science Congress at Nottingham, have made it evident that the subject is little understood, even by the medical profession. Statements have, it is true, been promulgated from time to time, professing to give the experience of the working of notification law in the towns to which it has been already applied, but as these statements have—in all cases—emanated from sanitary officials to whom compulsory notification would be a great convenience, and from those who are enthusiastic for coercion legislation in all matters of public health, it is desirable that the other side of the case should be published for the instruction of those who may have been misled by *ex parte* statements in favour of the proposed general compulsory law.

There is the greater necessity for those to speak out who object to the physician being compelled to notify, because there is imminent danger at this moment of the public and the medical profession being subjected, by legislation in the coming session of Parliament, to new and very serious responsibilities and penalties without having a chance of a hearing in their own defence. So far as notification legislation has yet gone, it has been carried through by civic officials by under-hand means, and generally without any real knowledge by the ratepayers of the intention to put them under

the notification yoke; while the medical profession has not only been unhesitatingly sacrificed for the convenience of sanitary officials, but has been carefully kept in the dark on the subject by the Parliamentary Bills Committee of the British Medical Association, whose special duty it was to warn them of the danger and protect them against the infliction. If this method of legislation be longer tolerated, the public and the medical profession throughout the Kingdom will awake some day to find themselves bound hand and foot by the sanitarians and corporation officials, and compelled to submit themselves or else suffer the fines and imprisonments provided for those who object to be "sanitized" without being asked their opinion on the subject; and we, therefore, consider that the moment has come for calling the special attention of the medical profession and the public to the contemplated legislation.

WHAT IS COMPULSORY NOTIFICATION?

The law of compulsory notification to which we refer has been enacted in certain towns throughout England for the purpose of enabling the civic sanitary authorities to find out each case of infective disease, and to take steps to protect the population against the spread of the malady; and this purpose has been attempted to be attained by compelling the physician in attendance on an infectious disease to report the same to the sanitary authority of the district. Let us say, at once, distinctly, that we entirely recognise the gain to the community likely to accrue from an early knowledge of the existence and *locus* of infective disease; that we are well aware of the danger accruing to the public from the presence of an undetected *nidus* of infection in their midst; that professional experience puts it beyond doubt that much disease is disseminated to the great injury of the public by careless or criminal persons who conceal its existence; and that it is a most laudable purpose to seek to mitigate these dangers by obtaining early information and using all reasonable means to prevent the spread of infection.

But while we thus heartily approve of the *intention* of notification legislation, we, with equal vehemence, condemn the *method* heretofore employed for carrying that intention into effect, and we protest against the apparent determination of sanitarians to perpetuate and extend that method. We assert, in fact, notwithstanding all that civic sanitarians may say, that the methods heretofore employed are tyrannical in principle and ineffectual in practice—that they have failed in their purpose, and will fail all the more, the more coercive in character they are made; and that—if a law to compel notification be indispensable—the duty should be imposed upon the householder or the custodian of the patient, and certainly not on the physician. It is against the means proposed to be adopted that we are contending, and if a wise and practicable scheme for notification of infective disease be propounded, we shall be found amongst its most enthusiastic supporters.

METHODS OF NOTIFICATION.

There are three different methods by which it is proposed that information of the occurrence of infectious

disease shall be conveyed to the sanitary authority, viz.:—

a. Direct Medical Notification.—Where the physician in attendance is obliged to report the case direct to the medical officer of health or his representative with or without the consent of the patient.

b. Indirect Medical Notification.—Where the physician is obliged to hand to the custodian of the patient a written notice of the nature of the disease, which notice the custodian is responsible to send forthwith to the medical officer of health or his representative, the custodian being only responsible to notify on his own account when there is no medical attendant.

c. Dual Notification.—Where both the physician is obliged to send notice and the custodian also, even though a physician is in attendance, and has already reported the case. This system, as will be observed, exists in certain towns as a part of direct medical notification, and is, in fact, a means of securing a report on each case.

d. Householder Notification.—Where the custodian of the patient is alone responsible to send the notice, though there may be a physician in attendance.

Twenty-three towns in England are subject to one or other of these forms of the law.

Direct Medical Notification exists in—

Barrow-in-Furness.*	Llandudno.*
Birkenhead.	Manchester.*
Blackburn.	Oldham.*
Blackpool.*	Preston.
Bolton.*	Reading.*
Burton-on-Trent.	Rotherham.*
Derby.*	Stafford.*
Huddersfield.*	Stalybridge.*
Jarrow.*	Warrington.*
Lancaster.*	Edinburgh.*
Leicester.*	

Indirect Medical Notification exists in—

Bradford.*	Norwich.
	Nottingham.

Dual Notification exists in those towns marked above with an asterisk.

Householder Notification exists only in Greenock.

BILLS BEFORE PARLIAMENT.

With a view to an extension of the notification system throughout the Kingdom generally, there were before Parliament last session three Bills—viz., those introduced respectively by Mr. Hastings, M.P., for England and Wales; by Mr. Gray, M.P., for Ireland exclusively; and by Mr. Meldon, M.P., also for Ireland. The Bill of Mr. Hastings is promoted by the Council of the Social Science Association, of which Mr. Hastings is now President, and Mr. Gray's Bill, which is put forward on behalf of the Dublin Corporation, is substantially identical with it. The terms of Mr. Meldon's Bill will be referred to hereafter.

The following is an abstract of Mr. Hastings' Bill:—

Whereas it is desirable to provide for early notification to sanitary authorities of the occurrence of infectious diseases within their districts:

Be it enacted, &c.

2. This Act shall be read and construed with the Public Health Act.

3. Any medical practitioner attending or requested to visit and attend any inmate of any building in the district

of any sanitary authority suffering from small-pox, cholera, typhus, typhoid, scarlet, relapsing, or puerperal fever, diphtheria, measles, or erysipelas (or other acute infectious diseases . . .) shall immediately on becoming aware of the nature of the disease from which such inmate is suffering forthwith fill up, sign, and transmit, either personally or by post, to the office of the sanitary authority of the district a certificate in . . . form . . . contained in . . . this Act.

4. If no medical practitioner be attending . . . then the occupier of such building, or . . . the person in charge of such inmate, shall . . . forthwith transmit a notice by post to the sanitary authority of the district.

5. The sanitary authority shall supply gratuitously to every registered medical practitioner . . . in the district, and to every inhabitant, upon application forms for the certificate . . . of the occurrence of infectious disease; and the sanitary authority shall pay to every registered medical practitioner who shall . . . transmit any such certificate a fee of two shillings and sixpence in respect of the same; provided that not more than one fee shall become payable to the same medical practitioner for any certificate given by him in respect of any infectious disease occurring in the same building within thirty days of the date of the said certificate. . . . No fees . . . shall be payable for the notification of infectious diseases occurring in workhouses, gaols, or public hospitals.

6. Any person neglecting to transmit any notice required by this Act shall be liable to a penalty not exceeding five pounds.

SCHEDULE.

FORM OF NOTICE.

NOTIFICATION OF INFECTIOUS DISEASES ACT, 1882.

I hereby certify and declare, in pursuance of the above-named Act, that . . . living at No. . . Street, is suffering from infectious disease, viz. . . .

Dated the . . . day of . . . , 188..

Signed,

Registered medical practitioner,
or householder, or person in charge,
as the case may be.

To the sanitary authority of the district of . . .

It will be observed that this Bill proposes to compel the medical attendant to communicate to the health officer of the district for public uses the information acquired by him in his capacity of confidential medical adviser, and it visits him with a fine of £5 (and, of course, imprisonment in default of payment) if, from any cause, he omits to do so. Furthermore, let it be noticed that the Bill, while imposing this responsibility and penalty upon the physician, entirely relieves the custodian of the patient of any responsibility whatsoever in every case in which a physician has visited. For such a proposition we assert advisedly that there is

NO PRECEDENT IN ENGLISH LAW,

and that the promoters of compulsory notification by the physician labour under the difficulty of having to justify a perfectly new departure from the principles of justice and liberty, which have heretofore guided the legislation of our country. The proposal to fine and imprison a physician for not reporting publicly the disease under which his patient suffers strikes at two well-recognised principles of equity—

a. That the person who is responsible for the existence of a nuisance dangerous to his neighbour shall be also the person responsible for the abatement of that nuisance, lest his neighbour may suffer therefrom.

b. That the information acquired by any person in the performance of a confidential function shall be—as far as possible—confidential and inviolate, and shall not be applicable to public uses, save upon extreme public necessity.

In conformity with the first of these principles we insist that the custodian of the infected patient, and he alone, should be held liable to inform the sanitary authority of the nature of the disease; and we challenge the advocates of compulsory notification by the physician to show—under English law—any analogue for the legislation which they propose. What has the law hitherto said upon this subject? When a *nidus* of communicable disease, either in the form of a dangerous nuisance, such as a manure heap, an open sewer, or the noxious emanations of a manufactory, is found to exist, or when an infectious disease occurs amongst the lower animals, who is held responsible to report the existence of the nuisance or of the infection? Let the Public Health Acts and the Contagious Diseases (Animals) Act (taking, for example, those in force in Ireland) answer the question. Under the Public Health Act (sec. 108) it is the duty of the sanitary authority to detect the nuisance, and the duty of the "person by whose act, default, or sufferance the nuisance arises or continues, or, if such person cannot be found, the owner or occupier of the premises," to abate it (sec. 110).

Again, in dealing with infectious disease, what does the law say?—"where any sanitary authority are of opinion . . . that the cleansing and disinfecting of any house . . . would tend to prevent or check infectious disease it shall be the duty of such authority to give notice . . . to the occupier" (sec. 137). And, again, in secs. 144 5-6 the responsibility and penalty for letting infected houses and sending infected children to school is imposed solely upon the "person who shall knowingly or negligently" do so.

The Contagious Diseases (Animals) Act is still more definite on this point. It simply orders the owner of any cattle infected with pleuro-pneumonia or other infectious disease to report the occurrence, or take the consequences—punishing him for default if he omits to do so, and compensating him for loss if he does; and it does not at all touch the question how the owner shall find out the nature of the disease. In no Act of Parliament that we ever heard of is there any proposal such as the compulsory notificationists put forward, that some third party, who is perfectly guiltless of offence against the public weal, but who happens to become confidentially cognisant of the commission of such offence, shall be fined and imprisoned for not reporting the guilt of the other person, while the offender himself is not visited with any punishment whatever.

And this leads us to the consideration of the second axiom of English law above quoted (b), which the advocates of compulsory notification propose to violate.

They propound the perfectly novel and startling theorem that the secrets of the sick-room are legitimate public property, to be forced from those who possess

them, and used for the benefit of the local sanitary organisation; and they scoff at what they call the "sentimentalism" of those who protest against the establishment of a principle so dangerous to public liberty. But let us see whether there is any justification for this proposal in English legal precedents. Has any one ever proposed to force from the solicitor or the barrister, for the protection of the public at large, the confessions of a criminal who, in the absence of the information which the solicitor could give, may remain a danger to society? Not at all. The law carefully protects the solicitor or barrister against even being questioned on such a subject, and English justice refuses to seize by force, as the notification compulsionists would do, the information which does not equitably belong to the community. Again, the confidences of the priest and the physician, though not actually protected by law, are practically privileged. The priest or the doctor in the witness-box may, it is true, be forced, in strict law, to answer any questions put respecting knowledge acquired in the exercise of their professional functions; but the sense of the injustice of such compulsion is so strong in the minds of our judges that it is a universal rule with the bench not to insist upon the priest or physician divulging any matters which are communicated to them in strict confidence.

The only precedent of law by which the notification compulsionists seek to justify the principles which they advocate is the law with reference to death registration, which, they point out, contemplates the medical attendant divulging the cause of death as ascertained by him in his professional capacity. But there is, in reality, no analogy whatever between death registration and compulsory notification. In death registration the whole responsibility to register rests upon the relatives of the deceased or the occupant of the house in which he has died, while in notification, as proposed, the physician is to be the responsible party. In death registration the physician's death certificate is given with the full knowledge and at the request of the deceased's relatives, while in notification the information is to be supplied to the sanitary authority with or without the patient's knowledge or consent, and very frequently against his express wish. Moreover, the analogy completely breaks down when we consider that at death the case as affecting the patient or his custodian is at an end, and no injury or inconvenience can usually result to any one by the act of registration.

Thus, upon a review of the existing law referable to the reporting of nuisances or infection dangerous to health, and to the practice of the courts with respect to information acquired in professional confidence, we have shown that the law which the compulsionists propose is in open violation of precedent and justice as heretofore recognised.

(To be continued.)

THE MEDICAL DEPARTMENT IN EGYPT.

DURING the past week the columns of the daily and other journals have contained comments more or less adverse to the working of the hospital and ambulance services in Egypt. The correspondent of one paper writes

that there is no longer any reason for silence with regard to what he calls "the deplorable breakdown of the hospital service at Ismailia," as he understands that Surgeon-General Hanbury has applied for a court of inquiry, in order that the blame and scandal may be removed from the Medical Department and placed upon the shoulders of those properly responsible for deficiencies such as were only equalled in the Russian hospitals during the late war.

Then, coming to actual details, the same correspondent writes:—"The enormous hospital at Ismailia was opened without drugs, instruments, provisions, or stores, and was unable to supply the front with any medical essentials. There was also an extraordinary lack of hospital attendants. Officers who lay in the wards tell stories which are ludicrous, though painful, of neglect and want of food. All acknowledge themselves grateful for the kindness, sympathy, and skill of the doctors. The fault was not theirs; red tape finished what incompetence began. We shall hear much more of the matter, as several officers personally appealed to Sir Garnet Wolseley, and told him that they were literally starving. Now that it is over, every regiment has its story on the subject."

Another correspondent, describing certain alleged shortcomings in other branches of the service, writes:—"But there was something much more grave than this, more hopelessly mismanaged, something which might have produced terrible results indeed, if the war had been protracted—if the Arab had not always run away. I refer to the Medical Department. Happily our battles were few, and so were our casualties. Had they not been so, the men would have perished like rotten sheep, for want of necessaries. Let those who are responsible deny it, if they dare."

Much more in the same style has also appeared, to which on the present occasion it is needless to refer farther than to suggest on the part of the public patience until fuller and more complete details than are as yet available shall appear. No better man than Surgeon-General Hanbury could be found for his work, although it is very natural that his seniors, many of whom are equally, although no more fit than he, should feel hurt at his appointment. Let due credit, therefore, be given to him for making the most of the means at his disposal, and in the meantime let our judgment be reserved.

In opposition to the statements just alluded to, others have appeared, the tendency of which is to minimise or explain away the shortcomings complained of. For example:—According to published reports from medical officers on the spot, the Khedive's palace at Ismailia was occupied as a hospital on the 27th August. At first there was, "as might be expected, a great *apparent* confusion in the working of the hospital," but the care of the sick and wounded was well and thoroughly accomplished. The men of the Army Hospital Corps were overworked, but upon the whole the arrangements are stated to have been considered satisfactory by Sir Garnet Wolseley. On the 3rd of September, it is stated that Brigade-Surgeon Veale had "in two days, from *chaos* reduced it to a workable system," everything on that date going "as smoothly as possible."

According to another and subsequent report "the military

operations (from Ismailia) commenced before the medical officers, the Army Hospital Corps, or the hospital stores had arrived for the base; consequently, for the first week or two there was a deficiency of nearly everything. Cooking-pots, pannikins, basins, medicines, surgical dressings, &c., all had to be landed from the ships and unpacked, whilst at the same time, the sick and wounded were coming in all through the day and night. Of course, the accommodation afforded by the palace hospital soon became inadequate to the requirements. Tents had to be pitched; the *Carthage* was almost immediately filled with sick; and considerable drafts of invalids were sent away to Malta, England, and Cyprus."

A military journal observes that "it would be hypercritical at present to comment on the lack of foresight and the insufficiency of transport provided at Ismailia, and the want of medical stores equal to requirement." The same journal quotes from "a medical eye-witness, not a member of the Army Medical Department," that, "as for the base hospital (at Ismailia), the arrangements, ventilation, and surgical work would do credit to any London hospital." The comment then occurs that "everything was subordinated to the military exigencies of the campaign. It was imperative that the troops at Ismailia should be pushed to the front with the least delay. Transport being almost *nil*, the advancing column outmarched all supplies; the sick, therefore, of necessity suffered with the rest; but the field hospitals were sent forward with all speed, and medical aid for the wounded was available almost as soon as the casualties occurred." From the above remarks one thing, at least, is clear—Dr. Hanbury has acted rightly and well in making application for a court of inquiry.

THE SANITARY CONGRESS.

JUDGED by whatever standard may be adopted, the Congress of the Sanitary Institute of Great Britain, at Newcastle, has been an undoubted success. From the point of view of the hygienist, however, the proceedings will most probably be regarded with the greatest amount of satisfaction, for it is in connection with practical prevention that the main conclusions of the meeting have been arrived at. Invaluable as all papers read at the Congress have been, there are certain of them whose importance it would be difficult to over-estimate. The opening address of the President will be effectually serviceable both to show the direction in which progress has been made in the past, and the lines along which it must proceed in the future if we would consolidate and extend existing advantages. Minds only "practical" in their reasoning may have some difficulty in appraising the due importance of Captain Galton's insistence on the teachings of experiment; but when they consider the part of the address referring to questions of pure sanitary engineering, they will not scruple to adopt every theory which demands the carrying out of reforms attended with such evident blessings as are secured in all communities regulated on sanitary principles.

Perhaps one of the most cheering signs of progress that could be presented to us is found in the willingness of practical workers not only to listen to,

but to be guided by, the advice given by such authorities as the President at the Sanitary Congress. A good deal of Captain Galton's success is no doubt due to the force of his expressions and the conviction he is able to carry by his words; however little acquainted a man may be with moot or difficult scientific questions, he can at once understand and appreciate the assertion that pure air and pure water afford almost absolute safeguards against most forms of zymotic disease. Indeed, we might accept this statement as the text of the address from which it is extracted, for the burden of Captain Galton's speech was mainly to demonstrate the mode in which the two elements become vitiated, or to show in what manner their purification is to be obtained.

Again, when we are told we shall probably be led to appreciate more fully the advantages of good sanitation if we can arrive at putting a money value upon some of the more direct results of sanitary improvements, an appeal is at once made that is safe to ensure attention at least, if not also conviction. The illustrations afforded by means of results obtained on sewage farms is fully as potent as Captain Galton has evidently assumed it would be; and even a money benefit computed in diminished death-rates and sickness is an argument that now will carry weight, chiefly, however, it must be admitted, in consequence of the patient teachings of Captain Galton and fellow-labourers of his in the field of popular instruction on health subjects.

The paper communicated to the Congress by the Hon. F. A. Russell is one that deserves, and doubtless will obtain, a great amount of consideration. The principle its author insists on has long been recognised in medical practice, though Mr. Russell carries his deductions farther than they have yet been systematically followed by other observers. The aim of his paper is to demonstrate the improvement of climate at a slight elevation; it opened with a contradiction of the once commonly received opinion that temperature regularly decreases with increasing altitude. Observations conducted at various stations have shown that it is not so, but that at points naturally or artificially raised above the surrounding district the range of temperature is smaller. A further conclusion, and one more generally familiar, is that the ground level atmosphere of any district is at times in each day absolutely injurious, and recognition of this fact is accorded by all thoughtful physicians in the advice given by them to delicate patients. It deserves, however, to be much more commonly taken into consideration, not only with respect to convalescents or diseased persons, but as regards every member of a family. In many cases at present illness is assuredly induced, in the first instance, by constant habitation of rooms half, or wholly, below ground, and which exist in all "basemented" houses in big towns. The evil influence of a ground floor dwelling is intensified in underground apartments, and were the Legislature fully alive to the loss experienced by the country each year through the existence of such houses, they would be forthwith condemned as unwholesome and dangerous health-destroyers.

Mr. Russell's enthusiasm leads him to compare the advantages of residence in the higher apartments of a house with those derived from sea-side living, even to the extent of

claiming for the former a larger share of benefit. We may very well omit, for the time, to lend much encouragement to such views, since the chief point illustrated—viz., improvement with removal from the ground—is sufficiently evident to meet with universal acceptance when once it is urged. Whether we should go so far either as to desire that all our dwelling-houses should be exalted on arches sufficiently above the earth to avoid unpleasant and injurious emanations may be left unsettled; but we may with all propriety emphatically insist on the necessity for abolishing the basement system in constructing modern houses. It is true, unfortunately, that this mode of building has been forced by the exaggerated prices fetched by city and suburban land, but it ought to be avoided, even though thereby space is not economised to the full. The ultimate loss is a national one, and is of sufficient magnitude to justify a full consideration of its causes, and their removal by legitimate means, however severe in their consequences at first.

In Mr. Mitchell's address on the Dependence of Fatal Diseases on Weather Movements will also be found much food for profitable reflection. Depending as it does on statistics for its importance, it necessarily shares the weakness to which statistical demonstrations are subject; but, notwithstanding, it takes high rank as an important contribution to etiological science. The principal conclusion to which Mr. Mitchell arrives through his studies is that all diseases exhibit a preference for hot months, in which they act with increased intensity, and are attended with increased fatality. He suggests that there may even be annual epidemics of all diseases.

There is matter enough in the papers read at this Congress for much profitable discussion, which it is to be hoped will be fully given to them.

Notes on Current Topics.

Young Soldiers in Egypt.

It may be remembered that when the expedition to Egypt was being fitted out, a careful selection was made of the men who were to proceed with it, the weakly and the immature being eliminated. Thus, it is to be considered that only such men as were of robust physique and already trained as soldiers were employed on that service. According to published accounts, within a few days from the disembarkation of the troops at Ismailia, a good many men had already become weakly from hard work, or had to return to that place on account of the same cause when the advance began. It was noted on the 5th of September that many of the men were merely weakly and unable to stand the sun. These men do not appear to have required hospital treatment, and this circumstance accounts for the remark made that the young soldiers were not predominant there. In contrast, however, the statement occurs that the 60th Rifles had few men in hospital, and that the battalion was very healthy, "because they were seasoned, and have been campaigning recently in South Africa." The statement also occurs that by the 6th of that month four hundred men had been invalided to Malta and England,

and that four hundred more were then inmates of the hospital at Ismailia ; taking, therefore, these particulars as given, they indicate a very large ratio of non-efficiency, and that it was chiefly among the *unseasoned* men.

Coming to the battle of Tel-el-Kebir, a military contemporary quotes from a correspondent, thus :—" With no desire to disparage the valour of our young soldiers, I must record the universal opinion that success would never have crowned their efforts had it not been for the officers' heroic conduct. The fact is, the men required an immense amount of leading, which is proved by the fact that no less than twenty per cent. of the killed were officers, which is a very high proportion." The same evening, after the action, we learn that many of the men, suffering from exhaustion, had to go to the field hospital, as they were unable to march with their regiment to camp, which was about three miles from where the entrenchments were carried. These men seemed to give way only when the excitement was over. Exactly so. And the particulars thus sent from Egypt bear an important significance in more than one respect.

Basements.

PREVALENT as the system of building houses with a portion of the living rooms below the level of the ground has become in London and other large towns, it is, notwithstanding, a matter of grave concern in connection with the health of the people. At length the injurious influences exercised by unhealthy surroundings of all kinds are receiving close attention, and, in its turn, this question of "basemented" dwelling houses is destined to arouse a very considerable share of attention. At present it has not been definitely attacked in its actual shape, but it is clearly apparent that one of the principal consequences of Mr. Russell's address on Altitude in relation to Health, delivered before the Sanitary Congress last week, at Newcastle, will be a lively discussion on the inappropriateness of existing house arrangements for ensuring plentiful supplies of good and fresh air. According to Mr. Russell's figures, the upper storey of an ordinary town residence offers advantages in respect to atmosphere equivalent to those obtainable at a coast watering-place, while he so emphatically condemns the air at and immediately above the surface, that his advice is to build all dwellings in future on raised arches. Nor is this apparent refinement of caution at all unnecessary ; for in even the most salubrious situations there are periods during every twenty-four hours at which the surface atmosphere is absolutely injurious to the human constitution. How much greater danger, therefore, must be risked by those whose lives are principally spent in rooms that are in cases even a yard or more *below* the ground ? In city warehouses, and in those miles of streets which go to make up a modern suburb, no unimportant portion of the establishments is situated below the ground floor level ; and in such subterranean apartments hundreds of thousands of men, women, and children are daily shortening their existence by exposing themselves to the dangers that lurk in the atmosphere surrounding them. It may not, perhaps, be too much to hope that as the truths contained in Mr. Russell's address are explained and understood by the masses, their own sense of self-preserva-

tion will be a factor in determining whether speculative builders shall in future play with stakes represented by human lives.

"Sanitation" in Egypt.

AN officer of high rank in the Army Medical Department has been specially attached to the army serving in Egypt in order to watch over sanitary affairs generally in relation to that force. At Ismailia "the sanitary state" of that place—whatever the expression was meant to imply—was being carefully "looked after," and, it is to be hoped, improved, by that officer. Yet there were two items to rectify which some little difficulty presented itself, namely, the heat of the sun and the character of the water of the Freshwater Canal. The mixture of sand and soil on which Ismailia stands rapidly absorbed filth of all kinds, and the heat of the sun evaporated the liquid portions. The palace in which the wounded are accommodated consists of a series of large apartments with numerous doors and windows, so that overcrowding and insufficient ventilation could hardly be obtained, even were persistent endeavours made to gain such an end, and were no "sanitary officer" within a thousand miles of it.

According to the most recent information received we learn that the amount of sickness in the force in Egypt has undoubtedly been large ; so large, indeed, that upwards of 2,000 sick will have to be provided for in the hospitals at Netley and Woolwich, and that the capacity of those establishments is likely to be thus severely taxed. Eighty years ago, and when there was no "sanitary officer" with our forces in Egypt, those troops suffered only from diseases that were in their nature climatic. Now, notwithstanding the presence of the functionary so named, they suffer from affections due to similar causes, and which no measure of scavenging—otherwise "sanitation"—ever did, or ever can, prevent.

Small-pox at the Cape.

ACCOUNTS from the Cape give the worst possible description of the ravages being committed in the colony by small-pox ; the number of cases under treatment is very large, and the resources of the authorities are taxed to the utmost to cope with the disease. From advices received here it seems that long before the outbreak had assumed its present proportions, the question arose of meeting the exigencies of the situation aright, and the *Cape Argus* essayed to point out the course that should be pursued. The question of remunerating those medical men on whom fell the work of combating the disease had to be discussed, the newspaper deprecating any repetition of a former occurrence when the services of practitioners were improperly or not at all rewarded. We may be quite sure that our brethren at the Cape will not be backward, under any circumstances, in lending all the help they can to check the disease, but at the same time it is the duty of the State that benefits to be forward in recompensing labours which so materially assist it. As the *Argus* affirms, the exercise of a medical man's skill is as worthy and as necessary to be paid as the services of any follower of a profession or a trade. And although the surgeon can never refuse his aid, whatever certainty he may have

that he will never be remunerated for his labour, it is nevertheless a bounden duty with those in whose power it lies, and who are responsible, to render payment for that which has been done in their favour. Much, therefore, as it is to be regretted that the point has been raised of necessity, there can be little doubt but that it has long ere this been permanently and satisfactorily settled.

The Metropolitan Railway.

On Monday, of last week, a new station was thrown open for the public use on the underground railway, this now extending to the Tower. It is, moreover, certain that before another year has passed the "inner circle" so long debated and deferred, will be completely laid, and in working order. The event thus foreshadowed is one of considerable importance to the profession, inasmuch, as we pointed out at the time when the works now in progress were commenced, many persons who now are debarred from the advantages offered by East-end hospitals, and particularly the London, will be enabled to utilise every opportunity that presents itself of extending clinical experience. As a medium for locomotion, too, so far as the City of London generally is concerned, the completed "inner circle" will be an unmistakable boon; and the speedy fulfilment of long-held hopes is a subject calling forth universal satisfaction.

The Medical Examinations of the Royal Irish University

Have just concluded. We hear that about 90 students—almost exclusively from the Queen's Colleges—sent in their names for examination, of whom 77 actually proceeded to the test; 72 of these went through the entire examination, and of these 39 passed; the rejections being, therefore, 46 per cent. For the Licence in Midwifery, we understand that 28 offered themselves, of whom only 13 passed. These figures afford a gratifying assurance that it is not the intention of the University to sell its degrees to every bidder, but to maintain a reasonably high educational standard. Such a policy is as wise in the interest of the University as in the public interest, and we earnestly trust that it will be adhered to, no matter what party may object.

Hospital Saturday Fund.

THE President and Committee of the Metropolitan Hospital Saturday Fund, we are informed, confidently look for a large increase in the aggregate collection this year. From what has already come in, it is believed that it will reach £10,000, as against £8,500 last year. So far, the collection-sheets show an advance upon preceding collections, notably that of the Royal Arsenal, Woolwich, which was only £55 last year, but which will be upwards of £100 this. The street collections realised £2,300, and it included over two tons of bronze coins, which were found rather difficult to dispose of. Last year the street collection was £250 less. The collections on board some sixty river boats of the London Steamboat Company averaged 20s. a boat, the highest being £5 16s. 9d., and the next £3 19s. 5d. Last year, although the boxes remained on board the boats for several days, the aggregate receipts

were only £51. Applications to participate in the present year's collection have been received from 64 hospitals, 35 dispensaries, 5 convalescent homes, and 2 surgical appliance societies. We trust the committee will carefully scrutinise the doings of these surgical appliance societies, which still persist in putting applicants for relief to the degrading and vexatious delay of begging for letters. On the whole, the Hospital Saturday Fund seems to be making its way amongst the working men, since it is more generously supported by them, though as yet the measure of their support is by no means commensurate with the advantages they derive from hospitals and dispensaries.

Death of Dr. Lewis.

THE General Post Office has lost one of its most familiar *habitués* by the death of Dr. Waller Lewis, which occurred a few days ago. The deceased physician had long been principal medical officer to Her Majesty's Postal Service, in which capacity he annually published reports on the health of the Post Office *employees*, many of them affording very valuable information. Dr. Waller was a Graduate in Arts and Medicine of the University of Cambridge, and a Member of the Royal College of Physicians. He was also Foreign Secretary of the Epidemiological and a Fellow of the Geological Societies. In recent years Dr. Waller has been less personally active than during his earlier life, but among a very large circle of personal friends he was both well known and highly appreciated. The valuable vacancy his death creates has already excited much competition.

Workhouse Hospitals as Centres of Clinical Instruction.

A STARTLING report, which we believe to rest on the best foundation, reaches us, to the effect that the Senate of the Royal Irish University, notwithstanding a unanimous warning uttered by their medical sub-committee, has resolved to accept certificates of clinical study issued by Irish workhouse medical officers. We are not able to say whether it is intended to accept such evidences of hospital study for the entire period required by the regulations, nor do we know whether the Senate intends to require any guarantees of teaching capacity from workhouse hospitals before they place them on the list of institutions recognised, but the establishment of the principle involved is sufficiently important to require earnest notice from us.

In the interest of clinical teaching in Ireland, and of medical education generally, we must unhesitatingly condemn the course adopted by the Senate, because we do not believe that union hospitals are, or ever can be, efficient centres of medical teaching. We trust when we have said this that we will not be understood to cast any doubts upon the professional capacity of Irish union medical officers, whom we know to be as a rule excellent working practitioners, and men of industry and intelligence. But they may be all this, yet altogether unfit to undertake the teaching of medical students, and we go so far as to say that there is not even one union hospital in all Ireland which is capable of performing that function efficiently. For what is the *raison d'être* of the workhouse hospital?

Is it not essentially for the purpose of receiving and treating infirm paupers, whether or not their cases be suitable for clinical purposes? The union surgeon has no power to select his cases; he must admit all persons who need medical help and cannot get it at home, and, necessarily, his wards are incumbered with a multitude of chronic cases of no clinical value whatever. Again, we ask, is it likely that provincial surgeons, separated far from the centres of medical teaching and the sources of the freshest information, will either desire or be competent to undertake the instruction of pupils? and, if they were, we should like to know where—in any workhouse in Ireland—are the appliances for doing so? Where are to be found in such establishments the ophthalmoscope rooms, the instruments for physical diagnosis, and other essentials of hospital instruction? Echo answers, where?

As to the equally important question whether the Irish Local Government Board can allow workhouses to be applied to other purposes than those for which they were originally intended, we at present express no opinion. It is sufficient for the present for us to say that it is our belief that the clinical certificate of a workhouse hospital must necessarily fail to represent the requisite amount of clinical instruction, and that unless the utmost circumspection be exercised there is a very serious danger of the curriculum being flooded with paper of very doubtful value.

The Long-continued Use of Lime-water with Milk.

At a recent meeting of the Medical Society of the County of Albany (*Med. Annals*), Dr. Bates presented a paper on this subject, in which he suggested that the long-continued use of lime-water and milk may result in the formation of a cement of casein and lime, which will prove a mechanical obstacle to the function of the bowel. Two cases were reported, both of typhoid fever, where milk and lime-water was used. In both cases the patients (when convalescent) were taken with severe pain in the abdomen; the first case died unrelieved after ten days. In the second case the rectum was found filled with dry stony-hard fæces, when broken presenting a grey glistening appearance, resembling cement. These were removed mechanically every day, the paroxysms recurring for eight days, when they ceased and the patient recovered. The discussion was unfavourable to Dr. Bates' theory, which was considered untenable. There is so little lime in lime-water that the quantity taken to produce mechanical troubles by its presence would have to be enormous. Milk alone will prove very constipating to some persons, and will produce just such hard, glistening, greyish fæcal masses as described by Dr. Bates, and they will have to be removed mechanically, causing the patient the most excruciating pain.

MR. EDWARD LUND, F.R.C.S., Professor of Surgery in Owens College, Manchester, has been compelled, on account of ill health, to resign the post of Surgeon to the Manchester Royal Infirmary; but in consideration of valued services and the esteem in which he is held, he has been unanimously elected Consulting Surgeon to that institution.

Induction of Anæsthesia.

FROM a communication read by Dr. Johnston to the Medico-Legal Society of New York on Anæsthetics, the following items have been selected as being of importance from a jurist's point of view:—1. The induction of anæsthesia stimulates the sexual function; the ano-genital region is the last to give up its sensitiveness. Hence, a charge of assault during anæsthesia made by a female should be received just as if it were made by an insane person—that is, it should be received and investigated, but the rule *corpus delicti aliunde* should be insisted upon, and, unless some other testimony be forthcoming, the informant should be considered as under a delusion. 2. In operations on the ano-genital regions, and in the avulsion of the toe-nail, complete loss of sensitiveness in these parts should not be allowed, or, if allowed, should be superintended by men who know the danger of perfect anæsthesia. 3. Chloroform cannot be given to persons who are asleep without waking them by anyone who is not an expert. Even experts fail more often than they succeed in chloroforming adults in their sleep.

Scarlet Fever in London.

THERE can be no doubt as to the soundness of the view propounded by Sir E. H. Currie at the meeting of the Metropolitan Asylums Board, on Saturday last, that it is unfair to saddle one district with the patients suffering from infectious diseases of another. Yet this is what is now being done in London in the case of persons stricken with scarlet fever. The Government fever hospitals in the West and North—Fulham and Hampstead—have been closed for some time, in consequence of the disappearance of small-pox; and now that scarlet fever has evinced unmistakable signs of development, the managers of the Deptford, Stockwell, and Homerton Hospitals find themselves unable to cope with so large a demand upon the resources of the several institutions under their charge, and with reason call for the immediate re-opening of the hospitals in West and North London to accommodate the patients from these districts. In accordance with this view, the following resolution was, after considerable debate, carried:—

"That, having regard to the fact that there are at the present time 500 cases of fever in the several hospitals under the control of the managers, and only vacancies for the accommodation of 35 cases of scarlet fever, and also to the fact that many of the patients recently received into the Homerton, Deptford, and Stockwell Fever Hospitals are from parishes and unions in the neighbourhood of the hospitals in Hampstead and Fulham, the managers do make application to the Local Government Board for permission to re-open the Hampstead and Fulham Hospitals for the reception of fever patients, more especially for the treatment of such cases as may arise in the parishes and unions in the vicinity of those hospitals."

THE death is announced of Mr. Clover, F.R.C.S., lecturer on anæsthetics at University College Hospital. As the originator of a chloroform inhaler which bears his name, and as a frequent writer upon the subject of anæsthesia, his name has been for years past associated therewith. Mr. Clover had been in ill health for some time, so that the announcement of his death will fall with regret, but not with surprise, upon those who knew him.

The Next Meeting of the French Science Association.

PROF. PARROT has been nominated President of the Health Section at the next Congress, which will take place at Rouen in 1883. That for 1884 will be held at Blois.

THE Secretary of State for War has appointed William Beale Wallis, Esq., L.R.C.S.I., Brigade Surgeon, to be Visiting Surgeon at Colchester under the Contagious Diseases Acts, 1866 to 1869, vice W. W. Weld, Esq., resigned, from the 25th ult. inclusively.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were: — Brighton 11; Bolton 12; Norwich, Bristol 14; Blackburn, Halifax 16; Birkenhead 17; Derby, Edinburgh 18; London, Portsmouth, Plymouth 19; Leeds, Glasgow 20; Cardiff, Salford, Bradford, Leicester, Huddersfield 21; Birmingham, Sheffield 22; Hull, Oldham 24; Liverpool, Wolverhampton, Manchester, Newcastle-on-Tyne 25; Preston, Dublin 26; Nottingham 27; Sunderland 28.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 26, Bombay 23, Madras 33; Paris 21; Geneva 10; Brussels 20; Amsterdam 21; Rotterdam 21; The Hague 22; Copenhagen 26; Stockholm 24; Christiania 17; St. Petersburg 41; Berlin 25; Hamburg 20; Dresden 23, Breslau 30, Munich 25, Vienna 21, Prague 23, Budapest 27, Trieste 22, Rome 18, Turin 21, Venice 26, New York 30, Brooklyn 28, Philadelphia 21, and Baltimore 24.

A GIGANTIC hydropathic establishment called Seaford House was formally opened last week with considerable éclat, by the Earl of Latham, on the sea coast at Seaford, near Liverpool. This class of establishment is greatly on the increase throughout the kingdom, inasmuch as greater privacy, quiet, and more moderate tariff are obtained by visitors than at hotels. There is, moreover, generally a resident physician on the premises, with the most approved system of baths, so that the increasing patronage accorded by invalids and others in search of health is not to be wondered at.

WE are informed that the Marquis of Hartington, as Secretary of State for India, has officially declined to receive any further communication or deputation from the Indian Medical Defence Fund, on the ground that he fails to see that "it would be to the advantage of the public service, or conduce to the interests of discipline." Thus red-tapism, the bane of all effectual reforms, once more steps in and says, we cannot recognise the abuse of which you complain, because it would not be according to discipline. But those most intimately concerned are not disposed to let the matter end thus, petitions to Parliament being the next step on their programme.

THE annual death-rate from diseases of the zymotic class in the large towns last week, which had steadily

declined in the four preceding weeks, further fell last week. The highest annual rates from scarlet fever were 1·8 in Sunderland, and 1·9 in Derby; from whooping-cough, 1·1 in Manchester, and 1·4 in Oldham; from measles, 1·1 in Sheffield, and 3·5 in Sunderland; from fever, 1·3 both in Sunderland and Derby, and from diarrhoea 4·3 in Hull, and 7·5 in Preston. A death was referred to yellow fever in Bristol. The 31 deaths from diphtheria included 17 in London, 5 in Glasgow, and 4 in Leeds. Small-pox caused 5 deaths in Newcastle-upon-Tyne, 2 in Nottingham, and 2 in the suburban districts around London.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ROYAL INFIRMARY, EDINBURGH.—Several sums of money bequeathed to the Infirmary have been paid during the past financial year. It appears, however, that a considerable sum is still required to clear off the remaining debt on the new buildings; and the managers therefore appeal to the liberal friends of the Infirmary to assist them in getting rid of this burden. It may also be stated, that as the greater part of the building will have to be refloored, owing to the existence of the dry rot, the drain on the funds will be greatly increased during the ensuing year.

THE ASSISTANT-SURGEONCY TO THE ROYAL INFIRMARY.—Dr. Charles Watson Macgillivray is a candidate for this appointment, and has issued his letter of application and testimonials. Judging from these and the known devotion of Dr. Macgillivray to the study and practice of surgery, few, if any, can show a better claim to the office. He is also a lecturer on surgery in the Medical School. The appointment, therefore, to which he aspires will greatly assist him in his systematic and practical teaching, and he has our good wishes for his success.

EDINBURGH.—HEALTH OF THE CITY.—The mortality in Edinburgh for the week ending with Saturday, the 23rd ult., was 75, and the death-rate 17 per 1,000. Under 1 year there were 14 deaths, and above 60, 23, of which 7 were above 80. Diseases of the chest accounted for 19 deaths, and zymotic causes for 3, of which 2 were scarlet fever and 1 diphtheria. The intimations of new cases of zymotic diseases numbered 93, comprising, fever 4, scarlet fever 80, measles 4, and diphtheria 5.

FEVER IN DUNDEE.—At a meeting of the Sanitary Committee of the Police Commission of Dundee, held on the 28th ult., Dr. Anderson submitted a report on the prevalence of fever in the town. A long discussion took place on the subject, at the close of which a committee was appointed to wait on the directors of the Royal Infirmary to ascertain what accommodation could be provided in that institution for fever patients, and it was also agreed to open the Fever Hospital at the back of the Law, used at present for those afflicted with small-pox, and to erect a small-pox hospital if necessary.

GLASGOW.—CITY DEATH-RATE.—For the week ending with Saturday, the 23rd ult., the death-rate of Glasgow was 20 per 1,000 per annum, as compared with 23 in the preceding week, and 19, 21, and 18 in the corresponding weeks of 1881, 1880, and 1879.

THE NEW MEDICAL SCHOOL, EDINBURGH.—Further portions of this school, which forms the medical portion of the

niversity, will be open for occupation this winter, and it is to be regretted that owing to the want of funds the class rooms of *materia medica*, medical jurisprudence, and chemistry, which are to be located in the north and west sides of the north quadrangle, are still unfinished, and likely to remain so for the next eighteen months or two years. This condition of matters is certainly not creditable to Scotland, or to those who owe so much of their present position and influence to the knowledge gained within the portals of this time-honoured seat of medical education. The University next year is to celebrate its tercentenary; it is to be hoped, therefore, that every effort will be made to complete the buildings, or at any rate ensure the continuance of the work, so that the distinguished visitors who will be invited to do honour to the aged but vigorous *Alma Mater* of some of the most brilliant workers in literature, art, science, and medicine may not find the work on the buildings stopped for want of funds.

FEVER HOSPITAL ACCOMMODATION IN EDINBURGH.—The subject of the proposed arrangement between the managers of the Royal Infirmary and the Corporation of Edinburgh in regard to the maintenance of the Fever Hospital was, we understand, under the consideration of the Infirmary managers at their meeting last week. The details of the arrangement, the leading features of which have already been indicated, in our last impression, not having been adjusted, it was agreed, in the meantime that further consideration of the matter should be delayed.

THE INTRODUCTORY ADDRESSES.

At several Metropolitan hospitals the opening of the current winter session was celebrated on Monday last by the delivery of so-called "Introductory Addresses," and which are chiefly modelled on a plan already familiar by frequent repetition. Subjoined will be found abstracts of most of these orations.

ST. GEORGE'S HOSPITAL.

At this hospital, Dr. Herbert Watney, the lecturer, spoke of the new examination instituted by the Royal College of Surgeons, to be held by the teachers of anatomy and physiology. He considered that it will be only a guide and help to the ordinary hard-working student, and will be so easy as not to discourage any, but will prevent the first year of student life being partially wasted, as has sometimes been the case.

A short account was then given of some of the sciences bearing on medicine. The importance of anatomy, the foundation of the medical sciences, and of physiology, being insisted on, it was pointed out that there is danger of overrating the importance of minutiae in both subjects of study. Pathology was described as being at present divided into two great branches—one, which may be fairly classed as belonging to the two sciences of anatomy and physiology; the other quite different in its character, aiming at much deeper knowledge, seeking to discover the causes of certain diseases, even, it is said, cultivating these causes, and so controlling them that they become innocuous. The great necessity for the study of pharmacology was next referred to, and the study of *materia medica* was alluded to as being only a "survival."

The value of hygiene was then spoken of, and the change in the death-rate of the population during a number of years was considered a clear indication that hygiene is giving us most valuable aid in our struggle with disease.

Dr. Watney then attempted to answer the question, What should be the due relationship between the scientific and the practical in the training of the student and in his after-life as a medical man? After showing that there is generally an intimate union of these two apparently opposite principles in those whom we regard with the greatest respect, he proceeded: A scientific education implies study with a view to the acquisition of knowledge apart from any ulterior

object; that is, seeking to know what has been accomplished in any subject, and to be so placed that future progress is possible, supposing that the patience and abilities of the individual are equal to such advance. It should, however, also include the acquisition of the scientific method. Practical education implies the study of any subject in such a manner that we can bring our knowledge to bear at the present or at a future time. He said it cannot be too strongly insisted on, that the study of the sciences bearing on medicine will not alone enable you to become a safe guide in surgery or medicine; these last have to be studied; they have their methods and instruments of precision, some of which, such as chemical reagents, are well known to the chemist; others, as the thermometer, to the physicist; yet it is impossible for any physicist or chemist, or even for those who have studied the sciences more nearly allied to our profession, to understand the value of certain phenomena, taken in conjunction with others, unless they have studied medicine itself. Therefore, in answer to the question, What is to be the relationship between the scientific and the practical in your course of study? I would say, If you wish to follow the practice of medicine, do not devote too much time to the study of the sciences; they are to be only portions of your education; they are the sources of much knowledge, but they are not the knowledge itself.

The address concluded with practical advice to students as to their mode and course of study, and to the aims which they should continually hold in view.

THE LONDON HOSPITAL.

Mr. Jonathan Hutchinson, senior surgeon to the Hospital, delivered a short address at the London before a crowded audience, which fully appreciated the wisdom he exhibited in avoiding the shoals that prove so fatal to many introductory orators. Mr. Hutchinson devoted himself to the consideration of culture as an aid to medical practitioners, and by exciting the interest of his younger hearers in great questions of scientific and philosophical speculation, he did much to stimulate them to make acquaintance for themselves with the broad facts of scientific belief. Mr. Hutchinson's well-known sympathy with liberal educational systems, and his hearty advocacy of culture and refinement in study, served to excite expectations which his address fully realised. After its delivery a concert was held.

ST. MARY'S HOSPITAL.

Dr. Chambers's "Introductory" at St. Mary's partook somewhat of the nature of a farewell. He said that, though he had resigned his office on the staff, and ceased to walk the hospital with the students, he still sat in their interests on the Medical Council, and could not do better, perhaps, than take for his subject, "The Relation of the Medical Council to the Medical Student," claiming for the Medical Council the credit of the great improvement which had taken place in the status of the medical student by the enforcement of a matriculation or preliminary examination, which compelled parents and guardians to give the student a good general education. Dr. Chambers took the opportunity of warning students against accepting places as assistants before passing the final or "qualifying" examination. When, however, they had cleared examining boards off their minds, then, indeed, he did not know a more valuable part of education than could be got by a good assistantship. Another boon which the students owed to the Medical Council was the division of the examination into several parts, with an interval of time between them. Much more time was thus given to the testing process, and they had fuller opportunities of bringing out their acquirements and showing that they had enough to entitle them to practise. He thought instruction should be less professional and more tutorial, and he felt satisfied, from observation not limited to medical schools, that the catechetical was, of all methods, the most sure and effectual instrument for teaching. He then bade a farewell to the school.

THE MIDDLESEX HOSPITAL.

The circumstances in connection with the opening of this Medical School were of the most painful character. It had been announced that Dr. R. Wishart Lyell would deliver the inaugural address, but at the last moment Mr. Nunn, F.R.C.S., Consulting Surgeon, was called upon to perform the duty, on account of the sudden death of Dr. Lyell. The

announcement cast a gloom over the proceedings, and Mr. Nunn's expressions of deep regret were shared in by all present. He then briefly referred to the subject of vivisection, remarking that although it was regarded in ancient times as a crime, it was now looked upon as a necessity for the advancement of medical science. He next proceeded to give some advice to the students regarding the necessity of regular attendance at lectures, and also as to the benefits to be derived from a judicious occupation of their spare hours.

ST. THOMAS'S HOSPITAL.

After giving reasons for having chosen as the subject of his address, "Some Characteristics of Modern Medicine," Dr. Sharkey referred to the early history of the art and to "the ignorance, superstition, and imposture" which resulted from its being entirely in the hands of the priests. He said that notwithstanding the sound scientific methods which Hippocrates long ago laid down, the progress of medicine had been an interrupted one. "Though a plant of gradual growth it had passed through the greatest vicissitudes. From time to time it had burst into bloom, warmed by the glow of some enthusiastic genius; and then again it had languished almost to extinction under the withering influences of unscientific culture or neglect." Dr. Sharkey then pointed out that proper methods are futile unless employed in the right direction, and that really scientific medicine has only gradually become possible by the progress which has been made in the sciences which are its foundation.

"The great characteristic," he said, "of modern medicine consisted in the union of anatomy, physiology, chemistry, physics, and pathology to form the compound science of medicine, and in the clear appreciation of their necessary interdependence. There was a time, and that not so long ago, when most of these subjects were thought to have but little to do with the actual practice of our art, when physiology and pathology were talked of rather as subjects to be mastered by a few learned professors, to be more or less familiar to a certain number of leading practitioners, and to be all but ignored by the great mass of the profession. But things are so no longer."

"What has really given medicine a claim to be placed among the sciences is the recognition of physiology as its basis; and what has given physiology itself precision is the experimental method of investigation. We do not for a moment assert that without vivisection there would be no physiology; but the irreconcilable opponents of the former cannot even be convinced of the great advantages which have resulted to physiology and to medicine alike from the practice of experimenting upon living animals. The fault, however, lies with the anti-vivisectionists, and not with us. For the foundation of modern medicine is physiology; and one of the essential factors in accurate scientific physiology is experiment. To appreciate these propositions one must first appreciate the facts and history of physiology and of medicine. But this cannot be done, though some insist that it can, by people who have little or no knowledge of these sciences. The answer to those who would suppress vivisection lies, not in quoting individual useful applications to medicine of facts which have been discovered entirely by vivisection, but in pointing to the comparative precision which pervades the whole of modern physiology, and which is being gradually introduced into practical medicine, a precision which we owe to experimental methods of research." In answer to the question "What has been the effect of the rapid progress of scientific knowledge on the actual practice of medicine?" Dr. Sharkey referred to the great advances which had been made in the diagnosis at the bedside of the exact nature and situation of morbid conditions, owing to improved methods of physical examination, and to the numerous instruments which had been invented for that purpose. Increasing knowledge had also produced greater power of prognosis, or the foretelling of the future course of disease. Dr. Sharkey went on to say, "however essential prognosis and diagnosis may be for the welfare of patients, their great test of the efficacy of our art naturally lies in the results of treatment! What can be said of this? Have improvements in the treatment of disease kept pace with the advances in pathology and diagnosis?" This he answered in the affirmative, though, as he remarked, "the methods used do not always appeal to the feelings of the public in the same way as if we dosed them with medicine." Dr. Sharkey's concluding remarks on modern treatment were the following:—"To sum up, then, what can be said of

the principles of modern treatment? We have thrown down the idol of universal specifics, which men had hewn out of false conceptions of disease. We have set up in its place rational scientific treatment founded upon the knowledge of physiological processes in health and in disease; and we aim, as far as drugs are concerned, at the discovery by observation and experiment of the physiological action of substances which can then be used with greater precision in therapeutics. And although this rational pharmacology is still in its infancy, we already possess some drugs the action of which we fairly well understand. We have a few remedies which appear to have just claims to the title of specifics, and we still harbour a probably legitimate hope of discovering others which may be effectual in certain diseases before they have produced serious organic lesions. Great strides have been made in medical surgery, and we seem likely to advance still further in this direction. But our grandest aspirations lie in the path of preventive medicine, a department which should not only embrace attempts to exterminate some diseases, and to diminish the number of persons who fall victims to others; but must likewise include efforts to prevent the extension of morbid processes which have already begun in the organs of our patients, by regulating their lives in accordance with the teachings of physiology.

"It has often been remarked that the best physicians use few drugs, and, compared with the whole contents of the Pharmacopœia, the rational scientific physician will have only a small number of remedies which he cares to prescribe; but, making himself by constant observation more familiar with their action and with the conditions to which they are applicable, he will use them rather as arms of precision, and his treatment will be to the point and effectual, while what may be called the 'Mitrailleuse' system of the less sceptical practitioners of former days relied rather upon the number of substances which were mixed together, in the hope that some might hit the mark!" After referring to the many medical sects and systems which had flourished and decayed, and commenting on the absurdities of the last of them—homœopathy—Dr. Sharkey concluded thus:—"The day has long gone by when systems of medicine were admissible. There is but one system—the scientific—which rests upon observation and experiment, and upon the application of science in general as a guide to the knowledge and treatment of disease. Therefore avoid being led astray by the seductive theories of any sect whatsoever. Be neither homœopaths nor allopaths, nor antipaths, nor any other 'paths,' but scientific medical men; and if you really are such you will secure one of the greatest sources of happiness through life—one of the greatest consolations in its many uncertainties—an enthusiasm for your profession. And having that, you cannot fail to feel also a love and enthusiasm for the school where you first became imbued with the principles of scientific medicine."

UNIVERSITY COLLEGE.

The address in the Faculty of Medicine at this institution was delivered by Marcus Beck, M.S., F.R.C.S., who commenced by drawing a comparison between practitioners of the present and the past, and pointed out how the advance of scientific medicine and surgery was the outcome of exertions made by a few highly educated observers. Referring to the apprenticeship system, he remarked that education by apprenticeship was, perhaps, fairly adapted to the knowledge of the time. It was useless for a student to spend years in the study of sciences which were not sufficiently advanced to be of any real practical service to him in his profession, and the mental training he would have derived from such a course of study would have been of but little use to him, when from the insufficiency of the means of observation at his command, it could seldom have been possible for him to arrive at a conclusion as to the nature of a case by any logical process of reasoning. The instruction communicated to him by his master included a great deal that was true and useful, for much as Science has done for us since that time, we are still as yet very far from being independent of traditional and empirical knowledge. Under such a system of training it was, however, impossible for any but men of great original genius to break away from the trammels of tradition, and to take any part in the advancement of knowledge.

On the subject of test examinations, Mr. Beck insisted that it was devised for the benefit of the school, and not of the student, ignoring the fact that the school was made for the

student, not the student for the school. It had never been instituted in the College, and he hoped it never would. The real effort to meet the higher standard must not be by such tricks as these, but by adopting the best possible course of training to enable the student to think well and correctly, and so more easily to acquire the necessary amount of knowledge; and in this we must be guided by the laws of scientific education.

For zoology and comparative anatomy it is, Mr. Beck fears, almost impossible to claim any great practical utility. The exact knowledge of the anatomy and life history of the various parasites that infest the human body has done something to enable us to prevent their attacks, but even in this respect it is far behind botany. If any subject had to go from this part of a medical education, zoology and comparative anatomy would probably be generally considered the one.

The fault of education a few years ago was that it was too theoretical, and contained nothing in it to take the place of the practical instruction given so abundantly in the old system of apprenticeship. This has, however, of late years been corrected by the institution of practical classes, and compulsory hospital appointments, until, at the present time, the student probably gets quite as much practical instruction in every branch of his profession, except pharmacy, as he did under the old system.

Alluding to the insufficient preparation of students in natural science, he observed a large number of our students start on their medical education thoroughly badly, and the consequence is that they spend a great part of their first year of study in learning how to learn, and doing that imperfectly. From want of training in generalization and classification, their knowledge consists merely of a mass of disconnected details, and the strain upon the memory becomes correspondingly great. A thorough and clear comprehension of a subject is essential for its easy acquirement; and without some knowledge of chemistry and physics it is impossible to understand a great part not only of physiology, but of medicine and surgery also.

After an exhaustive review of the advantages of a scientific training to medical men, he continued: Thus, while the practical surgeon boasts of the marvellous results of modern operative surgery, he should not forget that it is in reality to the discoveries of modern science that he is indebted for the safety with which his operations are performed. The study of the unhealthy processes in wounds is still advancing, in the hands of Koch and others, but there still remains much to be done. Unfortunately, in this country, the means of carrying on such investigations are surrounded by so many legal difficulties, that we are obliged to trust chiefly to foreigners for new matter, but we can take our share in applying the discoveries of foreign pathologists to the practical treatment of diseases, and to prepare us for this, a proper scientific training is necessary.

The concluding portions of the address dealt principally with the same subject of scientific education, its advantages, and the best mode of obtaining it, reference being finally made to the pressing need for amalgamation of the examining corporations.

WESTMINSTER HOSPITAL.

THE introductory address at the Westminster Hospital was delivered by Dr. de Havilland Hall, and was chiefly devoted to advice to students as to their conduct whilst at the hospital, and as to their career in after-life.

Dr. HALL expressed his approval of the examination recently instituted, at the end of the first year, and of the choice of anatomy as the subject for mental training, and he advised that every opportunity of dissecting should be seized, so that the student might acquire a practical knowledge of anatomy, as well as the manual dexterity which is almost as important to the physician as to the surgeon. He deprecated attendance in the wards until the primary examinations had been passed. The advantages of the Durham degree in medicine for those who are unable to obtain the degrees of Oxford, Cambridge, or London were pointed out. After insisting on the utility of lectures, he quoted Carlyle on the necessity of thoroughness. He then spoke of the importance of attention being paid to the physical needs of the body. "In the first place, the demands upon a man's energy and decision are of the most imperative nature. No one who has witnessed a death from post-partum hæmorrhage can deny this. Then, again, in his daily intercourse with disease, good health is absolutely required if the medical man is not himself to fall a victim to

the very disease which he was called upon to treat. Lastly, the irregularity of life, as regards meals and rest, is enough to try the most robust constitution." As a means of preserving health, regular daily exercise was advised, and the importance of the student's mind being clear and tranquil insisted on, as mental work done against the grain was of little value. Dr. Hall subsequently proceeded to examine in detail the different careers open to the recently qualified medical man. He pointed out the modes of commencing general practice, with their respective advantages, and afterwards gave an account of the different branches of the public services. The address, which contained little to interest the outside world, being devoted to subjects affecting the medical student, concluded with an appeal to those present to act up to the spirit of the Hippocratic oath, which was read *in extenso*, and the enlightened morality of which was highly commended.

Correspondence.

AMPUTATION OF THE SCROTUM FOR ELEPHANTIASIS ARABUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have the honour to request that you will kindly give insertion to the following remarks on Dr. G. A. Turner's letter, which you published in your last issue.

Dr. Turner is evidently very much annoyed with me for publishing the quotation from his letter, but in my opinion he should be much more so with himself for his ungenerous conduct to me. If there was not time to communicate with me between his learning that I was in the land of the living and the reading of his paper, there was ample time before its subsequent publication in the *Glasgow Medical Journal*—a period of nearly two months; but he made no effort to do so. I think it highly probable, if he thought about me at all, he thought that, being on the Continent, I would never hear anything about his paper, and so all the inaccuracies which I have pointed out, and for which he has apologised in the *Glasgow Medical Journal* and *Lancet*, would have escaped my notice. Why did he allow ten years to elapse without publishing my cases, though he had promised me most faithfully to do so as soon as the results were known? I wrote to him three times, but never received an answer. He has, however, assured me that none of my letters ever reached him. Last June I accidentally discovered his present address, when I wrote to him, and for the first time learned that he had published his paper; and I think I have every cause to complain of the manner I am treated in that paper, for he indirectly accuses me of pirating the invention of the clamp, and of having taken my ideas of the operation from that of the late Dr. O'Ferrall, which I think I have satisfactorily shown to be the reverse of truth in my paper which you did me the honour of publishing in your issue for September 6th. My operations were the first in which the penis and testicles were preserved to the patient. Dr. Turner in his operations has done nothing but follow my lead, although he makes the following statement, which would imply that he had: "And laid the foundation for the subsequent success with which I met in the treatment of them."

Yours very truly,

G. V. MACDONOGH, M.D.

Wiesbaden, 30th September, 1882.

THE DEBATE ON NOTIFICATION AT THE SOCIAL SCIENCE CONGRESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A resolution was adopted by the Public Health Section of the Social Science Congress in approval of the principle of Mr. Hastings' Bill, which proposes that the medical attendant shall be compelled, by fine or imprisonment, to report to the sanitary authority every case of infectious disease coming within his knowledge. Least it may be assumed that the Section gave its deliberate sanction to this proposal, I think it well to inform you of the exact circumstances. After a debate which lasted four hours and a half, and in which the speakers against the proposal were almost as numerous as its advocates, a motion was unex-

pectedly proposed, no notice whatever having been given. The motion declared that the Section endorsed Mr. Hastings' Bill, which was not before the Section at all—had not been even mentioned in the debate, except by the mover, and was entirely unknown to the great majority of those present. As it was manifestly improper that the Section should be pledged to approval of a measure of which it was ignorant, I desired to move "the previous question" as an amendment, and, if I had been permitted, I am satisfied that my motion would have been carried by a large majority. To my astonishment, it was ruled by the chairman, Sir Rutherford Alcock (who is a well-known compulsionist), that no amendment of any sort could be entertained, and that a yes or no vote should be taken on the merits of Mr. Hastings' proposal. Such a question being put from the chair, the great majority of those present declined to vote, and a small minority of the Section decided the question affirmatively, as your report stated. No doubt use will be made of this vote to support Mr. Hastings' Bill in next session of Parliament, but I think it will be agreed that an expression of opinion forced without notice and without permitting any alternative proposition to be considered is entirely valueless; and I am further of opinion that the ruling of the chairman was altogether unconstitutional, and at variance with the usage of the Congress or any other public assembly.

I am, &c.,

ARCHIBALD H. JACOB, M.D., F.R.C.S.
23 Ely Place, Dublin.

ARMY, INDIAN, AND NAVAL MEDICAL SERVICES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the subject of competitive examinations is attracting so much public attention, I beg to offer the following suggestions, as certain to inspire more confidence with reference to the examinations for the above-named services:—Firstly.—That, instead of each candidate's name appearing at the top of his paper, which is at present the rule, he shall be provided with a number, as is usual at other competitive examinations, and that he shall be known to his examiners by *number only*, and *not by name*, during the various stages of the examination. Secondly.—I would also suggest that the unsuccessful candidates be informed of the marks awarded them in each subject, so that they may be enabled to calculate their chances of success in the future, instead of reading blindly to attain an object which a glance at their marks would have shown to be beyond their abilities. The unsuccessful candidates for the Indian Medical Service are furnished with their marks; what object is there in not extending the system to the Army and Naval Services?

I am, &c.,

Sept. 28th, 1892.

MEDICUS.

Literature.

MANUAL FOR THE PHYSIOLOGICAL LABORATORY. (a)

WE are glad to welcome a second edition of this handy little volume. That it has supplied a want is shown by the fact that the first edition has been exhausted in less than two years.

The first and greater part of the book is devoted to the minute anatomy of the tissues. It is true that our shelves are somewhat overstocked with text-books of practical histology, but in the present instance the subject is treated in a less elaborate manner. The description of the method of preparing each tissue is followed by a short epitome of the leading facts to be noted in connection with the tissue in question. It is very questionable, however, how far this epitome is of real value. It makes no pretence of describing the points which are to be specially observed in the particular preparation under observation; it is simply a concise and, we may add in all cases, a very lucid account of the minute anatomy of the

tissue under consideration. This, it seems to us, is a sad mixing up of practical and systematic instruction. Indeed, in many respects the first part of the volume might be looked upon as a condensed account of systematic histology in which the mode of preparing each tissue is given, and in which the whole is prefaced by a chapter upon histological methods.

In the description of the various forms of microtome, the authors begin by noticing Ranvier's instrument, and then state that Stirling's "is upon the same principle." This is perfectly true, but at the same time it is apt to mislead the reader and make him infer that Ranvier was the inventor and that Stirling merely modified the original instrument. The first section-cutter was made by Stirling. Ranvier removed the clamp and screw by which it is fixed to the table, and by this simple alteration his name becomes associated with it. Rutherford, on the other hand, retains the clamp and screw, but devises a metal box which he places round the well to hold a freezing mixture, and the instrument henceforth becomes transformed into "Rutherford's microtome."

The second and third parts of the book are devoted to brief accounts of the leading facts of chemical and experimental physiology. Altogether, it is a manual well suited for the use of the medical student, but it is a volume which would be of little value for independent work. The guidance of a teacher is essential.

LECTURES ON THE PATHOLOGY AND TREATMENT OF LATERAL AND OTHER FORMS OF CURVATURE OF THE SPINE. (a).

WE must congratulate the author upon the fact that, although eighteen years have passed away since the first edition of his book was published, nothing which he then stated as to the nature, pathology, or morbid anatomy of spinal curvatures has he found necessary to modify in the present issue. Mr. Adams' opinions upon deformities of the spine are so well known to members of the medical profession, that it is scarcely necessary for us to devote much space to them here, but we will point out a few of the more important of the principles of the pathology of the affection which Mr. Adams has persistently and so ably advocated.

It has been a common custom with writers upon deformities of the spine to adopt some *system* regarding the origin of lateral curvatures, amongst which may be mentioned primary disease of the bones, muscular contraction, and above all, muscular debility. Mr. Adams opposes all *systems* and states his belief that "lateral curvature of the spine may not only be produced by a variety of local causes, but that at the different periods of life at which it occurs, it is associated with various constitutional conditions."

"According to the generally received opinion as to the mode of production of lateral curvature, this deformity is supposed to depend primarily and essentially upon muscular debility, with a lax condition of the ligaments of the spine; structural changes in the bones and inter-vertebral cartilages taking place only at a late period."

But Mr. Adams considers that the affection very often occurs quite independently of debility, and he states that he has seen it occurring in boys of a "healthy and robust appearance associated with more than ordinary muscular strength." The theory of the production of lateral curvature which this author has advanced is that when from any cause the spine is frequently bent to one side the articular processes become so altered from pressure, that rotation of the vertebrae is produced, and he believes "that rotation takes place at the commencement of spinal curvature, and forms an essential part of the series of structural changes which must necessarily exist in slight as well as in severe cases." The inter-vertebral cartilages are also, this author believes, altered in shape at the outset of the affection.

With regard to rickets as a cause of curvature, Mr. Adams is opposed to the view that such cause is common. He believes that the spine is not affected with rickets independently of the other bones, and even where lateral curvature occurs in rickety patients he assumes that the curves take place at a later period than in the cases essentially depending upon constitutional and hereditary causes, that the curves are generally independent of the rickets, or as a consequence of shortening of one leg from curved tibia.

(a) "Manual for the Physiological Laboratory." By Vincent Harris, M.D., and D'Arcy Power, M.A. Second Edition. London: Baillière, Tindall, and Cox. 1882.

(a) "Lectures on the Pathology and Treatment of Lateral and other Forms of Curvature of the Spine." By William Adams, F.R.C.S., Surgeon to the Great Northern Hospital, &c. Second Edition. Churchill, 1883.

Mr. Adams has doubtless based this opinion upon the observation of a large number of cases; but while agreeing with him that the spine has not a very great tendency to rachitic softening, yet we have seen a large number of cases of lateral curvature in young children which we believe to have been undoubtedly due to the constitutional affection. In Mr. Chance's tables of 600 cases of rachitic deformity in different parts of the body which he examined, 108 presented lateral deflexions of the spine which he considered to be rachitic, and in all these cases there were also curvatures of other bones, which were unmistakably the result of rachitis.

Mr. Adams separates the causes of the affection into (1) predisposing and (2) proximate; an arrangement which should, we consider, commend itself to all writers upon the subject.

In discussing the various theories of the production of lateral curvature, Mr. Adams refers to the use of stays and tight lacing. He does not believe that the deformity is ever produced by such means, and he quotes Mr. Tamplin in support of his opinion, as follows:—"Various causes of spinal curvature have been assigned by numerous writers; amongst others, the use of stays, which most certainly of themselves do not produce this deformity, *for they are worn by all classes of society*; whereas the rich and affluent are the most frequent sufferers from spinal affections."

The assertion so frequently made that lateral curvature is more common among the rich than among the poor is probably correct, but we have seen so many cases among the poorer classes of society that we cannot admit that the argument is a conclusive one.

Pursuing this subject further, Mr. Adams makes the following statement:—"We all know that it is only when a girl by her growth and development shows the usual signs of womanhood that stays are thought necessary to improve or mould her figure; and in the present state of public opinion against stays and tight lacing, it is so little the custom of mothers to allow their daughters either to wear stiff stays or to lace tightly, that it would be difficult to find any examples of the practice; they may at least be said to be rare exceptions to the general rule." We fear that Mr. Adams takes too favourable a view of the opinions of mothers upon this subject, for we believe that at no period has the custom of tight lacing been more admired and indulged in than it is at the present day.

The theory which attributes to the custom of wearing stays the origin of the majority of the cases of lateral curvature of the spine is doubtless an erroneous one. Many cases, as Mr. Adams remarks, occur during childhood, before stiff stays are commonly worn, and even of those cases which occur during girlhood, few, if any, can be attributed *entirely* to the use of stays. But we urge that, if other causes be present, such as general debility, as a predisposing, and some bad habit of position as an exciting cause, then the use of stays, inasmuch as they induce weakness of the dorsal muscles by interfering with the due exercise of those muscles, will materially assist in the production of this deformity. Debility of the dorsal muscles has not existed in more than half the number of cases which have come before Mr. Adams, and he attributes the deformity when occurring in individuals whose dorsal muscles appear to be strong, to bad habits of position alone, or to that cause coupled with general debility. He has also met with a great many cases of lateral curvature in patients who showed a predisposition to the development of tubercle in the lungs.

There are a great many other points upon the nature of this deformity in this book which we should be glad to discuss, but the space at our disposal will not admit of our doing so.

We must refer the reader to the book itself, which well displays the care and accuracy with which Mr. Adams has studied the pathology and symptoms of this disorder. With regard to treatment, we must admit that we are somewhat disappointed, for although under the author's careful management the cases which he has treated have doubtless been usually much benefited, and frequently cured, yet our anticipation that some improved method of mechanical treatment would have been forthcoming has not been gratified. The old-fashioned spinal instrument by which it is endeavoured to prop up the body with crutches is still the basis of the apparatus which Mr. Adams employs.

We quite concur with the author that plaster-of-Paris

jackets are worse than useless, and we do not believe that poroplastic felt jackets are much better.

The general principles of treatment advocated in this work are excellent. Due importance is accorded to constitutional remedies, to avoidance of bad habits of position, to carefully regulated exercises, and to the many other items of treatment peculiar to individual cases. Mechanical treatment is doubtless absolutely necessary, and highly beneficial in the treatment of the majority of cases, and the apparatuses which are described in this work can be, and are, used with very good effect, if properly managed; but we had hoped that the great experience which Mr. Adams has had in the treatment of lateral curvature of the spine would have enabled him to have devised some modification of his instruments which would have removed from them those elements of constraint to the body which are so often objected to by other surgeons and physicians.

We have criticised this work freely, but we have read it with pleasure as well as with profit, and we recommend our readers to study the book and judge of its merits for themselves.

Obituary.

DR. THOMPSON, LISBURN.

UNDER circumstances of a most lamentable character Dr. William Thompson, of Lisburn, was killed in his own district on Friday week. The sad event, which cast a gloom over the whole district, occurred at the Dunmurry Station on the Great Northern Railway, shortly after eleven o'clock. The deceased gentleman, while crossing the line, and heedless, it is said, of warnings, which, unfortunately, he was unable to hear—was struck down by the engine, and so seriously injured that death took place in a few minutes. It was then ascertained that the engine had struck deceased on the temple, and so great was the force of the blow that he was thrown to the other side of the platform, a distance of several feet. Dr. Wilberforce Arnold happened to be at Dunmurry at the time, and hearing of the sad affair, was in immediate attendance, only to find, however, that life was extinct. A superficial examination of the body disclosed the fact that the deceased had sustained a severe contusion of the temple, slightly fracturing the skull immediately above the eye, and a broken arm, probably caused by the terrible fall. The deceased, who was 76 years of age, and who will long be remembered as "Dr. Thompson, of Lisburn," had been resident in that town for the last 45 years, and has been practising medicine since 1828. He rapidly rose to the highest professional distinction, and his long connection with the County of Antrim Infirmary, of which he was consulting physician and surgeon superintendent, brought him into contact with eminent professional brethren, who, recognising his great ability, placed him at their head. He had a large and lucrative private practice, not only in his own immediate neighbourhood, but throughout the province of Ulster, and, indeed, throughout all Ireland. In almost every branch of treatment he was equally proficient, and in special cases of ailment he was constantly in his consulting-rooms, which were oftentimes crowded by patients from every part of the North of Ireland. Dr. Thompson was an M.D. of the University of Edinburgh and a Fellow of the Royal College of Surgeons of Ireland. All through his career Dr. Thompson entered but little into what is known as public life. His great field was the consulting-room. He never interfered in matters political, even in the most exciting times. It may be remembered that a short time ago, when walking through his own house, he sprained his ankle, which up to the time of his death gave him much trouble. The difficulty he experienced in walking was very apparent, and few, indeed, could pass the clever old gentlemen in the street without sympathising with him in the strongest manner. By the removal of William Thompson, the medical profession has sustained a loss of which every member who knew him is thoroughly conscious. The vacancy which has been

created will not be easily filled. He has left behind him a great name for his profession, and an honourable one as a gentleman, and for many years to come he will be remembered with gratitude and respect in the North of Ireland.

Notices to Correspondents.

✎ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE SHAM CERTIFICATE SYSTEM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—You deserve the thanks of regularly educated members of the profession for your article on the above in your issue of Sept. 6th. The apprentices of apothecaries have for years been in the habit of presenting fabricated certificates both at the Irish Hall and elsewhere without the slightest effort being made to put down the nefarious system. Let anybody but take up the Dublin papers and he will there find apothecaries advertising for apprentices, to whom they pretend to allow time for attending lectures, hospital, &c. Now, as time for all these would simply occupy the student's entire day, and as these gentlemen only give about two hours daily, it necessarily follows that their pupils could not have attended the lectures and hospitals which the fabricated certificates assert that they did attend. Unless some efficient steps should be taken at an early date, I will bring the matter before the Medical Council at its next session, and I shall not hesitate to refer to names in the memorial which I propose to put in.

Yours faithfully,

THOMAS LAFFAN.

M. R. (Exeter).—You are misinformed. No such rule was ever passed by a majority; an attempt, however, was made about twelve months ago to reorganise the Society, but without success. The discontented faction have since then resolved to form themselves into a distinct association, and carry out the programme with which they sought to enter on office in the parent society. They are not likely to do very much to justify their secession.

CONSULTATION ETIQUETTE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I see in your issue of Sept. 13 what purports to be a reply from Dr. Adrian to my letter. Dr. Adrian says there was both a written and verbal explanation given by him. I beg to remind Dr. Adrian that the only letter I ever received from him was the one in which he mentioned having visited my patient and asking me to meet him next day. This letter did not contain one word of explanation, or give any reason why he visited in my absence. The only explanation I received from him was a verbal one after he had received my letter addressed to him complaining of his unprofessional conduct, and that explanation had reference only to the visit paid the previous evening. Dr. Adrian's explanation, such as it was, was unsatisfactory, and I told him so on the occasion. I remarked at the time that I would take it for what it was worth, to avoid unpleasantness.

I am, Sir, yours faithfully,

RICHARD CRONIN.

P.S.—I should add that my letter to the *Medical Press* was written before said explanation.—R. C.
Sept. 18th, 1882.

MR. E. GOODWIN (Maldstone).—The gentleman concerned is abroad, but will return shortly, when the contents of your note will be communicated.

SURGEON-GENERAL CRAWFORD.—The accession of this gentleman to the control of the Army Medical Department in Egypt appears to have given universal satisfaction to the combative forces. In speaking of the results already achieved, the *Broad Arrow* remarks that "the new Director-General and his excellent Lieutenant at the head of the medical branch have already furnished ample guarantees of their special fitness for the responsible posts to which they have succeeded, and we may hope that the long period of disquiet to which the department has been subjected will now, under the direction of abler hands, be followed by a wise and just administration which will erase many bitter memories."

LEAVE OF ABSENCE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you be kind enough to inform me whether I can leave the dispensary district of which I am medical officer for a week or so on vacation by paying a substitute myself and without applying to the dispensary committee for leave of absence? Is it sufficient to notify the fact of my leaving to the secretary or chairman of the committee?

Truly yours,

RUSKINS.

[No medical officer can take an hour's leave without permission of his committee. Permission given by the hon. sec. is practically sufficient; but in that case the secretary takes the whole responsibility of acting for his committee.—ED.]

DR. A. T. THOMSON (Glasgow).—The case is marked for insertion in our next number.

A SUBURBAN VACCINATOR.—No death from small-pox was registered amongst the population of four millions in London last week. Two cases were reported in outlying suburbs; the metropolis may therefore be considered in a most singularly healthy state, not only on this account, but from an absence of any other zymotic disease.

DR. WILSON.—The demand for "particulars" is not unusual, and

should not be resisted. A readiness to give the details asked for would probably disarm your patient in future, and give him the impression, which he seems now to need, that he is dealing with an honourable man.

THE LATE DR. THOMPSON, OF LISBURN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It was with extreme regret I read in your Obituary column of Wednesday last the death (killed accidentally) of Dr. Thompson, of Lisburn, than whom it is not too much to say a more eminent and generally respected practitioner did not exist in Ireland. For many years surgeon to the Co. Antrim Infirmary, many of his operations rivalled in their successful daring those of the most eminent surgeons in all parts of the world. I believe I am correct in saying that Dr. Thompson was the first man who successfully performed ovariotomy in Ireland; he was of a modest, retiring disposition, and never published a line, consequently is unknown outside his own district, where his name will long remain a household word for skill and kindness. I shall not soon forget how he stood by me in the early part of my career when a course I had adopted was questioned, but circumstances proved that we were in the right, and I owe him undying gratitude. Peace to his ashes! He will long be remembered and regretted in all the country side.

Yours, &c.,

MOIRA.

Peckham, Surrey.

THE OBSTETRICAL SOCIETY OF LONDON.—The first meeting of the winter session of this Society will be held this evening (Wednesday), at 8 o'clock, when Dr. Hopkins Walters will bring forward a "Case of Post-partum Avulsion of the Uterus, &c., followed by recovery."—Dr. Champneys, one "On an Obliquely Contracted Pelvis of Unilateral Synostosis."—Dr. Gervis, one "On a Case of Transverse Septum in the Vagina."—Dr. Matthews Duncan, one "On a Case of so-called Imperforate Hymen."—Specimens will be shown.

Vacancies.

Burton-on-Trent Infirmary.—House Surgeon. Salary, £130. Applications to be sent to the Hon. Sec. on or before Oct. 16th.
Granard Union, Finnea Dispensary District.—Medical Officer. Salary, £100, and £14 as Medical Officer of Health. Election, Oct. 14th.
Ongar Union, Essex.—Medical Officer of Health. Salary, £60. Applications to be addressed to the Clerk on or before Oct. 9th.
Owens College, Manchester.—Junior Demonstratorship of Anatomy. Salary, £125. Applications to be addressed to the Senate, under cover to the Registrar, not later than Oct. 9th.
Seamen's Hospital (late Dreadnought), Greenwich, S.E.—Resident House Surgeon. Salary, £50, with board, &c. Applications to be sent to the secretary on or before Oct. 7th.
Torbay Hospital and Provident Dispensary, Torquay.—Senior House Surgeon and Senior Provident Medical Officer. Salary, £100. Applications to be addressed to the Hon. Sec. not later than Oct. 16th.
Wokingham Union.—Medical Officer. Salary, £90 for the Wokingham District, and £30 for the Workhouse. Applications to be sent to the Clerk to the Guardians not later than Oct. 9th.

Appointments.

CREW, W. T., F.R.C.S. Eng., L.R.C.P. Lond., Assistant Medical Officer to the Brownlow Hill Workhouse, Liverpool.
DUMAT, H. A., M.B., C.M. Ed., House Surgeon to the Weston-super-Mare Hospital.
EVANS, W., L.R.C.P. Ed., M.R.C.S. Medical Officer of Health for the Anglesey and Holyhead Rural, and Beaumaris and Holyhead Urban, Sanitary Districts.
FARNELL, H. D., M.B.C.S., Medical Officer to the Workhouse of the Eastbourne Union.
LOW, A. B., M.B., M.Ch. Ed., Medical Officer for the Workhouse, Sunderland Union.
MCCLURE, H., M.D., M.Ch. Q.U.I., Medical Officer for the Queen Camel District of the Wincanton Union.
RAND, R. F., M.B., C.M. Ed., House Surgeon to the Oldham Infirmary.
RICHARDSON, W., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer to the Workhouse, Reading Union.
WOODCOCK, R. F., L.R.C.P.L., M.R.C.S. Surgeon to the Police of the Borough of Wigan.

Births.

BROWNIGG.—Sept. 25th, at Hill House, Gravesend, the wife of J. Annealey Brownrigg, M.A., M.D., of a son.
CUMMINS.—Sept. 27th, at Kingstown, the wife of Hy. Royce Cummins, L.K.Q.C.P.I., L.R.C.S.I., of a son.
DOUGLAS.—Sept. 28th, at Avenue House, Leamington, the wife of W. Douglas, M.D., of a son.
ROBERTS.—Sept. 26th, at 42 Upper Rathmines, Dub'ln, the wife of Dr. Browne Roberts, of a son.

Marriages.

WOOD—GOULSTON.—Sept. 27th, at Holy Trinity, Newington, S.E., Arthur George Wood, M.R.C.S., L.R.C.P., to Ada Jane, daughter of Edmund Goulston, of 37 Trinity Square, London, S.E.

Deaths.

BAIN.—Sept. 21st, at Fulham Park Gardens, London, James Bain, M.D., Surgeon-Major H.M. Bombay Army (retired).
CLOVER.—Sept. 27th, at 3 Cavendish Place, Cavendish Square, London, Joseph T. Clover, F.R.C.S.
FURLONG.—Sept. 22nd, at Streamville, co. Wexford, Andrew Furlong, M.R.C.S. Eng., aged 78.
ROGERS.—Sept. 21st, at Bedford, Charles J. Rogers, Deputy Surgeon-General, Indian Medical Department, aged 59.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 11, 1882.

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ON THE METHODS OF DIAGNOSIS IN DISEASES OF THE NERVOUS SYSTEM.

By E. C. SEGUIN, M.D.,

Clinical Professor of Diseases of the Nervous System in the College of Physicians and Surgeons, New York.

LECTURE I.—(Concluded.)

THE movements of the legs and feet in walking have been the subject of much study. Some observers have endeavoured to record the peculiarities of gait by means of giant sheets of papers so prepared that when a patient walks upon them imprints of his footsteps will be left. Such tests require considerable expenditure of time, and hence I would ask you to learn to judge of the gait of a patient by inspection and by the sense of hearing.

In the hemiplegic gait the foot is turned in, the heel raised, and the patient brings the extremity forward with a swinging, semicircular movement; he cannot bend the knee properly. This is what the French call the sickle walk. As the foot is brought forward, the outer portion of the sole of the shoe scrapes upon the floor. Hence it is that these patients first wear out the soles of their shoes upon the outer side. As a part of the hemiplegic gait should be noted the drooping shoulder of the affected side.

A characteristic walk is the ataxic. In this the leg is well raised, and the patient overdoes the extension and abduction movements of the step, bringing the foot down, heel first, in a jerking manner. A good method of testing co-ordination of the legs is by driving a pin into the toe of the patient's boot, and requesting him, while seated, to approximate the head of that pin to the head of another which you hold above it. If there be ataxia, the foot will oscillate in this movement, as the finger does in the nose test. In the recumbent posture there is a more classical test of ataxia. Covering the patient's eyes, we

bid him put his right heel upon his left patella. If he be ataxic, the heel wanders about in a vain attempt to hit the mark.

Another peculiar walk, which is of considerable frequency, is the paraplegic, the walk of partial paralysis. In chronic transverse myelitis the patient walks with a scuffling movement, dragging his toes upon the floor.

By closing your eyes and listening to the walk of two patients, one ataxic and the other paraplegic, you can tell them apart easily. The former makes a loud stamping sound with his heels; the latter scrapes the floor with his feet.

An important walk is the tetanoid, which I first described in 1873. (a) The patient takes very small steps and turns the toes inward. The feet are approximated, and there is a tendency to crossing of the legs from overaction of the adductors. The legs are rigid and the feet drag. You will find this in many children, occasionally in adults. This walk is believed to indicate primary or secondary sclerosis of the lateral columns, or want of development of the same parts.

In hysterical hemiplegia the walk is peculiar. A woman may seem to have complete paralysis of the arm and partial paralysis of one leg. In walking she moves the leg in the proper vertical line; there is no sickle movement; the foot is carried carefully and squarely over the ground, and is dragged. Dr. R. B. Todd, (b) of London, who was one of the most acute and skilful students of nervous diseases thirty years ago, first described this walk.

The walk of patients with cerebellar disease is usually badly denominated in the books. It is spoken of as ataxic, but there is nothing ataxic about it. If you were to test a patient with cerebellar disease as you would one with ataxia, by requesting him to shut his eyes and put the end of his forefinger upon the end of his nose, &c., he would have no difficulty in doing it. The walk of cerebellar disease is inco-ordinate, though not ataxic. It is

(a) "Description of a Peculiar Paraplegiform Affection." *Archives of Scientific and Practical Medicine*, No. 2. New York, February, 1873.
(b) "Clinical Lectures on Paralysis," &c. London, 1854, p. 187.

more like the inco-ordination of intoxication, or, as the French writers call it, *titubating*. The patient tries to extend his base of support by separating his feet, and his body oscillates from side to side. If the feet be bare, the patient's toes will be seen working abnormally, and apparently digging into the carpet. Nothnagel (c) has written the best account of the cerebellar walk.

I will add a few words about reflexes. These are tested usually by pinching, burning, or tickling the soles of the feet and other parts of the body. The tendinous reflexes are of more recent discovery. We determine their existence or non-existence by tapping upon the tendons with the finger, as in percussion. Then, there are internal or visceral reflexes, such as those of the bladder resulting from the organ being filled with urine, those of the larynx, and so on. In most of our examinations we test the tendinous reflexes. The tendon-reflex can be tested anywhere that a tendon can be got at. Upon the leg you can tap the tendo Achillis. The most commonly used and most convenient place of testing the tendon-reflex is at the knee. If we tap upon the hamstring tendons we get a movement backward. The tendon of the quadriceps extensor femoris, or ligamentum patellæ is always an object of investigation, and striking it causes a partial extension of the leg. In certain spinal diseases no reflex movement is there present; in other conditions of the cord there is increased reflex at the knee. The best way of judging this is to use at first a minimum amount of force in tapping the tendon, increasing it as necessary to develop the reflex movement. Dr. Gray, of Brooklyn, made some interesting experiments three years ago upon some of the students of the Long Island Hospital Medical College as to the normal tendon-reflex at the knee. He found it absent in two or three individuals out of a hundred healthy subjects; and I have seen similar exceptions.

Disorders of sensibility.—Here we come in contact with the consciousness of the patient—the ego of the patient, and we are to a certain extent at his mercy. In children this part of the diagnosis is limited to a very great degree on account of their inferior intelligence. For example, the sense of sight cannot be fully tested in these little patients, and when testing common sensibility we have to pinch and tickle them, and make use of other coarse tests. The special examination of the eyes and ears I will pass over for the present.

We will now consider the perception and localisation of simple contact such as produced by the finger or a feather. The patient's eyes being closed, we touch him slightly in different parts, and ask him if he feels, and where he feels the contact.

The question of "muscular sense" is an involved one. Some believe that the muscles have no proper sensibility, and that we know our muscular movements by psychic estimation of the force employed, yet there are some persons who cannot feel a tap or prick upon the skin of the leg, yet will feel firm pressure made upon the calf. There have been instruments devised for determining the amount of weight in grammes which a patient can distinguish. We test sensibility to pain in various ways. The use of the hot iron and matches is objectionable. We are not allowed, in an examination, to adopt such meteors as will result in scars. A faradic wire brush is harmless, produces no scar, and is really more painful than cutting or burning, as I have repeatedly seen; and a clean, sharp needle is not objectionable.

The brothers Weber, of Leipzig, gave us forty years ago a form of æsthesiometer, which is much like a shoemaker's rule, with one end stationary.

Another form of æsthesiometer is made like a compass, with or without a vernier. All æsthesiometers should have dull points. Dr. Birdsall has devised an improvement upon the former instrument. It consists in the attachment of a point at one end of the instrument, so that a patient

can be pricked at will. We know from Weber's researches the distance at which two points of the æsthesiometer can be distinguished on all the parts of the body. The following are some of the more important according to Valentin: (a)

	Millimetres.
At the tip of the tongue	1.00
" palmar surface of tips of fingers ...	1.50
" " " second phalanges ...	3.24
" " " first phalanges ...	3.44
" dorsum of the tongue ...	5.22
" dorsal surface of fingers ...	8.12
" cheek	9.46
" back of hand	14.50
" skin of throat	17.27
" dorsum of foot	26.10
" front of sternum	33.07
" middle of back	50.43

In estimating pathological conditions I am in the habit of making considerable allowance for normal variations. The points are to be applied to the surface of the skin simultaneously. This requires a certain degree of expertness on the part of an operator, and in order that the translation of the impressions be correct, some degree of intelligence on the part of the patient is required. In testing the tongue, the patient is to indicate the answer by holding up one or two fingers. With the thumb and forefinger you can increase or decrease the distance between the points.

One word about motor and sensory tests with a battery. For this purpose, either a faradic or galvanic current can be used. We use both currents for testing the condition of the connection between the nervous centres and the peripheral organs. I can only formulate a general law, and it is this: that in cases of disease of the brain in which the spinal cord and nerves continue to act upon the muscles, even though the will has no influence over them, the electrical reactions are preserved. In cases of certain spinal lesions, especially in transverse lesions, the same law holds true.

The affections of the spinal cord which destroy or involve the grey matter of the anterior horns will be accompanied, within a week or two weeks, by a loss of reaction in the paralysed muscles and their nerves; whereas, with a lesion of the spinal cord which leaves a certain part of the grey matter below the lesion uninjured, even though it be but half-an-inch, we will get reactions in those muscles connected with the healthy part of the cord. In cases of injury to the spinal cord very low down, which destroy the lumbar enlargement, the muscles of the paralysed legs undergo atrophy and lose their reaction to faradism. With a destructive lesion of the cervical enlargement, the same occurs in the hand and arm. The law may be stated in the following words: Destructive lesions of the grey matter of the cord abolish faradic reaction in the associated or dependent muscles. The same law is applicable to so called peripheral paralysis, in which the nerve-trunk has been divided or crushed. Hence, you see there is nothing pathognomonic determined by means of the electrical test; it is of conditional value.

I would like to say something about the use of the ophthalmoscope. I consider its use of great importance in the study of nervous diseases; yet I feel that too much has recently been claimed for it. I would urge all of you to learn to use it and to recognise the healthy fundus. By so doing you will get negative information; and you should also learn to recognise atrophy of the optic nerve, neuro-retinitis, or choked disc, and the retinitis of Bright's disease. These signs are positive and valuable indications of disease. It has been claimed that by the ophthalmoscope we can

(c) "Topische Diagnostik der Gehirn-Krankheiten." Berlin, 1879. Pp. 89-91.

(a) For a complete table in lines (about 2 mm.) consult Flint's Text-Book of Physiology, p. 763. New York, 1881.

determine the condition of the intra-cranial circulation, judging of this by the state of the retinal vessels. This I do not believe to be possible, partly because of the great normal variation in the circulation at the bottom of the eye; partly because of the varying appearances of the vessels, according to the condition of the refraction of the eye; and lastly, because it is not at all certain that there is any correspondence between the retinal and cerebral circulations. I am supported in these statements by leading oculists, who consider it a delicate task to decide whether a retina be hyperemic or anæmic.

ON THE TREATMENT OF FRACTURES OF THE PATELLA.

By HUGH OWEN THOMAS, M.R.C.S.

FROM an early period until now surgical records inform us that fractures of the patella have been supposed to require exceptional treatment.

Surgeons have insisted on the importance of certain details as necessary to success; some laying great stress upon the position of the limb during treatment, others on the careful adaptation of the fractured parts, while all deplore the uncertainty of useful recovery, the patient having a loss of power, or lessened radius of action, of the knee-joint. Malgaigne's method of actual fixation of the separated segments has lately been in frequent requisition. His mode, however, has generally been modified, his steel hooks having been replaced by wire suture, and thus surgeons who think that close adaptation of the segments is the most important part of the treatment have, in one or other of these methods, a certain means of accomplishing their object. For many years I also shared the belief that this close adaptation was essential to success, and that, as an adjunct, the position of the limb greatly favoured a perfect result. What is wanted is a method of treatment which renders nearly certain a recovery free from defect in function. During the many opportunities I have had of treating these accidents, I have gradually attained the conviction that neither position nor nicety of adaptation during the treatment of fractures of the patella is in any way essential to a cure, free from defect in function or power.

Experience has clearly taught me that there are four points hitherto overlooked, which, if attended to, give so high a percentage of success as to show failure to be a very rare occurrence. The first is "time;" the second, non-interference with the circulation round the patella; third, that no strain in the direction of flexion be allowed during treatment; and, lastly, the temporary ankylosis produced by the treatment should be allowed to become corrected spontaneously.

In regard to time. I now know that it is necessary to postpone, uninterruptedly, genuflexion until a period of eight or nine months has elapsed. This is the time which observation has shown me to be a safe date at which to suspend control. The nine months of surgical control may be considered as divided into three periods. The first, representing the removal of effused fluid; the second, during which union is progressing; the third being spent in the consolidation of the united medium, when it becomes free from inflammation—i.e., healthy. At the end of this time the connection between the previously separated segments of patella, whether bony or ligamentous, will stand, if sound, any habitual strain; and whether the two segments have been in close apposition or a perceptible distance apart, is merely important from the point of view of appearance. Hitherto, a period of ten weeks, first prescribed by Heister, has generally been deemed sufficient for recovery, and then the patient is allowed the uncontrolled use of his knee-joint. I know from observation that cases have recovered in six weeks free from defect, and that independent of the surgeon's art. On the other hand, there are to be met with a great

number of these injuries which, after the usual limited period of surgical treatment, exhibit a permanent defect of function annoying both to the surgeon and to the patient. That the fracture should fail to recover, unless controlled for this long period, is not surprising, when we consider the enormous strain to which the medium connecting the segments of the patella must be subjected as soon as the ordinary use of the limb is attempted, this strain being much greater than that to which a normal patella is subjected. To withstand this tension, the connection must be sound—free from all trace of inflammatory congestion. This is the secret of success—the production of a permanently useful limb.

The mode of repair of fractures of the patella is simply that which takes place in fractures of other bones. When consolidation has not occurred, the connecting medium and surfaces of the fracture are of low vitality, and the development into true bone is delayed or arrested. In cases of delayed union, consolidation may finally be completed without special direct interference, while non-union, total arrest of development, if not specially treated, will become permanent. The adventitious matter and its points of attachment being in a condition of stasis, may at times be equal to the wear and strain of use—this is true non-union. But the condition of delayed union or unsoundness is often erroneously termed non-union. True or healthy non-union is equal to the resistance of much strain, while delayed union is rapidly impaired by use, evidenced by gradual increase of deformity, whether it be in a fractured patella, thigh, or leg. Hence the necessity of spending so much time in the treatment of each case, in order that, when the surgeon removes all restraint from the limb, he may feel convinced that bony or true non-union must have been arrived at. It will not matter in fractures of the patella which of these may exist at the time of convalescence. One of the causes of failure in times past has arisen by not allowing a sufficient time to elapse, so as to place beyond doubt the soundness of the connection of the fragments. That this prolongation of treatment in some cases may not be required, I admit. But how is the surgeon to gain this knowledge? His reputation and the patient's comfort may irreparably suffer if he errs. During the treatment of fractures of the patella we cannot learn much by manipulation regarding its repair as we readily can in other fractures of bones, where indications for suspending or prolonging treatment are obtained by exercising strains of the bone in various directions.

In fractures of the patella, use is the only test, and, should it show signs of failure under this test, the treatment must be re-continued, but still as a result of this trial, the deformity becomes more evident than would have resulted had more patience been exhibited. And although the occurrence of deformity is not fatal to usefulness of the limb, still the lesser the deformity the more creditable does the management of the case appear.

Another cause of failure has been the interference, by circular compression, with the circulation around the patella during the first month, and thus the vitality of the part is so depressed, the process of repair is delayed proportionately to the force of such compression.

It is best to allow subcutaneous swelling to subside slowly and spontaneously, while the limb is also controlled to arrest all motion of the knee-joint. This can be done easily by using an appliance which permits the firm application of stays of bandage above and below the knee-joint. And when the surgeon decides to release his patient from all control, the temporary stiffness should be allowed to wear off, supplemented by exercise at the will of the patient only. No attempts at forced flexion by the surgeon, as such ill-judged attempts at increasing the radius of the knee-joint action subject the part injured to a strain which it never was subjected to during its normal state, if we except the force which sometimes causes these fractures. The period required to regain full radius of action varies from three months to two

years. These are my essentials of treatment, and, when adhered to, they permit of an excellent cure, without any defect in function, whilst the patient need not be confined to his bed a day, provided the fracture is not accompanied by very painful effusion.

(To be continued.)

ECTROTIC TREATMENT OF VARIOLES IN SMALL-POX—CAUTERISATION BY CARBOLIC ACID—WITH MORBID ANATOMY AND PATHOLOGY OF THE VARIOLES, AND GENERAL LOCAL TREATMENT. (a)

By MONTAGUE D. MAKUNA, L.R.C.P. Lond.,
M.R.C.S.,

Late Medical Superintendent of the Fulham Small-pox Hospital.

THROUGHOUT the epidemics of small-pox from 1876 to 1880 I have had sufficient opportunities to study every phase of the disease both by the bedside and in the post-mortem room, and I lay before the profession my experience in the local treatment of varioles in 1,600 acute, and about 1,000 convalescent cases. During this time I have tried various local applications to judge of the merits claimed for them by different observers, to alleviate suffering and pain, to abort the varioles, and prevent disfigurement. The principal object of the ectrotic plan of treatment is to prevent or diminish pitting in those cases where it would occur, and it can be gained only when we abort the varioles by diminishing or preventing suppuration, and thereby the disintegration of the structures of the skin involved. It is not required in those cases where the disease is modified, chiefly by vaccination, and where the victims mock at the disease and are led to believe in the true nature of the complaint with great difficulty, as in variola varicelloides, and v. discreta.

I shall first give the morbid anatomy and pathology of the varioles, followed by my plan of the cauterisation of the varioles by carbolie acid, and general local treatment.

Morbid Anatomy and Pathology of the Varioles.—In describing the morbid anatomy of the varioles I shall take the description given by Dr. Fox in his treatise on "Skin Diseases," and that of Dr. Klein in "Variola Bovina," as my guides.

Erythema Variolosa is seen in a few cases during the initial stage accompanied with high fever, and disappears with the rising of the papules. During the papular stage there is thickening of the epidermis over a definite area at the seat of lesion. The cells of the rete Malpighii with their nuclei increase in size. The subjacent papillæ of the corium are enlarged by the germination of the endothelium of the capillary vessels. The lymphatic canaliculi are enlarged and rendered more distinct. The lining cells of these channels are increased in size, and in more vascular parts these channels are filled with migratory corpuscles. This gives rise very frequently to a hard or shotty feel under the skin over the papules. These canaliculi of the lymphatics are filled with granular material in a day or two. In about three days' time vesicular stage commences. When the vesicle forms, a layer of elongated cells is observed beneath the horny layer, and these pass without interruption into the cells of the rete Malpighii. Under this layer is a network, forming lacunæ, and enclosing lymph. It is situated nearer the horny layer than the corium, and forms the proper vesicle. Dr. Klein states that the enlarged cells of the rete Malpighii dilate, and form vesicular cavities, between them septa are seen, composed of flattened and scaly cells, extending from the horny layer to the inter-papillary processes. The vesicle is therefore chambered

into lacunæ, containing granular pus-corpuscles, red blood corpuscles, and small highly refractive granules, usually in masses of various sizes. The granules are small, pale, and indistinct, sometimes large and shining. We also see some transparent spheroidal bodies, and in some sections small colonies of micrococci during the pustular stage, which commences about the fifth day of the eruption. During this stage, the exudation corpuscles and pus-cells increase in number in the lacunæ, and infiltrate the tissues to a much greater extent. When a pustule is fully formed (which is about the eighth or the tenth day of the eruption), the network formed by the elongated and stretched-out cells of the rete Malpighii spreads deeper and deeper towards the corium, whilst its lacunæ are more and more filled with pus-cells, exudation corpuscles and other contents of the vesicles, and as it advances in maturation the septi forming the walls of the lacunæ give way, making an irregular honey-comb. The umbilication of the varioles takes place about the fourth or fifth day. It is caused, as far as I have observed, by the flattening of the superficial and central lacunæ through the evaporation of their watery contents which are first to develop. The development of the varioles is more or less accompanied with hyperæmia, tension, and œdema of the surrounding and subcutaneous structures. Occasionally, and in severe cases, bullies are formed, especially over the legs, feet, forearms, and hands. They are superficial, and sometimes overtop the varioles. The petechiæ and hæmorrhagic blotches, observed especially on the lower part of the abdomen, and the flexions of the thighs and arms in variola maligna are caused by the exudation of the bloody serum through the capillary vessels, as the diminished specific gravity of the serum, and the deteriorated condition of the blood allows of such a process. In variola maligna with extensive hæmorrhagic patches, varioles are very slow to advance, and sparsely distributed over the surface of the body. In the confluent variety of the malignant type, the varioles present an appearance of sago paste, and they undergo rapid ulceration. The variety described by Dr. Curschman, as variola hæmorrhagica pustulosa, where hæmorrhages take place in the varioles in later stages, does not in my opinion, bear out any distinct pathological significance. From my observations I have come to the conclusion that these hæmorrhages are merely mechanical, as recorded in my Report of the Fulham Small-pox Hospital for the year 1878. "Sometimes in later stages, and on account of partial apnoea, induced by lung complications, laryngeal eruption, or severe throat symptoms, hæmorrhages in the pustules, and oozing of blood from the mucous surfaces does take place. In these instances hæmorrhage is merely due to the engorgement or rupture of the capillary vessels, and caused by mechanical congestion."

I shall now pass on to the consideration of the different applications, recommended by several observers, which are useful at the various stages of the disease, stating my objections to the use of some of them. In judging of the results of a treatment, especially in the prevention of pitting in small-pox, different observers would observe them differently at different times. The confusion which arises when a plan of treatment is recommended by one and fails in the hands of others, can be explained by the fact that very often hasty conclusions are arrived at without giving time for nature to run its course. It is not right to pronounce an opinion within a few days' time of the convalescence, whether a case would be badly or slightly pitted or not pitted at all. The healthy tone of the skin is not restored for months, at any rate before six months in very many cases, and it is after the lapse of such a time that one can judge of the results of the treatment. Again, the success depends, to a certain extent, on the life a patient would lead after the attack of the disease, his age, occupation, and the exposures he would undergo; because these conditions tell on his

(a) Read before the Royal Medico-Chirurgical Society, 9th May, 1881.

constitution, tax his nervous energy and circulation, and influence his restoration to perfect health, consequently they would affect the healing and cicatrising processes of the wounds in the skin of his body.

I shall classify the treatment into four headings:—

1. General management and applications.
2. Ectrotics to prevent pitting.
3. Remedies used during the pustular stage to prevent further disintegration of the tissues.
4. Treatment during convalescence.

1. *General Management and Applications.*—In cases of *V. varicelloides* and discrete little or no local treatment is required, except cleanliness, evacuations of the contents of the pustules, when large and deeply seated, with broad-pointed suture needles, and frequent baths. In severe discrete, coherent and confluent cases, there is a good deal of the oedema of the face, especially over the eyelids, and in many cases over the distal parts of the upper and lower extremities, before the vesicular stage commences. The conjunctivæ are more or less inflamed, and the eyelids stick together with muco purulent discharges causing a good deal of discomfort and pain. I generally have the patient's face and extremities washed morning and evening with warm water and carbolic acid lotion, which eases pain and relieves itchy sensations arising from the tension of the skin. A drop of castor oil is dropped into the eye every night to prevent the eyelids sticking together, with great benefit. In severe cases warm fomentations every three or four hours are used; cotton wool and bandages might be used with advantage to relieve pain and oedema of the extremities. In children, gloves padded with cotton wool are useful to prevent them from scratching. In some cases, where there is a good deal of the hyperæmia of the skin of the face, with burning sensations and restlessness, I find the application of linamentum calcis of very great value. It acts as an emollient and sedative, easing the smarting and tingling of the skin, and thereby relieves inflammatory symptoms. It is recommended by Dr. Joseph Bell as an ectrotic, but as it exerts little or no influence on the contents of the varioles, and as it is not a germicide, I have not classed it as such.

2. *Ectrotics to Prevent Pitting.*—I shall now consider this important group of remedies, giving their therapeutical value and objections to the use of some of them. These remedies are used to abort the varioles and prevent the disintegration of the structures of the skin. We see from the morbid anatomy given above that we could attain such an object prior to the second or third day of the vesicular stage, and a day or two later we might be able to do some good. But when the pustular stage is reached it is useless, as the process of disintegration of the deeper structures of the skin has already caused a havoc, which no resources at the command of the science and art of medicine can ever restore. Again, we cannot use these agents at an earlier stage, as it is often impossible to pronounce an opinion as to the type of the disease before the vesicles make their appearance. It is here that many observers stumble over. They think from the general and other symptoms at the commencement of the disease that the case will turn out a severe one, and experiment with various applications; and were it subsequently to prove to be a mild confluent or a discrete one, he takes the credit of having modified the eruption. The conditions contra-indicated for the application of ectrotics are erysipelatosus inflammations, oedema of the skin, especially the face, low typhoid symptoms which are the precursors of the malignant type, petechiæ and blotches on the skin. Under these conditions our efforts ought to be directed more to the saving of life than to prevent disfigurement.

Cauterisation by Carbolic Acid is the ectrotic plan of treatment to which I draw special attention in this paper. (Since the reading of this paper I have seen Dr. Sansom's two cases treated by carbolic acid cauteri-

sation, and I was struck with the beneficial results. I have also read of the experiments of Dr. Sansom and Professor Lemaire in the treatment of varioles. When I followed out the plan of treatment, on a much more extensive scale, I had no knowledge of the work of Sansom and Lemaire.) It was suggested to my mind on reading the lecture of Dr. Peter Eade on "The Uses of Carbolic Acid," as reported in the *Lancet*, of June, 1878. He has used strong glycerine solutions of it for ulcers, sores, and wounds of various descriptions with success. It has been demonstrated that vaccine vesicles abort on the application of carbolic acid. Looking at it from a therapeutical point of view, I think it is eminently suited for the purpose. As Dr. Ringer remarks, it destroys the lowest forms of animal and vegetable life, and prevents fermentation and putrefaction; in fact, it is a disinfectant and an antiseptic. According to Sir Erasmus Wilson, it is a local anæsthetic, benumbing the surface of the skin, and it coagulates albumen. Professor Lister states that in wounds all the local inflammatory mischief and general febrile disturbance, due to irritating and poisoning influence on the blood, are avoided by the antiseptic treatment by carbolic acid. It is readily absorbed by the skin. It is certain in its action, and can be used in a concentrated form without the risk of injuring the surrounding parts or tissues to which it is applied. It is the only disinfectant that finds most favour with me, being the least objectionable of all, and I have used it most extensively, both medicinally and as a disinfectant; but I have not known a single case in my practice in which its toxic symptoms were developed. Its application is attended with little or no pain. The solution I use is made up of three parts of Calvert's crystallised carbolic acid (medicinal) and one part of glycerine. I shall now give the details of the operation. No sooner a case is brought to my knowledge, before the development of the vesicles, I watch their progress and determine the severity of the eruption and the type of the disease. If the eruption is confluent, without erysipelatosus inflammation and with little or no oedema, and the type of the disease benign—cases in which pitting is most marked—I select them for the operation. I get the face, hands, and other parts to be cauterised, properly washed with carbolic acid soap and warm water, and after wiping them dry, I apply olive oil over them, the previous evening. After a good night's rest, the parts are again washed and wiped dry in the morning. I take a fine camel's hair brush, dip it in the solution, of the strength given above, and drop it on the vesicles. Within two or three minutes they are cauterised, and present white scars on the surface of the skin. As soon as the cauterisation of a part is effected, olive oil is applied over it to neutralise its further action. The parts cauterised are again washed out within a few hours' time, when not the slightest disfigurement of the skin is observed. Now watch the results from day to day. In some cases these varioles are completely aborted, the epidermis falling off in scales; while the deeper structures at the seats of the lesion remain hardened papules, as in *horn-pock*, and undergo subsequent resolution. In other cases, the superficial pustulation is complete in about three days. The success of the operation depends principally on the selection of the cases. The next plan of treatment I adopt is cutting open the vesicles, and dabbing their surface with carbolic acid lotion (strength—1 to 60), and then powdering the surface with equal parts of oxide of zinc and starch, when there is a good deal of discharge; or applying castor oil and collodion when there is little or no discharge. I adopt this plan of treatment when a case is brought to my knowledge during the advanced vesicular stage and is running on to pustulation. If the vesicles are large, as they usually are, I cut their tops off with a pair of fine curved iris scissors used by ophthalmic surgeons. If they are small and few, I open them up from side to

side with a fine broad suture needle. These are the only two plans of the ectrotic treatment I have found of use after a prolonged experimentation of several other remedies. I shall now treat of several other plans of treatment recommended by different observers, some of which are highly objectionable, while others are impracticable.

(To be continued.)

THE TREATMENT OF THE SEVERER FORMS OF NEURALGIA AND MUSCULAR RHEUMATISM BY MEANS OF MASSAGE AND OF METHODICAL MUSCULAR EXERCISE. (a)

By Dr. J. SCHREIBER.

Translated from the *Deutsch Med. Zeitung*

By J. E. BURTON, L.R.C.P. Lond., M.R.C.S.,
Physician-Accoucheur to the Liverpool Lying-in Hospital.

GENTLEMEN,—If you take up the most recent treatises on neuralgia and muscular rheumatism you will find in the comprehensive works either no mention whatever of massage as a method of treatment, or its name barely mentioned. As far as I know, amongst modern authors, it is Benedikt alone, who freely and without prejudice has laid stress upon the powerful action of massage. In regard to surgical diseases, the employment of massage has obtained an entrance everywhere since Stromeyer and Volkmann appeared in favour of this method of treatment.

The obstinacy and painful character of neuralgia generally compel the attending physician to make use of the whole register of available methods of treatment one after the other, from mustard plasters to commence with, to attacks at the hands of the surgeon, from quinine to arsenic, from belladonna ointment and morphia injections to electricity and the actual cautery, from the simple diaphoretic to the energetic cold water cure.

When at last the endless array of means and medicaments has been exhausted, and the physician blindly brandishes his weapons before the malicious demon "Neuralgia," then is the despairing patient packed off to a climatic *Kurort*, in order that change of air may complete the miracle.

I have had, however, in my calling, opportunities of seeing that this "*Deus ex machina*" thus appealed to in time of utmost need fails to do his duty, and the patients as before retain their neuralgia, their muscular rheumatism.

When some years ago the reports about the powerful action of massage forced their way into publicity, I joyfully greeted them, and now, in an already considerable number of cases, I have had the satisfaction of achieving a surprising and durable success by the use of this method of treatment.

Permit me here to say emphatically that I have drawn my results not from mild cases of brief duration, but from the successful treatment (*Heilung*) of severe, inveterate cases of neuralgia and muscular rheumatism that have persisted for years, and that had been treated without good result by all the other methods.

The short space of time allotted to my address lays upon me the duty of touching upon the most important points only of this method of treatment.

From the circumstance that the pathological anatomy of neuralgia and muscular rheumatism is up to the present a *terra incognita*, the conclusion may *a priori* be drawn that all methods of treatment can be founded upon hypothesis only.

Concerning the changes in the sensitive nerve apparatus, we know as good as nothing.

These changes are inaccessible to the present therapeutic methods of research. To this hour such a darkness rules over the existence of neuralgia, that Erb considers all views that have taken a decided shape as to the nature of neuralgia to be premature, and Senator, in his

introduction to the "Diseases of the Apparatus of Motion," says:—

"Muscular rheumatism is a completely indefinable rubric that has to receive all those painful affections that have for their seat the muscles, or their neighbouring parts that cannot be otherwise classed; it may be said of it, as was said in that old grammatical rule—

"Those pains that can't be otherwise defined
All in the class called rheumatism you'll find.
(Schmerzen die man nicht definieren kann
Sieht man als rheumatismus an)."

Both diseases, however, neuralgia and muscular rheumatism besides the "unclearness" that shrouds them, the great painfulness and the functional disturbance that characterises them have this also in common, that they sometimes bid defiance to all the hitherto available methods of treatment.

What now is the physiological action of massage and methodical muscular movements?

It is a complicated one. Many factors come into play, quite as much as in electrical treatment.

We have mechanical, thermic, trophic, and, most probably, molecular influences at work. Accurate observations teach us that sometimes the thermic, sometimes the vaso-motor action is the predominant one. One of the most familiar examples is the mild neuralgia caused by cold, and dissipated by the action of warmth. If in such a case massage be employed in place of warmth, the neuralgia disappears more rapidly. In this case the action of massage would be principally thermic—a conception that corresponds to the ordinary physical laws, according to which moving force can be resolved into heat.

As muscles attacked by neuralgia seek to withdraw themselves from activity, this inactivity reacts upon the blood supply. It is shown by experiment that the blood-vessels of muscles at rest contract, whilst those of muscles in motion dilate. The lessened blood supply leads to diminished irritability of muscle. At the same time the chemical changes that go on in muscular tissue fall behind during inactivity, so that accumulation of effete material takes place, and this also serves to check muscular function.

Massage, in the same manner as muscular contraction, causes an increased blood supply, the blood-vessels dilate under the mechanical irritation, and the artificially-produced hyperæmia serves the purpose of carrying off effete material.

From what has been said, it will be clear that muscular movements, active as well as passive, assist the action of massage, and Metzger also has credited them with possessing a high value. For myself, I have no hesitation in claiming for them the lion's share of the success that follows the employment of massage.

We have, however, another factor to consider. If it is true that in some neuralgiæ the pain arises in part in consequence of the pressure of exudation within the nerve sheath, massage will have the effect of softening and pressing back the exudation into the lymph channels.

Berghmann's notion may be here mentioned—that through the mechanical action of massage the nerve becomes numbed, that it for the moment loses its sensibility, so that it gradually diminishes.

Whatever may be the explanation of the process, the fact remains that, by the energetic and long-continued employment of massage, combined with methodical muscular movements, a cure can be effected in those cases of neuralgia and muscular rheumatism in which all other methods of treatment have proved ineffectual.

I must, however, narrow the limits of this assertion to those cases of neuralgia in which large groups of muscles are affected, such as ischiatic and humeral neuralgia, and in which no complete intermissions from pain occur.

Neuralgiæ of the head and face, which attack groups of muscles, and only occur periodically, are certainly relieved by massage. The paroxysms are delayed or shortened, but recurrences are prevented only in the rarest cases. The explanation of this may be sought in

(a) An Address delivered before the Naturalists' Society of Salzburg section of Medicine).

the fact that the forehead, nose, and cheeks only permit a very limited use of the mechanical treatment, and that, in particular, the so-called muscle-tapping cannot be carried out over the above-mentioned localities.

It now remains to explain the mode of procedure as briefly as possible—more briefly, in fact, than the extent of the subject demands. There can be no doubt that the best way of learning the details of the treatment is by autopsy—actual observation; but as those who first employed it could not have learned in this way, it will be clear that personal observation is not indispensable. When the broad principles are once laid down, each physician must assimilate the details of the method for himself.

Metzger divides the manipulation into four divisions—

Gentle stroking.

Hard rubbing.

Kneading.

Knocking or tapping.

In neuralgia only the two last methods of manipulation are suitable, but to these should be added "pressure."

In what manner the individual fingers, the fist, or the knuckles are to be used each medical man will find out for himself if he only keeps in view the object of the treatment, and this is to thoroughly work up every structure affected by the neuralgia from the very bottom. During manipulation the locality operated on must be borne in mind, particularly the relation of the soft parts to bones. The latter must be dealt with carefully. The edges of bones are much more tender than muscles, and if too much force be employed on the part of the masseur injury to the bones may possibly occur. The manipulation should always commence with pressure; this should be followed by kneading, and this by knocking or tapping.

Pressure over certain parts, as, for example, the fossa supra-spinata scapulae, can scarcely be performed in any other way than by the tips of the stiffened index, middle and ring fingers. Pressure on the larger surface of the scapula is best effected by the firmly closed fist. If it be advisable to increase the force, it can be done by using the knuckles. If still more be desired, the metacarpophalangeal joints are to be employed.

Pressure must occasionally give place to pushing or digging down with the finger tips when the depth between groups of muscles is to be reached—for instance, on the inner side of the thigh, between the rectus internus and group of muscles springing from the os pubis. Here and there the thumb alone is to be brought into play.

In kneading, the word alone sufficiently indicates the method of manipulation. The part operated on is to be grasped between the thumbs on one side, and the four fingers on the other, and thoroughly worked between them. The thorough kneading of large groups of muscles is the most laborious part of the manipulation, and requires strong thumbs.

Tapping, or knocking, is less fatiguing. The edge of the flat hand is here employed, and the muscle should be struck transversely as well as longitudinally, care being taken to keep clear of the edges of bones. The force to be employed in the various parts of the process varies according to case and time—the more inveterate the morbid process, the more force must be employed in treatment. If the patient be too sensitive, the attendant must be the more cautious and gentle.

In almost all cases in which massage is employed, after one or other "sitting" extravasation of blood will appear in the parts operated on, and the patient will complain of pain in the discoloured spots. These must be left at rest until the colour again becomes normal.

With the exception of increase of tenderness, there bruises have no other injurious consequences, and it has even been noticed that, where this bruising has taken place, after some days the muscles act more freely and the neuralgic pains become less.

As regards the length of time during which the manipulation is to be employed on one and the same part of the

body, this must be decided by the stubbornness of the case and the resistance of the soft parts. As a rule, one to two minutes will suffice, so that it will take ten to twenty minutes to operate on ten different localities. Between the successive manipulations pauses for rest should intervene, as well in the interest of the patient as of the operator. It is important that at the commencement but little force should be used; this should be developed gradually as is thought necessary. Sudden and violent handling causes fear, and is not well borne. Massage may be carried out with the patient in any posture.

When, as in ischialgia, the horizontal posture is necessary, the patient should be placed on a hard non-elastic couch, as, if the couch be elastic, the strength of the operator is wasted. Ladies undergoing this treatment should wear a dress of light dark-coloured flannel, consisting of wide drawers and a suitable blouse. Linen does not do, as it glides too much under the hand, and fatigues the fingers of the operator.

The pain produced by the treatment is occasionally so great that the patient has not sufficient nerve to remain quiet. In such a case a third person is needed to hold the limbs.

After a "sitting" the patient is generally tired, sometimes exhausted. The temperature is raised $1\frac{1}{2}$ to $2\frac{1}{2}$ degrees, and the pulse accelerated. The pains set up by the massage subside after from 10 to 30 minutes. The patient desires rest, which should be permitted him. For this reason the active and passive muscular movements that are made use of should precede the massage. To prevent misunderstanding, it is well to state distinctly that the patient is in a better condition for the methodical movements after the manipulation than before, and that is only on account of the fatigue that it has been recommended to operate in the above mentioned order.

If pyrexia sets in, the massage must be stopped at once. It is well after massage has been employed, daily for about ten days, to give one or two days rest.

It is not necessary that the treatment should be always carried out on the uncovered skin; the parts intended for operation may also be oiled, and should then be covered with a woollen covering.

With regard to the methodical muscular movements, it may be said that all those muscles capable of being put into movement should be, and as at first this cannot always be done actively it should be done passively. A thorough acquaintance with the anatomy of the muscles, and of the pathological action of each individual suffering muscle will enable the physician to have a clear idea as to what muscles should be exercised.

For the active exercise of the various muscles many simple contrivances may be employed. They render the labour light, and economise time, as the patient can often use them himself. Many patients have not the courage themselves to make movements that are painful, but they will give themselves up to their medical attendant "auf Gnade und Ungnade," and will bear patiently the greatest pain, and this with an abandon and victim-like submission that is singular to contemplate, and that is heightened, if possible, by any sign of approaching improvement. The physician must not commit the error of giving up the treatment if after three or four weeks no improvement sets in; for two or three months he must not allow his diligence to slacken, nor his courage to fail. Gussenbauer reports cases that required two hours manipulation daily.

In proportion as the painfulness of the neuralgia or rheumatic processes diminishes, the muscular movements will be easier and more energetically performed; massage of the individual parts will require less time and labour; the active movements, in which the aid of the attendant will have been before required, will be by degrees performed independently.

It is well to state that experience has shown that no method of practising massage is universally successful. The same results are obtained in different ways. Whoever has practised massage for any length of time, will, encouraged by his success, follow ways of his own. Who-

ever will make use of this method of treatment must have a certain disposition thereto, a certain degree of manual dexterity, accurate knowledge of the anatomical relations of the structures operated on, great perseverance and patience, and then he will succeed without the advantage of learning from demonstrations. He must, however, have a clear conception of what he is aiming at, every movement of his hand must be guided by a consciousness of the end in view, and in order to enjoy the pleasures that attend success, he must enter upon the treatment of each individual case in confidence in his method of cure.

If once a case hitherto declared incurable has been restored to health future cases will be undertaken with the greater confidence.

May the words of the great surgeon Nussbaum which he addressed to the naturalists gathering at Munich be fulfilled :—

"Let it be the aim of the physician to win back to medical science those glittering triumphs that in many cases have been left to add lustre to the quack and the rubbing-women."

Clinical Records.

GLASGOW OPHTHALMIC INSTITUTION.

Detachment of Retina Cured by Operation.

By A. T. THOMSON, M.D.

Clinical Assistant.

IN my last communication I referred to another successful operation for the cure of detachment of the retina, I shall now give the details.

A. L., æt. 29, occupation stonemason, admitted into the Glasgow Ophthalmic Institution August 7th, 1882. He states that he always enjoyed good health and sight until the middle of January of the present year, when dimness of sight came on suddenly one morning; has been addicted to taking whisky in large excess; beyond this never suffered from any illness. On the margin of the left orbit on its temporal region is noticed a vertical cicatrix, caused by a piece of iron striking the part; this accident occurred three years ago, but he suffered from no failing of sight. He applied to two ophthalmic hospitals for relief, in both of which his case was pronounced incurable, from one of which he holds a card stating that he suffers from amblyopia potatorum and separation of the retina. He was indeed greatly addicted to drink, but as the other eye was never affected the diagnosis of amblyopia potatorum may be dismissed, the intention of the officers of those institutions seems to mean separation of the retina of an aggravated form; about the separation of the retina, however, there could be no mistake.

Ophthalmoscopic Examination.—Total blindness with general infiltration of the retina (of the left eye), but in addition there was one prominent central fold more elevated than the rest, consisting of a rag of the retina floating in the effusion.

Operation performed on the 9th August in the usual way, but instead of making the incision in the vertical meridian, it was done rather in the outer angle in the interval between the inferior and external recti muscles, the fluid was withdrawn by a puncture, and the lips of the wound brought together by means of a silk ligature, the eyes closed with dry lint and secured by an unmovable bandage.

August 13th.—Fourth day after operation, not the slightest reaction, ligature removed, and restoration of sight found highly satisfactory, can see faces, and also minute objects throughout the whole field.

25th.—Seventeenth day after operation. Vision restored to such an extent that he can see objects distinctly in every direction, can distinguish also the difference between a florin, a shilling, and a penny piece, reads No. 20 Jager, and can see to walk about when the right eye is closed. Ophthalmoscope shows still the small central floating detachment which has only slightly been reduced in size, but the rest of the infiltration has disappeared and the greater part of the fundus is perfectly visible.

In my last paper I referred to the advantage which Wolf's operation has over the Hirschberg-Graefe's method in respect

to its being performed in daylight, so that the case can be dealt with with more accuracy and precision; it has also the advantage which he has pointed out in his book on "Diseases and Injuries of the Eye," p. 282, arising from the superiority of the lance over Graefe's knife.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE TREATMENT OF CLUB-FOOT IN CHILDREN.—M. Jules Guérin, who, in spite of his great age (84), has lost none of the ardour and eloquence that has characterised his long professional career, entertained his colleagues at the Académie de Médecine on Wednesday last with a lengthy discussion on the treatment of club-foot in children. He criticised the methods employed by surgeons in different countries, who seemed to forget that club-foot is due to the retraction of certain muscles and tendons. Every kind of club-foot can be treated by the three following methods: tenotomy, manipulations, and apparatuses. According to the venerable professor there was no degree of club-foot in which osteotomy and tarsotomy could not be avoided. There could be no mistake in the fact that the total or partial excision of one or several bones of the tarsus puts the patient in a position far worse than the most pronounced deformity of the foot. Tarsotomy might, however, be practised in those deformities of the foot produced by articular or osseous affections, but not in the true club-foot. In concluding, M. Guérin insisted on repeating that tarsotomy for the treatment of congenital club foot was an operation that should be expunged from French surgery, in that it can be prevented and replaced by the means already mentioned—tenotomy, syndermotomy, manipulations, and orthopedic apparatuses. M. Gosselin replying, considered that the criticisms of M. Guérin were fully justified, but he could not accept them as applied to French surgeons, as he did not believe that such an operation was ever practised in France for such cases. M. Tillaux, quite in agreement with his colleagues, believed, nevertheless, that there should not be a wholesale attack made on the operation in question, as there were two cases very different, and should not be confounded—congenital club-foot and adult club-foot. In the first the means that M. Guérin proposed were amply sufficient as every surgeon has proved, and no recourse was had to osteotomy. But in the case of adult deformity such means had no control over the affection, and tarsotomy, which he considered an inoffensive and simple operation, might be practised with very good results.

TRANSFUSION OF BLOOD.—Dr. Roussel, of Geneva, has published two new cases of transfusion of blood that are well worth a perusal. The first was that of a young man who was employed in an abattoir in the neighbourhood of Paris who wounded himself in the thigh, severing the saphena vein and nipping the femoral artery. The hæmorrhage was frightful, and when a doctor was sent for he had lost five or six pints. The doctor on his arrival arrested the hæmorrhage and injected ether subcutaneously. The patient was in a profound syncope, with now and then great convulsive movements. As a last resource transfusion was proposed, and a telegram was sent to Dr. Roussel, who was stopping at Paris. On his arrival the state of the wounded man was very grave, thready intermittent pulse (180 to 190), with an earthy cadaveric face. Immediately six ounces of blood taken from a relative of the patient were injected. Immediately the man rallied and stated he felt

a great heat going up his arm and filling his chest. The pulse fell to 120. The rigor lasted about a quarter of an hour, and was succeeded by a reaction which brought the pulse up to 130. Five hours after the operation the pulse was at 96, and the patient expressed himself as much stronger, and partook freely of beef-tea. From that day to the 2nd July, that is to say, the eighteenth day after the operation, when the patient was able to go about as usual, convalescence was not once interrupted. The second case was more remarkable. A young lady, daughter of an English medical man, was brought in a dying condition from London to Geneva by her father, suffering from a very accentuated form of chlorosis. The father had tried every possible means, but all proved useless, and he decided on consulting Dr. Roussel with a view of having transfusion performed as a last resource. The patient was of a waxen paleness, the face was puffy, and there was general oedema. She could not be lifted up without fainting. The stomach bore no nourishment, save alcoholised milk. The respiration was superficial and insufficient; the *bruit de souffle* of anæmia could be clearly heard in the heart and carotids. Menstruation, which hitherto was very abundant, was now replaced by leucorrhœa. The patient was in a sort of stupor. On the 20th July five ounces of blood, taken from a robust peasant woman, were injected gently, which caused momentary dyspnoea and a slight cyanosis. The rigor was rather violent and followed by a reaction, which, however, was very slow in establishing itself. In spite of a little agitation the patient passed a good night, and in the morning the pulse—which had been previous to the operation very quick and steady—stood at 100. The appetite was almost voracious—she eats several times in the day; and during the whole succeeding week the improvement continued, and on the 10th August the recovery was complete. This young lady, since her return to England, has got married and enjoys perfect health. Dr. Roussel cites another case in which he transfused seven ounces of blood into a woman suffering from severe menorrhagia. The result was as brilliant as in the other cases.

Special.

THE MEDICAL SERVICES IN EGYPT,

WHATEVER differences exist between the several published accounts of the Army Medical Department sent from England for the Expedition to Egypt, there is complete accord among all as to the same department sent to the late seat of war with the Contingent from India. With regard to the first of these, we learn that bearer companies were sent out without transport of their own, and having thus to trust for transport to other branches of the service than their own, the result was that it was not supplied to them. The number of bearers is said to have been insufficient; nor does it appear that men of this description were drafted from regiments on the spot. The field hospitals were not only without sufficient transport, but the several articles of their *matériel* badly packed. It is even stated that some, at least of the medical officers, were made to embark without horses, and with only one servant as "man of all work." According to one correspondent—"When we succeeded in defeating the enemy at Maksanieh and in seizing the camp, we were indebted to the foresight and administrative efficiency of the Egyptians for having at our command much that was necessary for the treatment of our sick and wounded. If the truth must be told, we had literally nothing

ourselves, and when the Egyptian supplies were exhausted our medical staff was absolutely powerless. Medicines, we believe we are strictly correct in saying, were absolutely wanting. Ugly stories have been told of wounded men, whose dying agonies there was no means of alleviating by the administration of a single drop of laudanum. If, however, the transport was outrun in respect of food, it may not be surprising that medical accessories were deficient also, but it is now placed on record that even at Ismailia, beneath the shadow of the English transport ships, there was absolutely no provision for our sick and wounded. The most serious and painful operations in surgery were imperative, but, incredible though it may appear, there was no anæsthetics at hand to deaden the pain of the sufferers or to facilitate the work of the operators. In a word, the Medical Department absolutely and hopelessly broke down; or, to put it more correctly, perhaps, the department upon whose efficiency the members of the Medical Department were necessarily dependent."

Very different were the medical arrangements connected with the Indian portion of the forces. "On board the *Hydaspes*, and, we believe, on board of every troopship which sailed from India, the detachment conveyed was complete as a fighting unit. The *Hydaspes* had on board the horses, the mules, the ponies, the camp followers, the Commissariat, the stores, the war munitions, the medical officers and their medicaments, the cooks, the water-carriers, kits, stretchers—everything, in fact, required for the 'battle and the march.' Each vessel bringing her portion of the Indian contingent, landed it, perfect and independent as a warlike unit, so that five minutes after the ship was unloaded, the disembarked force could move anywhere in light marching order. Each detachment arriving was a little perfect armament, provided even to its cooking pots, and its kahars or ambulance-bearers." The very natural result was that as soon as the Indian troops got into action, the medical department worked efficiently and well, as it had been used to do, not only in the Mutiny campaign, but in many other campaigns, before and since that event. After the battle of Kassassin, an Indian medical officer visited the English portion of the force, and is said to have returned in amazement. "The Indians have been so habituated to war, that their arrangements are complete in matters of detail. 'Good heavens!' that Indian officer remarked to a correspondent, 'in case of a really severe series of engagements, the condition of the English wounded would have been no better than that at Waterloo, where the men lay unaccommodated for more than a week.' And what if an epidemic had broken out, a most probable contingency, where food was scarce and water fetid, the sun overpowering, a host of unwashed mortality penned up together, and medicines all carefully stowed away at the bottom of some transport on the bosom of Lake Timsah! It is an awful contemplation, and we can only thank God that the half-heartedness of the Arabs made our task so easy. Now, to what is this very deplorable state of affairs to be attributed? We have no hesitation in saying that wholly and solely due to our present organisation."

Another correspondent, after drawing a comparison between the two systems of hospital arrangement in the two branches of the force, thus refers to the Indian:—"Why," he asks, "is some such system impossible for white troops? Why should the men have been separated from their transport, their food, and their physio and medical comforts? It would be just as easy, surely, and much more safe, to divide a future expedition between the ships, and to give to each section their full share of stores and transport, instead of putting the men

into one ship, and what will feed and doctor and sustain them into another. Something like a confession of inferiority in campaigning still appears to have been made by our departments, since they sent an order out to the Indian Commissariat for a coolie corps under Punjabi officers for service in Egypt during the late campaign. No doubt the conditions of that campaign were peculiar, and suited the habitudes of our Indian regiments. But the difference—universally perceived and valued—between the well-supplied and mobile columns of the Eastern force, and the shiftless, starved, and ill-tended regiments from home points to an unscientific spot in our system. Nothing was contributed to the completeness of our triumph by the official 'arrangements' which kept the medicines and chloroform in the ships on Lake Timsah while the wounded groaned at Tel-el-Kebir, and the public will demand that this kind of service at least shall never be repeated."

To those of our readers who know the history of army hospitals an explanation of some at least of the above differences will instantly present itself; namely, what is called the "general" system in one case, and of failure; the "regimental" system in the other, and that of success. The further fact will also occur to those initiated that, during the Mutiny and in other Indian campaigns, a series of field hospitals could readily be extemporised when occasion arose, by a combination for the time being of certain portions of the regimental establishments. General hospitals in like manner were so organised as to supply the regimental with establishments when necessary, or to receive superfluous establishments from the latter.

A very important use of regimental hospitals on service as in times of peace is, or rather *was*, to enable the regimental surgeon to determine whether the illness of a particular man was of such a nature as to render his "admission" necessary; another equally important use, to enable him to return to the effective ranks of the regiment the men who recovered. To judge from the reports from Egypt, "the rule is to admit even the slightest cases" to the general hospital, because, no doubt, the medical officers unacquainted, as of necessity they are with individual men, are disinclined to assume the responsibility of "selecting" cases. As in many previous campaigns, so in the Egyptian; few men indeed, who were admitted into the general hospitals returned to the ranks during the campaign. In fact, it is devoutly to be wished that the contrast between the British and the Indian medical systems on active service may speedily lead to the utter abolition of the former, and re-adoption in the army of the "dual" system which has ever worked effectually and well, so long as scope and means of doing so were allowed to it.

THE FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

THE ROCHELLE CONGRESS.

At the Congress of this Society recently held at Rochelle there was much important business transacted. The section devoted to medical science was remarkable for the large number of members who attended it. It was necessary, in order to consider all the papers, to have two meetings daily, each of two hours' duration.

FUNCTIONS OF THE PHRENIC NERVE.—The first paper was read for MM. Hénocque and Eloy, and was devoted to the consideration of the functions of the phrenic nerve and to contractions of the diaphragm. Experiments tried on animals showed that after having removed the roots of the phrenic nerve the immediate consequences were—1. Exten-

sive contraction for some moments of the inspiratory muscles; 2. The cessation of diaphragmatic contractions on the side operated upon; and 3. A very feeble respiratory movement of the thoracic wall on the same side, caused by the action of the inferior intercostal and the accessory elevators. Nervous regeneration has been observed in some cases at the end of a fortnight or more; respiration of the side operated upon recommenced afterwards, but was feeble in comparison with the healthy side; in some cases there resulted difficulty in phonation.

ANCIENT ARTIFICIAL LEGS.—It is well known that archæological documents relating to surgical prosthesis are very rare. M. Emile Rivière has, however, presented us with a very curious specimen. On a fragment of red Samian pottery found some years ago while excavating, there is a representation of a huntsman with a straight artificial leg; it was a kind of stump enlarged towards the upper extremity, on which the knee rested, cylindrical at the narrow part, and bifurcated at the inferior extremity.

TUMOURS OF THE UMBILICUS.—M. Nicaise then read some interesting observations on tumours of the umbilicus. The first case was that of a woman who died of uterine cancer, and suffered for some time from irreducible umbilical epiploic hernia. During the autopsy the surgeons were astonished to find that the hernia had become cancerous while the rest of the epiploon was quite healthy. This is an interesting example of *locus minoris resistentia*. The cancer localised itself on a point at which the anatomical structure was modified by the compression continually brought to bear upon it. The second case was that of a papillary tumour, which was also epithelial, and seemed to be superficial, but when they tried to raise it, it was found necessary to extend the dissection to the peritoneum, and even to divide the umbilical ring. The reunion was made by the aid of deep sutures comprehending the peritoneum, the sponeurosis, and the skin; these were made before drawing out the thread. M. Nicaise made the epiploon adhere to the posterior portion of the wound, and then applied the antiseptic method. Thus he obtained a very solid linear cicatrix.

TRICUSPID INSUFFICIENCY.—The experimental study of tricuspid insufficiency was the subject of a brilliant communication by M. François Franck, who devoted himself to the demonstration of the influence introduced into the circulation by the dilation of the heart and the valvular insufficiency which resulted. M. Franck also showed that the modification of function observed in many clinical cases could be reproduced by experimentation. Even the asystole can be overcome by producing at the beginning the pure tricuspid insufficiency in animals. This he determined by the aid of special valvulotomes. He also showed divers morbid phenomena in the veins of the heart and in respiration.

DOUBLE CONSCIENCE.—M. Ayam, who each year communicates to the medical world the actual condition of a patient who has the remarkable phenomenon of a double conscience, then informed the meeting of the progress of the malady in Félicité X. This woman, aged thirty-seven years, who has been ill for twenty-three years, has still, as before, two mental conditions, which M. Ayam terms the first and second states, the one normal the other abnormal: in one state she has no recollection of what passes while she is in the other. Originally the second condition was exceptional and rare; now it lasts from twenty to twenty-five days in each month; formerly she was very bright and gay when in the second condition; now she is very sad.

DENTAL CHANGES IN LOCOMOTOR ATAXY.—Dr. Th. David has observed in locomotor ataxy dental changes which he

thought were analogous to those of the hair and nails already mentioned in the description of this disease. In the case described by M. David these alterations consisted of a rapid mortification of the anterior wall of the crowns of nearly all the teeth. The altered substance became of the consistency of soft wood, and of a reddish colour. The enamel preserved its polish, but not its power of duration. Under these portions the pulp formed a fresh bed of secondary dentine, the bulbous cavity in most of the back teeth was filled, and therefore the atrophy bulb also. This fact, and the considerations which arise from it, tend to attribute once more the signification of a sensorial organ to the dental pulp; they establish also a pathological relation of the organs already united by one common epithelial origin.

DEATH-RATE IN GREECE.—Mr. Clon Stephanos made several researches into the death-rate in Greece during certain seasons, and has communicated to us the statistical results, which exactly correspond with the observations of Hippocrates on the same subject.

ACCIDENTAL IMPALEMENT.—M. Prunières reported a case of accidental impalement, and showed photographs of the different effects of the accident. A young man fell from a carriage on to a piece of railing, 1 metre long and 4 centimetres in diameter, which pierced his body in the lumbar region right through to the umbilicus, but without hurting the intestines. He lost all consciousness at first, but recovered without any inconvenience.

PREHISTORIC BONE INJURIES.—M. Prunières also showed several specimens of human bones pierced with arrows, supposed to have belonged to the Troglodytes, and therefore 10,000 years old. He also showed an iliac bone, in which a flint arrow was, so to speak, incrustated. The arrow had pierced the bone, and the wound in healing imprisoned it. He produced also vertebrae containing a flint arrow, and a heel-bone pierced by one, which was half-broken, no doubt, in the attempt to remove it. M. Prunières said, in answer to M. Verneuil, that he had seen specimens of rachitic bones, but they are extremely rare. M. E. Rivière succeeded in proving the existence of a consolidated fracture of the two bones of the forearm in a primeval man.

CARDIAC AFFECTIONS IN CONNECTION WITH NEURALGIA OF THE LEFT ARM.—The session terminated with an important communication by M. Potain on the above subject. It is well known that irritation of the digestive organs can produce, by reflex action, dilatation of the right side of the heart or even of the left ventricle, and, in consequence, periphtric neuralgia. This will be shown in the following cases: 1. A soldier was wounded in the left arm, and the limb was amputated. The healing of the stump caused a tension of the nerves, and the young man, long after his recovery, became subject to palpitations, suffocations, and hypertrophy of the heart. Injuries of this nature are often followed by hypochondria. 2. Another young man had his forearm crushed, and this resulted in a comminuted fracture, with painful cicatrices. After great fatigue he became subject to palpitations and oppression, so that it was necessary to give up all violent exertion. He had all the symptoms of hypertrophy of the heart, and was also hypochondriacal. 3. A soldier had the left armpit pierced by a ball, and it produced a reaction when healing which prevented his extending his arm, and necessitated forced movements which caused great pain. The patient suffered from palpitations and oppression, and some time after M. Potain discovered that there was a considerable hypertrophy of the heart. Here are three cases of patients who, although with a perfectly healthy heart before the wound was received, suffered afterwards from palpitations and hyper-

trophy. Here digitalis was indicated. These symptoms differ from those in which the hypertrophy being situated on the right side, is caused by irritation of the digestive organs. In such cases digitalis is of no use, but one must have recourse to treatment appropriate to digestion.—M. Verneuil also observed an analogous case. A patient from whom the left arm was amputated suffered great pain from the ends of the nerves of the brachial plexus fastened around the bone becoming compressed between the two during the healing of the stump. The patient suffered from hypochondria and cardiac affection. The resection of the arm was followed by cessation of the pain and the cardiac affection. M. Verneuil asked whether the left brachial plexus had not in every case a particular action on the heart, and consequently if in certain derivative indications on this organ it would not be better to act on the left arm than in other places?—M. Duployx has also seen a case of the same nature in which they had recourse to the extirpation of a neuroma with success.—M. Ollier also saw a case in which the pain, being in the leg, necessitated the resection of the internal saphena. This fact seemed to extend to the leg the remarks of M. Potain with reference to the arm. The cases collected up to the present seem to demonstrate that the influence on the part of neuralgia of the left side is considerable; but one need not be surprised to discover that periphtric nervous injuries of the right side exhibit analogous phenomena.—M. Lajdet knew of an old woman who suffered from periphtric pains in right arm, and who from time to time, and even when the symptoms were painful, suffered from palpitation, paleness, and suffocation. This tends to prove that traumatic neuralgia does not alone take part in the etiology of these secondary cardiac affections, and that spontaneous neuralgia is also capable of acting in the same manner.

SURGEON-MAJOR T. CAMPBELL TOLMIE is reported to be amongst the unfortunates wounded by the recent explosion and fire at the Cairo railway station.

THE University of Wurzburg, at its tercentenary jubilee, conferred the degree of "Doctor Philosophiæ Honorarius" upon Sir J. Lubbock and Prof. Huxley.

THE "Darwin Prize" of the Midland Union of Natural History Societies has been this year awarded to Prof. A. M. Marshall, D.Sc., M.D., for zoology.

THE annual election of the Court of Dental Examiners of the Irish College of Surgeons took place on Thursday last. The Court consisted of three Fellows of the College, Messrs. Richardson, E. Stoker, and O'Grady, who examine on anatomy, surgery, and physiology, and three dentists, who test the student in the specialities of dentistry—Dr. Sherlock, Messrs. Longford and Taylor. All these gentlemen offered themselves for re-election, and in addition Messrs. Thomson and Cunningham offered themselves for the surgical side of the Court, and Messrs. Stack, Corbet, junior, and Arthur Baker, for the dental side. The election was by the ballot vote of the entire Council, and it resulted in the selection of Messrs. Richardson, E. Stoker, and O'Grady to examine in the surgical subjects, and Messrs. Stack, Corbet, and Sherlock to examine in dentistry. Mr. Baker, not being registered in the Dental Register, was disqualified by the terms of the Dental Act.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 11, 1882.

THE OPENING OF THE WINTER SESSION.

HOWEVER much we may doubt the utility of introductory addresses in the abstract, it is impossible to question the earnestness with which the gentlemen deputed to undertake their composition and delivery enter on the task before them. That it is congenial to their inclinations we may at once assume from the fact of their agreeing to perform the duty of exhorting and encouraging young men about to commence acquaintance with medicine; it is unfortunate we cannot feel equal confidence in the value of the endeavours they make to acquit themselves satisfactorily. In spite of the numerically strong position held this year by introductory lecturers, the custom of opening the session with an oration having been revived at one or two hospitals, we do not consider that any additional argument has been adduced in favour of extending a custom of, at least, but vague advantage. Much more enjoyment, and much more benefit also, is secured to those who attend a friendly gathering of friends at a *soirée* than to the participators in an opening "ceremony" of the frigid formal type known as the introductory. In the former case the sense of being lectured at is not uncomfortably present in the mind of every student who puts in an appearance; in the latter, nothing short of absolute insensibility will serve to relieve the junior members of the auditory that they are not, personally and individually, objects of the orator's minatory utterances and flourishing cautions. Indeed, regarded in its best and most satisfactory light, the introductory

is but a piece of pretentiousness that would infinitely better be altogether omitted in future openings.

Nevertheless, although we are compelled to condemn the practice, we cannot overlook the meritorious manner in which it is often carried out; and no less this present year than on previous occasions have there been delivered addresses intrinsically valuable, not only on account of a careful construction and sound instruction, but even, also, as examples of rhetorical art. In our last issue we were enabled, by the courtesy of their respective authors, to present our readers with brief abstracts of all the addresses delivered on October 2nd in connection with metropolitan medical schools, and in several instances the complete lecture will be found amply to fulfil expectations of profitable perusal. The range of subjects selected was as wide as wise, and included such diverse topics as the General Medical Council—from a student's point of view—the scientific basis of homœopathy, and what should guide the conduct of medical students. All were not by any means of equal merit, but even the least important was far from ranking as inconsiderable.

At St. Mary's Hospital Dr. T. KING CHAMBERS delivered what all will regret to learn was a valedictory address, his long and honourable association as teacher and physician in the hospital being, by his own request, henceforth severed. Whether he was wise in selecting as the principal topic of his discourse the achievements of the General Medical Council may well be questioned, but not the fact of his devotion to a body that requires certainly more judicious "bolstering" than any but an enthusiastic supporter would essay to lend. The burden of Dr. Chambers's claim on behalf of the Council was that it had done a good deal for students by insisting on a fair amount of preliminary education on the part of every candidate for registration, and by separating the two principal professional examinations by a period of two years or more. He did not say what had been the cost in thousands of pounds sterling, and in years of time, at which these advantages had been gained, advantages purchasable at the expenditure of a suggestion, had it been but made in appropriate time and place. Dr. Chambers must have been only too conscious of the weakness of the cause he defended, but on this account we ought to honour all the more the attempt so gallantly made by him.

At University College Mr. MARCUS BECK delivered what may justly be regarded as the most important of all the addresses, and important chiefly on account of the very thorough analysis made by its author of the principles of medical education. It has evidently cost Mr. Beck a vast amount of labour in thought, and its conclusions are of the thoughtful kind that demand full and attentive consideration. We cannot afford now more than at any time previously to pass unheeded such remarks as are contained in this most valuable essay, for Mr. Beck's utterances carry the stamp of conviction in every word. Both on the subjects of study, and on the arrangements for study, he speaks with decision, free from hesitation, and to the point. He sees no good in "test" examination, and has small hopes of a

rational examining system under existing regulations ; nor, we fear, is he wrong in either respect.

At the London, Mr. HUTCHINSON read an essay on Carlyle before a delighted audience, but it was not in any sense an "introductory," being but one of the attractions of a successful *soirée*.

At St. Thomas's, Dr. SHARKEY was the orator, and claimed for experimental physiology the rights of free experiment, and after exposing the pretensions of homœopathsists, paid a warm tribute to the merits of Lister and Pasteur.

At St. George's, Dr. WATNEY, and at Westminster, Dr. HALL, delivered opening lectures respectively. Dr. Hall's address was a practical one to students pure and simple, and included advice for the guidance of their actions as well without as within the hospital.

A sad and distressing circumstance occurred in connection with the opening ceremony at Middlesex Hospital. The address was to have been delivered by Mr. Lyell, but that gentleman having been seized with illness, died on the very day he should have met the visitors attracted to hear his paper, a mournfulness impossible to conceal being thus imparted to the occasion.

THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE BY THE ATTENDING PHYSICIAN.—II.

WE last week stated our preliminary objection to the proposal to compel the physician to notify infectious disease, based upon the fact that such proposal is without any precedent in English law, and altogether contrary to the principle of justice recognised and affirmed in our statute book. We pointed out that in the Public Health Act, the Contagious Diseases (Animals) Act, and every other law which deals with nuisances dangerous to health, the *onus* of reporting the existence of the *nidus* of infection, and abating it, is placed upon the occupier of the premises in which it exists, and never upon any other person. We also endeavoured to show that the law has heretofore fully recognised the privacy of the physician's relation with his patient on the same ground as it has respected the relation of solicitor to client, and priest to his flock ; that no Act of Parliament has ever existed to authorise public bodies to seize for their own uses the information acquired by private persons in their professional capacity, and we, therefore, appealed to constitutional precedent against the propositions of the compulsionists.

These views are not only, we are gratified to know, the selfish imaginings of the narrow medical mind (as Mr. Michael, Q.C., would say), for we find identical objections to the compulsionist proposals in the mouths of public journals of influence and repute, which do not care a fig for the doctor's sentiments upon any question in which public interests are involved. The *Spectator* of last week writes thus about the proposals which were put forth by the notificationists at the Social Science Congress :—

"The liberty of the subject" seems likely to degenerate, under medical treatment, into a mere phrase. To talk of the aim of good government as the assurance to each in-

dividual of the freest possible exercise of all his capacities of doing and enjoying, compatible with equal freedom on the part of his neighbour, is becoming old-fashioned. On all sides one hears the cry raised by all sorts of "fad"-mongers for compulsory legislation. The latest craze of this kind is the demand for the penalisation of disease, formulated at the recent Social Science Congress. To simple folk it appears a grievous thing enough to be the subject of any of the many ills to which poor human flesh is heir. But the doctors would treat the victim of a certain class of diseases as a sanitary criminal, punish somebody, "patient, medical attendant, or housekeeper," for omitting to give public notice of the offence, and lock up "zymotic" offenders. This is the heroic method of "stamping-out" disease, which we are gravely asked, nay, passionately adjured, to sanction by the terrors of the law. "Notification and isolation" is the medical phrase, but behind these seemingly innocent words lie fines, imprisonment, and forcible removal of the sick Englishman from his castle, at the very moment when he most needs the care and comfort of friends and home.

In sober earnest, to justify the legislation asked for at the Social Science Congress an infinitely stronger case must be made out than has yet been submitted to the public. In the case even of small-pox and scarlatina the difficulties attending the effectual working of any such system would be practically insuperable. The desire to escape its operation would be so strong that the family medical attendant would seize upon every plausible excuse for shirking the disagreeable and invidious duty of notification. Let us consider for a moment too the position of the unfortunate patient. He has not sinned against the community even from a hygienist's point of view ; the community, from some member of which he is supposed to have caught the disease, has sinned, if any sin there be in the matter, against him. He is to bear the whole punishment. On the whole the case is overwhelmingly against any system of Internal Quarantine. It is strange indeed in this age of sanitary science that so barbarous and retrograde a system should find advocates. But in their meritorious hatred of disease, medical men, whose enthusiasm must be admired even when not approved, sometimes lose sight of the general welfare. Specialists are too frequently deficient in catholicity, their intellect converges upon a point in the vast field open to it, and to that point an exaggerated importance is given. In the present instance, the hygienists propose a doubtful remedy, which, even if a good one, would be infinitely worse than the disease.

The advocates of compulsion have argued that the physician has nought to grumble at if he is forced to do public work against his will, and for an insignificant fee which he does not desire to earn, forsooth, because he enjoys a monopoly of medical practice granted him by the State, and is, therefore, morally liable to do the bidding of the State in all matters within his scope. We shall not stop to argue the question whether the State does really confer upon the physician any monopoly of medical practice, but shall at once take issue with such an argument on plain principles of justice and custom. Is the physician under any compliment to the State for being permitted to practise his profession to the exclusion of other people ? Does he not repay the public for the monopoly granted to him, not only by the expenditure of his time, money, and brains, on special education to fit himself to enjoy the monopoly, but by cash paid for leave to receive the monopoly, and by incessant, unrequited work for the public benefit ?

Surely the balance of obligation is overwhelmingly in favour of the medical profession when State monopoly and professional public work come to be placed one against

the other ; and if so, by what right save that of overwhelming necessity for the welfare of the community can the public claim to burthen any individual physician with any additional duty whatever which he is unwilling to perform. Pharmacists, solicitors, barristers, clergymen of the State Church, even cabmen, all are monopolists as regards the practice of their profession ; and does anyone talk of forcing them to do public work with or without adequate compensation ?

Having thus disposed of the constitutional principle of the proposed system, we come to discuss the far more important aspect of the question—

THE PRACTICABILITY OF COMPULSORY NOTIFICATION BY THE PHYSICIAN.

To put the question plainly, it is our contention that the proposed law would prove in practice worse than useless—that it would *not* cause infectious disease to be universally, or even generally, reported, but would rather cause it to be concealed ; that it would, therefore, rather increase than diminish zymotic disease, and would probably accentuate the evil which it aims at remedying. While admitting the advantage to be gained if the sanitary authority of each district could receive early knowledge of each infectious case, we assert that the most certain way to prevent this object being gained is to compel the physician to act as sanitary detective. In support of this contention, we appeal with confidence, firstly, to the experience of the influence heretofore exercised by the physician towards checking infectious disease ; and, secondly, to the obvious common-sense tendency of a law which would make the doctor the agent for imposing upon the house occupier the inconveniences and losses incident to protective sanitation.

How has the world waggled before notification of infectious disease was thought of ? A child shivered and sickened with no one knew what disease. The father instantly, on suspicion of an infectious fever, would run for the doctor, who, recognising that the disease was, say, scarlatina or small-pox, would at once, and without hesitation, give the parent his opinion, advise strongly the necessary isolation, prescribe the proper treatment, and warn the family of the danger themselves and their neighbours would run if precautions were neglected. The parent, animated by love of his child, and by apprehension lest the disease might extend to others of his family, and fearful that his business would be greatly injured if the house became saturated with infectious poison, or if the disease were communicated to others, would do his best to act upon the advice of the physician, and in the great majority of cases every purpose which compulsory notification is intended to serve would be attained. There is, in fact, in most cases, a fully sufficient paternal and self-interested stimulus at work in favour of isolation and other sanitary precautions, and there is only needed the necessary knowledge that the disease is infective, and the necessary advice as to what should be done. This knowledge and advice in the very earliest stage of the disease is invaluable, and any system which would discourage the intervention of the physician at such a moment could not but prove disastrous both to the patient, the family, and the public.

Having now pictured to ourselves what *is*, let us anticipate the condition of things which *is to be* under compulsory notification law. The child—receiving its contagion perhaps from carefully concealed infection—shivers and sickens. Does the parent rush off to the doctor ? Not at all. He at once recollects that he is the privileged citizen of a town in which notification and isolation are in full work, and that the doctor, if he calls him in, will have no choice but to advertise the infection to the civic sanitarians, and that he will at once become, thereby, liable to the attentions of the sanitary inspectors and whitewashers. Naturally he conceives that it will be quite time enough to face this annoyance when the disease has shown itself unmistakably ; so he keeps the child quiet in bed, probably in the nursery with other children, for three or four days, until the rash has come out. Thus the disease goes unchecked, the child's life is endangered, and the infection is very likely communicated to others of the family. But when there can be no longer any doubt as to the nature of the disease, does the parent then send for the doctor ? No, the disease is, he thinks, at its worst, the child he supposes is going on nicely, no one else has yet sickened, and, in any case, he might now get into serious trouble if he said anything about the matter ; so he does the best he can for himself—gets a bottle, perhaps, at the chemist's, and keeps the whole business a profound secret. And why has he run all this risk ? Because the apprehension of the disease being reported by the physician has caused him to hesitate about sending for medical help in the first instance, and he has thus been left without the advice and encouragement so needful under the circumstances.

We again appeal to the experience of the profession and the common sense of the public to confirm the accuracy of this picture, and of our anticipation that compulsory notification by the physician would mean wholesale concealment of disease, loss of the lives of the infected sick, and dissemination of the infection much more extensively than now takes place.

(To be continued.)

THE RISKS OF HEROIC DOSES.

On the 2nd of July last, Mr. S. R. Aitken died at Colombo, Ceylon, under circumstances which, in the opinion of the local authorities, called for an investigation, which was accordingly held, and the results are worthy of being placed before our readers. Mr. Aitken had been suffering for some time from tapeworm, and had been for two months and a-half under the care of Dr. J. D. Coghill, a local practitioner of great respectability, who had administered various remedies without, however, bringing away the head of the parasite. About ten days before his death he waited upon Dr. Coghill and told him that pieces of the worm were once more coming away in the excreta. He was much distressed thereat ; and patient and physician arranged that on Sunday, July 2nd, a great effort should be made to finally remove the annoyance. Against that day, the following prescription was compounded by a Mr. Campbell for Mr. Aitken, upon the prescription of Dr. Coghill. We give it *verbatim* from the document forming one of the

"exhibits" in the case, merely substituting words for some of the figures.

S. R. Aitken, Esq.

R. Ext. *Æth. Filicia*, Mas., one and a half ounces.

Pulv. *Kamelæ*, three drachms.

Pulv. *Granat. Rad.*, three drachms.

Mucil. *Acac.*

Syrup. *Simp.*, a sufficiency.

Aquæ *Cinnamomi*, to make 4 ounces.

Ft. Half to be taken at bed time and half at 2 a.m.

(Signed) J. D. M. C.

The pomegranate powder was omitted by the compounder, who informed Dr. Coghill of the fact.

The patient, on taking the first half of this prescription, suffered much distress, but took the remainder. He got worse and worse, and was seen by Dr. Coghill, who administered a quarter of a grain of morphia hypodermically, applied a large mustard plaster, and used some other very suitable remedies. Towards morning, however, the patient, who had suffered from diarrhoea, vomiting, and cramps, died, apparently from exhaustion; and Dr. Coghill on the same day certified his death as having been due to "choleraic diarrhoea."

The matter, however, was not allowed to drop, and without delay a solemn and carefully-conducted inquiry was held, at which much medical evidence was given. Dr. Carberry, who had conducted the post mortem examination, explained with care and skill the pathological appearances of the stomach and intestines; and wound up a very lucid testimony by saying, "My opinion is that death was due to exhaustion from diarrhoea, brought on by some irritant injected into the stomach." On his cross-examination, the same witness stated that the ether could be smelt very strongly throughout the intestines; a circumstance which pointed pretty plainly to what the irritant was.

The great point urged in Dr. Coghill's defence was that the prescription which he had employed, and after which, at all events, Mr. Aitken died, was taken from an authorised medical work of the first class, and that it had the *imprimatur* of the late Dr. William Brinton, the eminent London physician. This was admitted at the inquiry, but it was broadly hinted that the ounce and a-half of ethereal extract of male fern was a misprint.

We turned at once to the work in question, "Medical Therapeutics," by George A. Napheys, M.D., and at page 324 found the very prescription that was taken. There were some slight differences, dr. ij of kamela instead of dr. iij; and the cinnamon water was added up to oz. iij only. The ounce and a-half of male fern was there, and the directions were identical. Dr. Brinton's name was mentioned, and it was added that "he believes this superior to all the combinations for the ejection of *teniæ*."

If our copy were a first edition we would at once lay the blame upon the printer, who, like Molière's *père de famille*, "*est capable de tout*." Our copy is the seventh edition, published last year; and we are therefore fully justified in holding that the editor of the work is responsible for the prescription. This throws a broad shield over Dr. Coghill, who evidently inquired into what he was doing, and acted with some circumspection. A home practitioner within reach of medical schools and special teachers would not be likely to be

thus led astray; but liberal and generous allowance ought to be made to a colonial physician, who may well be excused for adopting the prescription so strongly recommended by a standard work of such calibre. That such a prescription should have passed unchallenged through seven editions clearly shows that big books are more bought than read, and that the work of the reviewer is often done in a very perfunctory way.

We consider it incumbent upon us to bring under the notice of special therapeutical observers and teachers, and of the profession generally, this heroic dose of male fern with its "adjuvans" of kamela. It is well known that some medicines may be administered in doses exceeding ordinary standards, and Dr. Napheys will probably justify the heroic quantities in question, maintaining, as was done at the inquiry, that the patient died from the exhaustion of diarrhoea and other complications from which he was suffering. Trousseau, Bartholow, and other standard authors, in their latest editions now before us, recommend male fern and kamela in the ordinary moderate doses familiar to the profession, and give no uncertain note of caution as to their irritant powers. But in the present case the ordinary dose had failed, whilst the heroic dose immediately expelled the worm, but caused, it was contended, the death of the patient subsequently. The dosology of these two important remedies can be settled by a very simple investigation; but it ought to be settled without delay, and no longer left an open question, to the confusion of country, and still more of colonial, practitioners; and still more important, to the danger of patients. It is but fair to Dr. Coghill to add that there was no prosecution; his *bona fides* and the authority quoted were evident, and the matter dropped after the initial inquiry.

Notes on Current Topics.

Sensational Suicide.

DURING the past week Paris has witnessed one of those horrible examples of sensational suicide which occur from time to time, and which excite feelings as well curious as shocking. The unfortunate victim in this case was a young girl about three-and-twenty years of age, who deliberately hurled herself from the highest accessible point of the Cathedral of Notre Dame, and falling on some iron railings below, was instantaneously killed. The body of the unfortunate woman is said to have been literally cut in two portions by the chisel-shaped heads of the railings, which clove her in the pelvic region: one-half remained fixed where it fell, the other, comprising the lower limbs chiefly, was taken up from the courtyard beneath. So far the causes which led to the commission of the deed have not been revealed, but the old explanation, misplaced affection, has of course been suggested. There is one aspect of cases of this description that lends them an interest to the psychologist, who cannot help but strive to find in the supposed mental excitement preceding the actual self-destruction some indications of a motive for the peculiar method adopted to secure it. Why such a mode of death should seem preferable to suicide by drowning or poison, or other equally facile means of ter-

minating existence must be determined by some definite circumstances; and it is not too much to believe that, could we but comprehend them, some light might be thrown on other equally ill-understood relations of suicide to psychical disturbance at the moment. However, the principal lesson to be learned from the mournful tragedy referred to is the necessity of guarding against any repetition of it by protecting the gallery whence the unfortunate Frenchwoman took the fatal plunge, in the same manner as the monument in London is prevented from being made an instrument of self-destruction by would-be suicides.

Death by Electricity.

SINCE the introduction of electric lighting took place several deaths have been recorded as following the accidental reception of strong currents by workmen and others. Not many months ago a man was killed through touching an improperly insulated conducting wire at Hatfield, and a few days ago a similar accident occurred in New York to a labourer who was engaged in repairing an elevated Brush light. He received the full force of the electric discharge from the supply-wire to the lamp, and was killed immediately. In this case it is impossible to avoid the suspicion that negligence must have in some way contributed to the fatality; else why was the current permitted to flow during the time a human being was at work on the apparatus? It should serve as a caution, where, notwithstanding, a caution of the kind ought to be needless, for in presence of so destructive an agent, every safeguard should be taken against chance misdirection. Speedy though death by such means must necessarily be, it is none the less horrible on that account, and unless safety is better consulted than seems sometimes to be the case, needless hostility may not improbably be excited against the progress of what is in more ways than one "the light of the future."

Newspaper Correspondents and the Medical Department of the Army.

THE apparently inevitable jealousy of the Medical Service of the Army, from which the "combatant" branch of the Service and those who write at their dictation seem to be unable to emancipate themselves, has exploded in a series of spiteful articles, which have appeared in the *Times*, *Daily Telegraph*, and *Standard* simultaneously. Newspaper correspondents at the seat of war live in a combatant atmosphere, and naturally respire the vapours which the fighting officer evolves when he comes to speak of "those d—d doctors." It might be reasonably expected, however, that these correspondents would be restrained by regard for the truth when they come to speak of matters medical; and in this particular instance, we regret to say, they seem not to have been influenced by any such mundane consideration. We have the best authority for stating that the sensational stories about the groans of the wounded soldiers submitted to the torture of operations without anæsthetics, are pure fiction—interesting and exciting to newspaper readers, no doubt, but absolutely untrue. There was at all times an abundance of chloroform, and the Life Guardsman who was stated to have had his shoulder amputated without it had as

much of it as could be desired. A couple of young officers who were wounded very early in the campaign were, we believe, brought to the base hospital before it was completely organised, and had to endure some inconveniences, which every soldier who goes to fight ought to be ready for; but so far from there being either disorganisation or neglect within the Medical Department in Egypt, we believe that its arrangements were wonderfully satisfactory, considering the circumstances; and we understand that Dr. Veale was complimented and thanked by Sir Garnet Wolseley on the efficiency of his hospital. It is not to be expected that youthful combatants would be free of the jealousy of the Medical Department which has been the fashion in military circles up to the death of the regimental system; but, we do think that newspaper correspondents who write for the public, and are handsomely paid to write the truth, might reasonably be expected to keep their minds free of such prejudice, and to adhere to fact, when the repute of an important branch of the Military Service is at stake.

The Prospects of the Schools.

THE present is an anxious time with managing and teaching authorities at the English schools of medicine. The principal question exciting interest, in many minds, is the all-important one of new entries, and while so many institutions are in competition for the favour of those who, after all, are chiefly considerable as supplying the sinews of war, in the shape of fees, some excitement must be created by publication of the numbers of new students entered. So far, the indications go to show that last year's returns will not be exceeded, even if they be reached, but still the result is by no means unsatisfactory; nor, if we judge by the needs of the profession, insufficient. Of the larger hospitals, St. Bartholomew's is likely to maintain the lead, and the London and St. Thomas's will not occupy positions far below the top of the list. How far Guy's can hope to regain its lost status remains to be seen when the completed schedule is announced, but it can hardly hope for some time to be regarded with the favour it was sure of receiving before the period of its unhappy troubles. Of the smaller hospitals, St. Mary's is to be congratulated on the popularity it enjoys, especially as it refuses to bid for the class of students who are attracted by the bait of a low scale of fees; and though it suffers in respect to actual numbers, when compared with its cheaper competitors, yet it certainly loses nothing in the eligibility of those who join its classes. The 15th of October being the last day of the registration period for students it is impossible to form any final estimate of the numbers entered just yet.

In respect of dissection material the outlook in most London hospitals is not encouraging. Nowhere, in fact, is there an abundance, and in most places an absolute deficiency exists. Though it does occasionally happen that as many bodies are procurable as are required for purposes of instruction, yet a year does not pass without reports of scarcity from one or more centres, so that it becomes a question of importance to consider in what way, if the present supply cannot be increased, it may be economically utilised. Certainly there is no present indication that the aspiration of the General Medical Council's

Examination Visitors regarding a practical test of every candidate in anatomy will be capable of realisation, for to starve the supply the schools enjoy in any degree would be to disastrously retard an essential study. How far the present limited number of subjects in hand at the various schools will be increased to meet the wants of dissectors remains to be seen. We can only hope the result may prove satisfactory.

Egyptian Ophthalmia.

OUR correspondent with the Army in Egypt informs us that owing to the conditions under which our troops have been living ophthalmia of a virulent form has been very rife. The attacks are not now nearly so numerous nor so severe as they were a fortnight since; but as all the conditions under which the soldiers were then living were favourable to its development, fears were entertained that it would produce a serious amount of injury to eyesight. Fortunately, there are signs of abatement, and as the men are drafted off for home, their transference to ship-board appears to produce an immediate change for the better. It has been very properly suggested, should an English army of occupation remain behind for any length of time in Egypt, that a class of medical men (specialists) should be sent out to take charge of and treat diseases of the eye. There would certainly be no difficulty in finding a number of young men with sufficient experience in the treatment of eye diseases, or who have acted as clinical assistants in our ophthalmic hospitals, ready to volunteer for the service. It is quite true that ophthalmia is merely an indication of an insanitary condition of camp life, and of the general debility into which the men are liable to fall from camping out in a country where eye diseases are most common among all classes. Almost every second person one meets with seems to be suffering, or has suffered, from some form of eye disease. The sand, heat, and glare are fruitful causes, and the flies, which are an incessant plague throughout the day, communicate the infectious discharge from one person to another. Then the long marches which the main body has had to take has been productive of much exhaustion, often greatly aggravated by lack of nourishment and hastily-cooked food, washed down by contaminated water. All these causes, combined with the foul smells of Egyptian camps and towns, are causes sufficient to predispose the strongest to disease, and are sure to take the pluck out of even veteran troops, as Napoleon, Abercrombie, and Sir David Baird discovered in years gone by.

The Contagious Diseases Acts.

Two memorials have recently been addressed to the Admiralty, from Portsmouth and Plymouth, giving the opinion of clergymen, medical practitioners, and other influential residents in those towns as to the working and result of the Contagious Diseases Act. The memorial from Portsmouth says:—"We consider that the Acts have been most judiciously and considerately carried out by those to whom their administration has been entrusted, and that no just cause of complaint can be brought against them. We feel assured that the operation of the Acts has been most beneficial in lessening the number of brothels and prostitutes, in improving the

appearance and behaviour of the women, and so freeing our town from the sad scenes of evil and disorder with which we were once only too familiar; in checking the progress, as well as mitigating, the virulence of disease; and, most especially, in affording the women an opportunity of being reclaimed from their sinful lives." That from Plymouth says:—"We are decidedly of opinion that, both from a physical and moral point of view, their action has been most beneficial. We believe that, although, if extended, their usefulness would soon be greatly increased and more universally recognised, they have been the means of relieving a great amount of physical suffering, while they have opened the road to reformation to many fallen women, who, were it not for the existence of these Acts, would never have had an opportunity of returning to a respectable course of life." The Mayors and Records of Portsmouth and Plymouth sign.

Persecution of Jewish Doctors in the Russian Army.

A NEW regulation which has just been promulgated by the Minister of War in Russia is a strange document, worthy of a past age. Israelitish doctors are numerous in the Russian army, and their professional devotion and scientific valour are well known to those who have seen them at work on the field of battle. Henceforth they are the objects of special laws. Their number is to be limited, and may not in the hospitals exceed half of the total effective of the medical staff of these establishments. They are to be entirely excluded from the sanitary corps of fortified places, and of central or divisional administration. Their admission to the military stations of Odessa, Wilna, Kiew, Varsovie, and Kharkoff has also been suspended until their number becomes less than five per cent. of the effective medical service. The same rules are applied to the Jewish students of the military academy at St. Petersburg. As for the doctors removed in consequence of these new laws, they are dismissed, and no matter what their acquired rights may be, are sent into other military portions of the empire. A strange way to recompense them for their services, and reward them for their courage, when more than one of them died gloriously on the field of battle in the late Turco-Russian war! In truth it is a sad spectacle for us civilised beings of the nineteenth century!

The Compulsory Notification of Infectious Diseases.

THE profession in Chester have recently had their attention directed to the proposal inserted in the new Improvement Act for that city, to the effect that medical attendants shall in future give notice to the Health Committee of the Town Council of the existence of infectious disease at the houses of their patients. The profession duly considered the matter, and it was resolved to memorialise the Town Council of Chester against the insertion of such clauses in the said Act, by respectfully submitting to it the following resolutions, which had been unanimously agreed to:—1. Whilst earnestly desiring, on sanitary grounds, the early and compulsory notification of the existence of infectious diseases in the city, we wish

to express our opinion that the compulsion to notify should be placed upon the householder or other person having charge of the infected case or premises, and not upon the medical attendant; and as we most strenuously protest against the principle which would, under a penalty for refusal, compel a man to assume towards his patients the attitude of a private detective or informer. 2. We feel assured that the most efficient sanitary benefit could be fully secured without violation of the confidential relationship which ought to exist between doctor and patient by the Town Council inviting—what will be accorded to it—the cordial co-operation of medical men in obtaining notification of such diseases, and in such manner as might be agreed upon in conference by the members of the profession and of the Council's Health Committee.

We are well pleased to observe that the medical practitioners of Chester have taken their stand against the attempt to impose compulsory notification upon them, and we are quite satisfied that if they and the profession generally stick to their opposition, the effort to lade them with this burthen will fail, notwithstanding the offensive bravado of Mr. Michael, Q.C. For the encouragement of the men of Chester, Liverpool, Nottingham, Bolton, and Dublin, who are fighting this contest on behalf of the profession generally, we have pleasure in printing the following recantation by the *British Medical Journal* of its compulsory notification creed. We find it in a semi-editorial article in the *Journal* of last Saturday:—

"There does not as yet, at any rate, seem to be reliable evidence that greater sanitary progress has been made, or a greater diminution in the general death-rate reached in those towns which have hitherto had Acts for compelling medical men to notify, than in others which have had to rely simply on general sanitary agencies. Bolton's published returns, on examination, seem to fall short of proving what we expected from them. This is a sad confession to have to make, and would appear fully to justify our Association in withdrawing its sanction from a principle which has seemed so little fruitful in hoped-for result hitherto, and to fall back on the only remaining one open to adoption, viz., that of imposing compulsion on the householder, a principle which the experience of Greenock seems to have shown not to be deficient in advantage."

Young Soldiers in Egypt.

ALLUDING to the unfavourable strictures which have been passed during recent years upon the material which, under the Short Service system, composes our reorganised army, Sir Garnet Wolseley writes:—"After a trial of an exceptionally severe kind, both in movement and in attack, I can say emphatically that I never wish to have under my orders better infantry battalions than those whom I am proud to have commanded at Tel-el-Kebir." The opinion here expressed by an eminent commander is apparently looked upon as a counter-blast against the declaration recently made by another eminent commander, and as a principle endorsed by the very great majority of men of extensive field experience. The daily and military journals have very naturally taken up the absolute divergence of views thus alluded to, and have endeavoured in various ways to explain it. From the discussion thus freely carried on in the lay press during the past week

the oft-expressed opinion in these columns as to the danger of the Short Service system in case of war has been fully borne out by facts; indeed, was recognised by the War Office authorities in the case of the troops recently despatched, as we find.—1. That before the battalions left England for service in Egypt a careful elimination of very young soldiers from the ranks was made. 2. That as many old soldiers as possible were drafted into the ranks to take the place of the young men who had been eliminated. 3. That notwithstanding the shortness of the campaign, the ratio of sickness was very large, and notably so among the younger men. Finally, it may be asked, why were the very young drafted out of the ranks, the older and more "hardened" men drafted into the ranks? Obviously because the military authorities were themselves aware that the former were physically, as in other respects, unequal to active service in Egypt, and that the latter were in all respects more to be trusted. The experience gained in previous campaigns, therefore, has been confirmed by that of Egypt, namely, that for all purposes of war, young soldiers are far less fitted than are those of mature age and training.

Nothing like Leather.

WE are amused to find in an introductory lecture delivered last week by Dr. Thomas King Chambers the following paragraph:—

"The hospital student now is fit to be received into any society, feels himself not out of place in any club or drawing-room, and will act wisely in availing himself of the privilege whenever he gets or makes his chance. Do not forget that it is the action of the Medical Council during the last few years which has more than anything helped the student to this position"!!!

We have been accustomed to hear of all the virtues of the Medical Council (from its own members); we already know (from them) that all the scientific ardour of our day, and all the progress which has been made towards improved education, are the offspring of the activity and zeal of the Medical Council. It remained for us to learn that the Medical Council had made "the hospital student fit to be received into any society," and we are thankful for the information.

Illegal Practice of Medicine.

THE court at Nîmes has just settled a most interesting point of right. It has confirmed the decision of the tribunal at Carpentras who had condemned a doctor for the illegal practice of medicine to a fine of 200 frs. M. B., a doctor of medicine, had acted as the accomplice of a quack of Vaucluse named Robert, by prescribing certain remedies prepared by him without knowing their composition. The medicine had the effect of aggravating the disease which it was supposed to cure.

THE sum of £2,600 has been given to the University College Hospital, London, by Mrs. Nathaniel Montefiore. It is to be invested for the permanent endowment of a bed in memory of her late brother, Sir Francis Henry Goldsmid, and a cot in memory of her son, Mr. Leonard Montefiore.

The Prison System of India.

CONGRESSMEN are the order of the day, but although they are found to be agreeable social gatherings, they too often display both a lack of science and good sense in their discussions of questions of the day. At the Social Science Congress held at Nottingham, a good deal of time was consumed over subjects not understood or so carefully studied as they should have been. Sir Pope Hennessey made an attempt to enlighten his audience upon the condition of the prisons of India, and about which he certainly seemed to require enlightening himself, for he uttered a good deal of nonsense about the cruelties practised in Bengal prisons, and which, he said, "were the means of hardening the criminal classes." He referred also to the humane reforms introduced by those who had nothing whatever to do with them, as usual, ignoring the valuable labours of a member of our profession—Dr. F. J. Monat, the late Inspector-General of Jails, Bengal, who laboured for many years to improve the prison system of India, and made it what it is at this moment. In a communication to the columns of a contemporary—*The Spectator*—Dr. Monat says:—"That the prison system of India had for many years very grave defects was well known to, and never concealed by, the prison authorities in that country; but that it ever created or hardened a criminal class has about as substantial a foundation in fact as would a camel elaborated from the inner consciousness of the fabled German philosopher. That the prison system of India was never deliberately cruel, even in its worst days, was shown by Lord Macaulay's Committee in 1838, which also produced abundant evidence that in the details of their internal economy there were none of the scandalous shortcomings discovered by Howard in the prisons of Europe. We found the Thugs, Dacoits, cattle stealers, secret poisoners, and all the other classes, Doms, Givallas, Dosadhs, Brywars, Bhanyas, Nuts, Cheynes, Sindhyas, Bunyas, and many other organised, and, in some cases, hereditary, classes of criminals in the country when it passed into our possession, and the inhuman system imagined by the disciple of Confucius from Hong Kong has done its best, not without success, to reclaim many of them, and to cause the disappearance of others from the criminal classes. And as for the share in reform claimed for Sir George Campbell, he simply quarrelled with the humanity, and not with the severity, of the system he found in use, and did his best to increase its pains and penalties, without the smallest appreciable effect in the diminution of crime that I have been able to discover. He erred gravely in attributing the irregularities which undoubtedly existed to the wrong cause, and in applying the wrong remedy. Hence the reversal of his policy, not by an unbelieving and recreant permanent official, for there are none such in the English meaning of the term in the constantly-changing administrations of India, but by one of the most popular and best of his own successors in the Government of Bengal. For the dietary punishments to which so much importance has been attributed, the Government of Bengal was in no way responsible. They were the outcome of the deliberations of a special and especially unwise Commission, appointed by the Government of India, and were adopted in spite of the protest of one of my successors in

the office of Inspector-General of Prisons in Bengal. Such punishments, from their extreme danger, were prohibited at my instance in the Prison Rules of the Province, which enacted that 'in no case is restriction of diet to be resorted to as a punishment of jail offences.' (Rule 278, Bengal Jail Regulations.) The rules had the sanction of law, under the provisions of Act II. of 1864, vesting the local Government with power to frame rules for the government of the prisons of the province."

So much for the extravagant incorrectness, if not absolute absurdity, of the news regarding the prison system of India, uttered by the Governor of Hong Kong.

NOTICE has been given that an examination of candidates for five appointments as Surgeon in Her Majesty's Indian Medical Service will be held in London in February, 1883.

DR. B. W. RICHARDSON, LL.D., F.R.S., having been requested by influential Liberals in Finsbury to contest the borough whenever a vacancy in its Parliamentary representation or a general election occurs, has written to the Executive Committee of the Finsbury Liberal Association to say that he shall be happy to meet them for the purpose of explaining his views as soon as his engagements will allow.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 23, Bombay 24, Madras 35; Paris 21; Geneva 21; Brussels 20; Amsterdam 19; Rotterdam 17; The Hague 21; Copenhagen 20; Stockholm 25; Christiania 20; St. Petersburg 38; Berlin 23; Hamburg 23; Dresden 27, Breslau 33, Munich 22, Vienna 19, Prague 23, Budapest 22, Trieste 26, Rome 22, Turin 17, Venice 26, New York 25, Brooklyn 26, Philadelphia 21, and Baltimore 27.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Derby 13; Bristol, Nottingham 14; Sheffield, Norwich 17; Edinburgh, Portsmouth, Birmingham, Cardiff 18; London 19; Leeds, Leicester, Bradford, Halifax 20; Hull, Brighton, Bolton, Blackburn, Huddersfield 21; Plymouth, Birkenhead 22; Dublin 23; Glasgow, Wolverhampton, Newcastle-on-Tyne 24; Liverpool, Oldham 25; Salford 26; Manchester 27; Sunderland 30; Preston 32.

THE annual death-rate from diarrhoea in the large towns declined to 1.0 per 1,000 last week. The highest annual rates from scarlet fever were 1.6 in Sheffield, 2.1 in Leicester, and 6.56 in Cardiff; from whooping-cough, 1.4 in Halifax and 1.6 in Preston; from measles, 1.0 in Hull and 4.4 in Sunderland; and from fever 1.2 both in Birkenhead and Leeds, and 1.3 in Liverpool. The 55 deaths from diphtheria included 28 in London, 15 in Glasgow, 2 in Dublin, 2 in Liverpool, and 2 in Leeds. Small-pox caused 10 deaths in London and its outer ring of suburban districts, one in Birmingham, one in Leeds, and one in Newcastle-upon-Tyne.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

NOTIFICATION OF INFECTIOUS DISEASES IN EDINBURGH.—We have heard so much of late of the advantages which Edinburgh has derived from the notification of disease that the following facts may be of interest to those who are clamouring for like advantages (?) for their towns :—A student at one of the dispensaries certified a case of scarlet fever, in the third flat of a common stair where there were several other children and lodgers, as one demanding immediate attention, and therefore removal to the fever hospital. Before, however, the case could be investigated, the uncle of the child called, and, learning how matters stood, propounded his ideas on the spirit of the law, and sent his own medical man, who certified that *no immediate attention was necessary*. The result is that the medical attendant will, in due course, receive the legal tender of half-a-crown, and also his fees guaranteed by the uncle for his attendance on the child. Scarlet fever is now epidemic in Edinburgh, which can scarcely cause surprise, when we consider the facts just mentioned. Every week we are refreshed with a list of the notified cases of disease, which may be of immense interest to the health authorities, but which, in the case of an epidemic of cholera, might lead to a panic, with disastrous results. There are some timid people to whom these reports would be fatal. They can scarcely be published to show the immense value of the principle of notification of disease except as a warning and proof that without compulsory isolation the mere notification of disease is a delusion and a snare. We gather from these reports that the system, as carried out in Edinburgh, has entirely broken down, for instead of infectious diseases becoming scarce, there does not appear to be the slightest abatement in their occurrence. During September 340 cases of scarlet fever were reported.

THE HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 30th ult., was 75, and the death-rate 17 per 1,000. Under 1 year there were 17 deaths, and above 60, 22, of which 3 were above 80, and 1 above 90. Diseases of the chest accounted for 26 deaths, and zymotic causes for 6, of which 2 were scarlet fever, 2 measles, 1 typhus fever, and 1 whooping-cough. The intimations numbered 111, comprising 3 fever, 96 scarlet fever, 8 measles, and 4 diphtheria.

DUNOON CONVALESCENT HOMES.—The annual meeting of the Dunoon Convalescent Homes was held in Glasgow, on the 2nd inst. From the report it appears that, under the excellent management of Miss Clugston and the directors, an increasingly large number of persons are enjoying the benefits of the Homes. A debt of £4,000, which remained after the erection of the new wing to the Homes, has been wiped off by the bazaar promoted by Miss Clugston, and there is now a balance in hand.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—At a very largely attended meeting of this body, held on the 2nd inst., Dr. Robert Scott Orr was for the third time re-elected President. During the past tenure of office Dr. Orr has discharged his duties with much courtesy, impartiality, and dignity, and his re-election is thus a grateful recognition of his services. At the same meeting Drs. P. A. Simpson, James Dunlop, Scott Orr, and MacVail were respectively appointed examiners in medical jurisprudence, surgery, medicine, and physiology. Dr. A. M. Buchanan was appointed an examiner in anatomy and surgery. Much interest is taken in the October meeting of the Faculty.

GREENOCK. — ACTION FOR £500 DAMAGES AGAINST MEDICAL MEN.—An action for £500 in the name of damages for the death of a girl against Dr. Gordon Cluckie, surgeon-oculist to the Greenock Fergusson Eye Infirmary, and Dr. Dobie, house-surgeon in the Greenock Infirmary, was brought before the Greenock Sheriff Court on the 6th inst. and debated. The action is at the instance of Henry Morrison, a plasterer, and his allegation is that the girl, his daughter, died through the fault of the defendants. The girl, who was eleven years of age, was being treated for a bad tumour in the left eye, and on the 29th of May last she was put under chloroform for the purpose of an operation. While the operation was proceeding she became sick, and shortly afterwards fell into a state of coma and died while in that unconscious condition. The averment of the pursuer is that the fatality occurred from unskilful treatment. The defence is that every care and skill were exercised by the defendants, and that "the death was a thing which no human skill could foresee or prevent, and is a thing which often accompanies such operations."

GLASGOW DEATH-RATE.—The Glasgow death-rate for the week ending with Saturday, the 30th ult., was 24 per 1,000 per annum, as compared with 20 in the preceding week. For the corresponding weeks in 1881, 1880, and 1879, death-rates of 18, 20, and 18 were registered.

GREENOCK. — THE FERGUSON EYE BEQUEST.—The annual meeting of the Fergusson Eye Bequest Trustees was held in the Council Chambers, Greenock, on the 2nd inst., Provost Campbell presiding. The report of Dr. Cluckie, who presides over the Eye Infirmary, was read. It stated that at the end of 1881 the number of patients under surgical treatment was 841. The total number of new patients who received surgical aid and medical treatment for diseases and injuries of the eye during 1882 was 3,283. Of that number 3,210 were treated at the out-door dispensary, while 73 were admitted into the hospital for treatment, thus making an increase over last year of 1,107. The report was adopted.

COUPAR. — THE FEVER EPIDEMIC.—A special meeting of the Coupar Sanitary Committee was held on the 6th inst., Baillie Simpson presiding, to take into consideration the recommendation of Dr. William Whitelaw, the medical officer of health, to close the public schools for a temporary period, with the view of extirpating the scarlet fever which has been prevalent among children for several months past. After mature deliberation, the Committee arrived at the conclusion that they could not in the present circumstances adopt the recommendation of the medical officer, and agreed to allow the report to lie on the table.

Literature.

OUTLINES OF THE SCIENCE AND PRACTICE OF MEDICINE. (a)

A SHORT time since we reviewed in these columns the seventh edition of Dr. Aitken's large two volume work on the same subject, and in commending it felt that it had now grown to a size which put it beyond the wants and capabilities of many readers. We felt, we said, in fact, that it had become to many a book for reference rather than for regular perusal.

The second edition of the shorter work now before us is a very creditable performance; and its perusal which is quite within ordinary reach, will give an excellent idea of the present state of medicine. To the student preparing for examination it will be welcome; and to another class, the overworked country practitioner who has no leisure for encyclopædic reading, and who yet wishes to keep up with the progress of science, it will be a great boon. We commend the work as a careful and conscientious summary of the essentials of medicine.

(a) "Outlines of the Science and Practice of Medicine." By William Aitken, M.D., F.R.S. London: Charles Griffin & Co. Second Edition, crown 8vo. Pp. 613.

DIPHTHERIA: ITS CAUSE, CURE, AND HOW TO ARREST IT. (a)

"FOR one person who can think, there are at least a hundred who can observe. An accurate observer is no doubt rare, but an accurate thinker is far rarer." The impediments under which the science of medicine suffers are tersely expressed in these sentences. In its influence on medical science bad thinking is bad, but bad observation is worse; while both combined is worse still. The literature of the profession is crowded with productions bearing the two last characteristics, and they are particularly manifest in a pamphlet under the above title which has been recently issued from "the second city of the empire." As it is not often that medical literature is adorned with such pure specimens of Oriental rhetoric, we quote the following exordium from the pamphlet under consideration:—"In the vast realm of science, constituted as it is by legions of merciless foes of the human race, and whose dominions branch forth wherever man is to be found—be it in the lands of eternal snow, where the Lslander is content to dwell and follow the monotonous routine which his fathers have pursued for generations before him; or be it in the more-highly-favoured regions of the temperate zone, where human intelligence has attained its acme of development, and where every year some further advance of science demonstrates the infinitude of man's intellectual powers; or be it in the tropics, resplendent in all that attracts the eye both in the vegetable and animal kingdoms, but where stagnant marshes lurk amidst all this beauty, and exhale the deadly venom of their breath—there is certainly no member of this universal community of disease which has marked more victims and slain greater numbers of the human race than diphtheria. . . . Were it possible to compute the numbers that have fallen victims to its ravages, what an array of figures would stand before us; far exceeding, I would venture to say, that which would indicate the countless hosts that have fallen in the multitude of battles that History holds in her lap [the simile may be excused on the part of a professed obstetrician], or the millions that have been engulfed by the relentless ocean." Now we are not prepared to doubt that this may be very fine writing, but in the face of facts we have no hesitation in characterising it as the language of gross hyperbole, or pure imagination. It is hardly worth inquiring how further advances of science could take place where human intelligence had reached its acme of development. This each one of our readers will attempt for himself to solve. It is no business of ours to unfold metaphysical conundrums. But is diphtheria so prevalent and so fatal a disease? Here the power of correct observation tells. Predilections for particular diseases from time to time take possession of communities, encouraged by medical men, who thus strive to obtain a reputation for the cure of the diseases for the time being fashionable. Even gods give place; so "congestion" has evidently had its day, and for some years past "diphtheria" has been the paramount dread of anxious parents. Speaking generally, men in large practice will acknowledge that genuine diphtheria is one of the rarest diseases they are called upon to treat; thus, an octogenarian practitioner, whose intelligence is undoubted, and who held an extensive *clientele*, informs us that during his long practice certainly not more than twenty cases of genuine diphtheria came under his notice, while our author speaks of the "innumerable" cases that came under his observation during the past ten years! Where the lurking error lies we will not take it upon ourselves to determine.

In opposition to the generally entertained opinion that diphtheria never takes on an epidemic form, our author at page 4 tells us "it is one of the oldest epidemics that is on record," but at page 16 of the same pamphlet we have, "How, then, does it appear in epidemics, so-called? The latter question I dispose of at once [a peculiarity of our author, by the way] by denying that it is epidemic. It is *not* an epidemic, but an endemic disease," &c.; and at page 23, "it is never epidemic," &c. Epidemics are usually regarded as the *infectious* diseases, but here again we are left in a helpless muddle, for we are informed "that it is not infectious—in the strict meaning of the word, mark me—I am prepared to prove: that it is contagious seems beyond doubt, but even this in a limited sense." On the following page occurs, "my reason for concluding that diphtheria is not infectious;" at page 23, "I will not proceed to give my reasons for believing that diphtheria is not an infectious disease;" page 31, "it is not an infectious disease," &c. Here, then, is a disease which is repeatedly alleged to be not *infectious*, and *contagious*, "but even this in a limited sense," but which yet is such an enemy to the human race that the numbers that have fallen victims to it exceed "the countless hosts that have fallen in the multitude of battles that History holds in her lap, or the millions that have been engulfed by the relentless ocean." Verily, it is difficult to conceive how it is communicated, or why the number of its victims should so far transcend human understanding! Being thus far unable to comprehend our author, we proceed to inquire whether he throws any light on the etiology of the disease, and for the main part we will allow him to speak for himself. In the hands of an Adam Smith

the deductive method of investigating the problems which science and human nature present may be admirable; generally speaking, it is not a method by which medical science is advanced, nor is it thus to be commended; but our author is a bold man who repeatedly shows his contempt for meaner intellects than his own, so by one flourish of his pen we get at his major premiss: "It should here be remembered that there is every reason for concluding that the microzymes which constitute the disease do not cease from their activity immediately upon the death of their victim, but continue their inroads upon the dead body until at length they make their way to the surface of the integument, and there present themselves as a focus of contagion." Of course, it is hardly worth doubting that diphtheria is caused by spores; but the remarkable activity and burrowing-power of the spore calls for attention, for in the interval between death and burial it has reached the surface, and is there present "as a focus of contagion." Here, at length, we have something tangible, a spore on the tonsil as the cause of diphtheria. But then the system becomes affected, and how does this happen? "Absorption would be a convenient term to employ, and by this hypothesis [our author speaks elsewhere of a statement which is 'only hypothetical, though hardly beyond dispute'] we might get over a difficulty; but I do not think it is by an act of the mucous membrane at all that the system becomes affected. Indeed, this seems to me quite an impossible event, for is the health of the mucous membrane not quite destroyed by its contact with the disease, and thus its absorbing capabilities removed? My opinion, on the contrary, is that it is due solely to the life and activity of the organisms themselves, and my reasons for inferring this are suggested by a careful study of the potato disease." We are not aware that any national bias has led to this "careful study." The "eagerness and voracity of the microzome" impel its progress into the tissues! These germs are ever present in the atmosphere, but not "in an active condition, at least as far as to be a *casus morbi*." Now the throat affection advances more rapidly when "once the constitution has become impregnated with the virus than it did prior to this stage of the disease;" and here follows the explanation in sentences which would have delighted the heart of Cobbet: "And we do not need to go far for an explanation of this fact. It is, that the microzymes which really constitute the disease, circulating in the blood, not to speak of the prostration arising from the local irritation, produce such a further state of prostration that the body, in the ratio that it loses its own vitality, becomes an easier prey to the virus, and a more fertile soil for its sustenance and growth." "If a person is in good health, and exposes himself in the ordinary way to the poison of diphtheria, the very great probability is he will not contract the disease." Two pages before, we are told, "It (diphtheria) is contracted by contagion when the secretions of an affected individual are implanted on a mucous membrane or a raw surface of a healthy person, and only then." When a person is healthy? An attempt, however, is made on page 7 to show that the vital resistance must be lowered before one can be susceptible to the poison of diphtheria; but while charity may grasp at the meaning, grammar refuses to parse it. "Let the same individual, however, inhale for a lengthened period an atmosphere vitiated by a sewer or any other putrid gas, or let him be supplied with insufficient food, or be deprived of a sufficient amount of sleep, or we will suppose he is weakened by over-fatigue, or it may be from anxiety that his bodily strength is lowered." Where has the "individual" gone to!

Our space will not permit us to devote further attention to this remarkable production. We can assure our readers there are yet gems in abundance to cull. As a pretentious exposition of the science of diphtheria it is a veritable curiosity, and as such we cordially recommend it to all interested in the study.

Notices to Correspondents.

623—CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. THOMAS.—We saw the book announced in the publishers' lists in our "Students' Number" (Sept. 20th) as "ready in October." We have not yet received a copy for review, so can give no opinion; but its author's reputation should be a sufficient guarantee.

MR. B. P. (York).—Thanks, but it is hardly suitable for our columns.

(a) "Diphtheria: its Cause, Cure, and How to Arrest It." By Robert Bell, M.D. London: J. and A. Churchill.

Students would be more likely to be interested, for which reason we would advise you to communicate with the Editor of the *Students' Journal*.

FEEES FOR CERTIFYING LUNATICS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to bring under your notice a matter which I consider is a great grievance. I hold a dispensary appointment in a country district. The emoluments are small, and the private practice worth little or nothing.

Within the last month two persons in my district became insane, and were arrested by the police as dangerous lunatics; they were brought up at petty sessions in a neighbouring town and were examined and certified for by the dispensary doctor living in the town without my knowledge. I was ignored entirely, although I was obliged to go a distance of eight miles on a red ticket to visit one of these people.

Should not the magistrates have called on me to certify and not on the doctor into whose district they were brought simply because there were no available magistrates in my district? Was it not a breach of professional etiquette on the part of the doctor to examine lunatics from my district behind my back?

By inserting this letter in your next issue you will oblige,

Yours, &c.

September 29th, 1882.

A DISPENSARY DOCTOR.

P.S.—Have I any remedy against the magistrates or the doctor?

[By the 10th section of the Dangerous Lunatics Act the magistrates are bound to "call to their assistance the medical officer of the dispensary district in which they shall be at the time." Therefore our correspondent has no remedy except he can induce the police to take lunatics which are found within his district before magistrates sitting within the same. There is, we think, no breach of etiquette in the case.—ED.]

MR. HOWARD (Liverpool).—The essay on "Whooping Cough" which gained the Fothergillian Medal is, we understand, shortly to be issued in book form; the author reads a paper on the same subject at the Medical Society of London on Monday next.

W. H. R. (Kensington).—Thanks for the information, which we shall utilise after further inquiries.

MR. PARKER (Battersea).—Quite too elementary for our readers. You must have misdirected your envelope.

DR. W. J. STOTT (Haslingden) will please receive our best thanks.

MR. OSMAN VINCENT ON "HYSTERICAL SPINE"

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me in justice to your readers and myself to make a few corrections in your report of my paper on "Hysterical Spine" in last week's journal. I was absent from town when the proof was sent, hence my excuse for troubling you.

Surgeon to the National Hospital for the Deformed, at heading of paper, should read "late surgeon," &c.

Line 15, page 276, should read "this resting should be on a hard mattress."

Line 5, second column, page 276, should read "she could swing for three or four minutes."

Apologising for troubling you,

Believe me, yours faithfully,

45 Seymour Street, London, W.

OSMAN VINCENT.

MR. STEVENS (Aylesbury).—If possible.

MR. LIMONT (Newcastle Infirmary).—The cases are interesting, and will obtain early insertion.

M.D. (Dartford).—The subject of your inquiry was born in London in 1809. The idea that he was a "man of Kent" probably originated from the fact that his early life was spent at Dartford.

DR. W. S. (Glasgow).—The gentleman named died about two years since in London at the age of eighty.

AN INTENDING COMPETITOR.—You should apply for details to the Secretary; we can only announce the subjects for competition, having neither time nor space for the many minor points about which you are anxious.

MR. CROWTHER (Aahford).—Our Publisher informs us that the number is out of print, and that a previous notice of this fact was sent you by letter.

NOVUS.—You will find the matter referred to in our special number of September 20th.

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7.30 o'clock, Council.—8 o'clock: Address by the President (Dr. J. Hughlings-Jackson, F.R.S.).—Mr. Rivington, "On the Symptoms, Diagnosis, and Treatment of Rupture of the Urinary Bladder."—Mr. Jennings, "On Transfusion Apparatus."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, Oct. 11th, at 8.30 p.m., Dr. Stephen Mackenzie, "On a Case of Chronic Tubercle of the Choroid and Brain."—Dr. Brailley, "On a Case of Large Tubercle Growing from near the Optic Disc."—Dr. Warner, "On a Case of Miliary Tubercle of the Choroid and Lung without Meningitis."—Mr. Nettleship, "On Certain Cases of Destructive Ophthalmitis in Children."—Living Specimens at 8 o'clock.

CLINICAL SOCIETY OF LONDON.—At the first meeting of the Society for the session, on Friday, Oct. 13th, the following papers will be read:—Dr. C. T. Williams, "Case of Phthisis treated by Residence at High Altitudes."—Mr. Golding-Bird, "Case of Excision of Tonsil for Epithelioma."—Mr. Clement Lucas, "Case of Excision of Base of Tongue, Tonsil, and Soft Palate for Epithelioma."—Mr. Walsham, "Case of Gunshot Injury of the Lower Jaw."

MEDICAL SOCIETY OF LONDON.—Monday, Oct. 16th, at 8.30 p.m., Introductory Address by the President (Mr. Francis Mason, F.R.C.S.).

After which Mr. T. M. Dolan, F.R.C.S., of Halifax, will read a *resumé* of his Fothergillian Prize Essay on "Whooping Cough."

PATHOLOGICAL SOCIETY OF LONDON.—Tuesday, Oct. 17th, at 8.30 p.m., First meeting of the session.

HARVEIAN SOCIETY OF LONDON.—Thursday, Oct. 19th, Mr. Pepper, "Trepanning Mastoid Cells in the Adult."—Paper by Mr. G. Barker, "Physiological Rest in the Treatment of Medical Cases" (concluded).

Vacancies.

Burton-on-Trent Infirmary.—House Surgeon. Salary, £130. Applications to be sent to the Hon. Sec. on or before Oct. 16th.

Croydon Union.—Medical Officer and Public Vaccinator for No. 9 District. Salary, £90, with fees extra. Applications must be sent to the Clerk on or before Oct. 16th.

Glenfies Union, Ardara Dispensary District.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Oct. 24th.

Granard Union, Finnea Dispensary District.—Medical Officer. Salary, £100, and £14 as Medical Officer of Health. Election, Oct. 14th.

Hackney Union.—Medical Officer. Salary, £80. Applications to be sent to the Clerk on or before Oct. 17th.

Parish of Birmingham.—Physician. Salary at the rate of £150 a-year. Applications to be sent to the Clerk to the Guardians not later than Oct. 23rd.

Torbay Hospital and Provident Dispensary, Torquay.—Senior House Surgeon and Senior Provident Medical Officer. Salary, £100. Applications to be addressed to the Hon. Sec. not later than Oct. 16th.

Appointments.

APPLEYARD, J., F.R.C.S. and M.B. Lond., Surgeon to the Bradford Infirmary.

BLAGG, A. F., M.B.C.S., Resident Medical Officer to the Rochdale Infirmary.

CARTER, T., L.R.C.P. Lond., M.B.C.S., Medical Officer for Richmond (Yorkshire) and the Union.

DENHAM, T. E., M.D., M.Ch.Q.U.I., Medical Officer for the Ireby District of the Wigton Union.

DOUZY, J. H., M.B.C.S., Second Assistant Medical Officer to the Worcester Pauper Lunatic Asylum.

ROBERTSON, D. W., L.R.C.P. Ed., M.B.C.S., Medical Officer for the Pickering District and Workhouse of the Pickering Union.

UNWIN, J. B., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Dunchurch District of the Rugby Union.

WEBSTER, G. L., M.B.C.S., Medical Officer for the Bowdley District of the Kidderminster Union.

WICKHAM, H., M.B.C.S., Medical Officer for the Fourth District of the Ormakirk Union.

Births.

COLTART.—Oct. 6th, at Ashbourne House, Epsom, the wife of W. W. Coltart, L.R.C.P., M.B.C.S., of a daughter.

CROSS.—Oct. 5th, at 7 Stanhope Terrace, London, the wife of John Cross, B.A., M.D. Cantab., of a son.

HUNT.—Oct. 3rd, at 101 Queen's Road, Dalston, the wife of Joseph W. Hunt, M.D., B.S. Lond., of a daughter.

MACSWINEY.—Oct. 3rd, at Greystones, co. Wicklow, the wife of S. M. MacSwiney, M.D., of a daughter.

Marriages.

JOHNSTON—MEDCALF.—Oct. 5, at Leven, Augustus Johnston, M.B., T.C.D., M.B.C.S.E., of Ambleside, to Judith Anne, daughter of the late W. Medcalf, of Newton-in-Cartmel.

HARRIS—CHALLINOR.—Oct. 3, at St. Edward's Church, Leek, Staffordshire, James Penn Harris, F.R.C.S., Liverpool, to Sarah Rosemond, daughter of the late Charles Challinor, Esq., of Liverpool.

PARKEE—MACLEAN.—Oct. 5, at St. Mary's, Bryanston Square, London, Charles Reginald Parkee, of Netherfield, Weybridge, to Adèle Anna Jane, eldest daughter of John Maclean, M.D., of 24 Portman Street, London, W.

Deaths.

BURKE.—Sept. 28, at Dalkey, Richard Burke, Esq., M.D., late of Manila.

CLARKE.—Oct. 1, at Great Yarmouth, Robert Whitmore Clarke, Deputy Inspector-General, R.N. (retired), aged 71.

DAVIES.—Sept. 30, at Hova Villas, Cliftonville, Brighton, W. St. G. Davies, M.D., Staff-Surgeon, R.N. (retired), aged 96.

HART.—Sept. 28, suddenly, of heart disease, Robert Alfred Hellings Hart, L.S.A., of Southwark, London, aged 28.

KERR.—Sept. 19, at Letterfrack, co. Galway, Alexander Spear Kerr, Esq., M.D., aged 87.

LYELL.—Oct. 2, at Harley Street, Cavendish Square, Robert Wiahart Lyell, M.D. Lond., F.R.C.S.E., aged 33.

MOORE.—Sept. 26, at Chapel Street, Salford, Huson Moore, L.R.C.P., aged 38.

SHANN.—Oct. 2, at his residence, 69 Petergate, York, George Shann, M.D., aged 73.

SETH.—Oct. 5, at his residence, West Brighton, Owen Seth, F.F.P.S. Glas., L.S.A.

TURKELL.—Oct. 4, at his residence, Park Street, Windsor, Samuel Turrell, M.D., L.R.C.P.L., Medical Officer of Health for Windsor, aged 60.

UNTHANK.—Oct. 1, at Derby Road, Nottingham, Anthony Unthank, M.B.C.S., aged 66.

WEST.—Sept. 29, at Yeolmbridge, Edward Lawrence West, M.R.C.P. Ed., M.B.C.S., of Launceston, aged 53.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 18, 1882.

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Original Communications.

FASHION IN MEDICINE.

Being the Inaugural Address on the opening of the Session of the Medical Institution, Liverpool, Oct. 12th, 1882.

By T. SHADFORD WALKER, M.R.C.S., President,
Surgeon to the Liverpool Eye and Ear Infirmary.

In addressing an audience composed of men representing every branch of the medical profession, it did not seem appropriate to choose a theme which could only be of interest to a minority of those present. I therefore put aside the temptation to speak on special matters, and decided to lay before you some reflections on subjects of general concern to the welfare of our body.

The subject of my address to-night is the Influence of Fashion on Medical Practice and its Results. The time at my disposal only permits me to bring forward two illustrations of the subject. These are—

First. The practice of blood-letting.

Second. The administration of stimulants.

Now to the first point. Only those among us who have passed the meridian of life can remember the time when blood-letting, or phlebotomy, as it was called, was the universal practice. Not to possess a well-filled case of lancets and not to use them on all possible occasions was a thing unknown. To doubt the efficacy of blood-letting in all cases where the vital fluid was distributed, or was supposed to be distributed in excess, which practically meant the same thing, was for a long period, up to about fifty years ago, a heresy undreamed of. Nay, to such a pass did things attain, that strong and healthy people used to resort regularly to the general practitioner all through the country, every spring and fall, to be bled, not in small dribblets which could not affect the constitution, but *pleno rivo usque ad deliquium*, that is, standing until they dropped on the floor. Here, one would think, was a practice resting on a sure basis of established observation of morbid conditions, or of well-ascertained fact,

too firmly rooted to be overturned. Yet by the efforts of one man (Marshall Hall), mainly by the reading of one paper, in which the ill effects of the unintelligent use of blood-letting were pointed out, phlebotomy passed away like a dream, and now, in this present year of grace, I doubt whether the younger portion of this audience either ever saw a lancet used for this purpose, or would know the proper way to set about using it, without a previous dip into an old-fashioned work on minor surgery. Is it not, to say the least, a strange thing that a body of men calling themselves, and supposed by the public to be, scientific, should first declare a certain practice to be a powerful and necessary means of cure, should wield a formidable weapon over the length and breadth of the land, and should, after all, suddenly turn round and just as emphatically stigmatise that process as mischievous and to be avoided by all prudent and well-educated physicians? Was it scientific, or calculated to raise the profession in the estimation of the public? Was it not rather playing into the hands of the empiric and the unqualified practitioner, as well as exciting distrust in observant minds amongst the laity? Here was a complete change of front. And yet there must have been physicians who knew better, who recognised the great value of phlebotomy in giving relief to urgent symptoms in cases of acute disease, and so saving the strength of the patient for the critical period of the struggle back to health. But they were overborne by the tide of the new opinions, swelled by the approving chorus from the outside, raised by those who, either in their own persons or in the persons of their friends, had suffered from the indiscriminating application of the lancet. Of course, reasons abounded in plenty for the abandonment of the old ground. Amongst others, one found a good deal of favour. The type of disease was said to have changed from a sthenic to an asthenic form. This was more particularly insisted upon after the great epidemic of influenza which spread all over the country in 1837. One of the chief symptoms observed was great depression of spirits, combined with a very feeble state of the circulation. But this was only a

transitory state of things. The constitution of the English people as a whole could not be permanently affected by the occurrence and effects of a single epidemic, however widespread its ravages. Here and there practitioners were found, after the novelty of the change had worn off, who had the courage of their convictions, and who, in suitable cases, reverted to the former practice with marked success. They proved that an amount of blood could be suddenly or rapidly removed from the general circulation without inducing anything more than a temporary anæmia, and without causing any permanent sickness. In the practice of every ophthalmic hospital at the present day, the good effects of depletion of the overloaded blood-vessels in cases of acute inflammation are so frequently manifested that the practice of blood-letting has never been relinquished. The relief to pain, often of an aggravated and exhausting character, so afforded, and the increased action of the local remedies which follows the bleeding, are too marked to be overlooked.

If, then, where the engorged organ is in full view, under careful observation we see such excellent results, why may we not, or rather why ought we not, to expect equally good effects to follow the use of the lancet or the cupping glass in cautious hands, where the pleura, the tissue of the lungs, or of the brain are attacked, in a similar manner and to the same extent. I am sure that there are members of this society who, if they were to narrate their experience, could bring forward corroborative cases in sufficient numbers to convince any candid hearer of the truth of the views I am now expressing. It is not pleasant to think of the number of useful members of society in the prime of life whose career has been cut short in a few days by acute diseases of the pleura, bronchi, and lung tissue, who might be still with us had a free use of the lancet been made at the onset of the attack. Of course, I need hardly say that I speak of uncomplicated cases occurring in healthy persons exposed to cold without sufficiently warm clothing.

But it may be asked, how did all this come about? Why did the pendulum swing so far in the opposite direction? The answer is not far to seek. It was because the practice of blood-letting became one of mere routine, applied without discrimination in every sort of disease which was supposed to be congestive or inflammatory. It was because the weapon was in the hands of men, the truth must be confessed, many of whom were uneducated or insufficiently educated, and seeing that the time devoted to study seldom exceeded twelve months, they had few or no opportunities of holding communication with each other on professional topics, or of giving information by comparing experiences, except in the metropolis or the great cities, where medical societies existed, and where medical journals were started. These points we, who live in the days of telephones, telegraphs, and every means for facilitating intercourse between man and man, are in danger of forgetting or overlooking.

How differently are we situated. The extension of the curriculum of the student of our day, the ever-increasing stringency and the more practical nature of the examination he has to undergo, the full supply of information on all medical topics afforded by the medical press (not always too trustworthy), place the young practitioner of to-day in a far better position for testing the accuracy of the theories which lie at the root of practice, than his predecessors of fifty years ago enjoyed. It is to him we must look with well-founded hope, if our theories of improved education are worth anything, equipped as he now is with clinical thermometer, sphygmograph, ophthalmoscope, and other arms of precision, for more accurate observation and more enlightened practice. May we not hope that the practitioners of the present will, taking warning by the example of the complete reversal of opinion in a former generation, prove themselves equal to the scientific use of the lancet in suitable cases, so that there may be no possibility of our living to witness a repetition of the scare I have just described, or of a right-about-face

evolution on the part of the profession in the practice of the Art of Medicine.

I now come to the second illustration of the effects of fashion in the treatment of disease, namely, the administration of alcoholic stimulants.

Let us see how the matter stands now.

If we carefully consider what has happened, within recent years, as to the administration of stimulants in disease, it is calculated to shake our confidence in the capacity of our profession, as a body, to come to any scientifically based and generally acted upon resolution, as to the proper use of the drug. Alcohol, in spite of all the advantages in the medical education of the present day.

What can be thought of the opinion of the profession on this point, or in what estimation it is likely to be held by any one who has paid attention to the subject, when we find such violent fluctuations of opinion as have occurred during the past half century. First, that alcoholic stimulants were withheld in all fevers and inflammatory disorders; next, that strong wines and ardent spirits were given, often in enormous quantities, even to children, in all such cases, as well as in cases of extreme debility; whilst quite recently, the medical compass has been boxed again, as we see, by the signatures appended to a document, on the part of a large number of leading practitioners in both London and the provinces, in favour of avoiding, as much as possible, the administration of alcohol in disease, especially to women.

Now, what are we to think on this question?

I ask my hearers, does it not show that we are at sea, on the matter, that we have no principle of any value to guide us, or that we are afraid to formulate it?

Or, are we in this business, as in the old days on the blood-letting question, to manifest our gregarious nature, and all jump through the gap, after the one who jumped first, like so many sheep?

Is any attempt made, in a truly scientific manner, at any medical school in the Kingdom to teach students what the action of alcohol is when given to a sick person, in what form it ought to be administered, and what its dietetic value is—first, in acute disease, and secondly, in chronic, or in the period of convalescence from either? I am afraid not; at least, I do not recollect an instance.

And if so, how are the young practitioners to obtain the information which the authorities of the various schools have neglected to teach?

Then again, why, may I ask, is it not the universal practice when ordering this drug to prescribe the exact dose and frequency of administration, as with other powerful remedies? Surely some distinct directions should be given for gradually diminishing the quantity and frequency of the dose, so as to prevent the formation of intemperate habits. A charge of neglect in this matter is not very infrequently made against the profession as an excuse for the commencement of the habit, though not always with justice.

I am aware that this very important question is, more particularly of late years, complicated by the fact that many persons feel a strong and conscientious objection to the use of alcoholic stimulants at all, and under any circumstances. I am not, however, addressing myself to the consideration of individual peculiarities of thought or feeling, for or against, the daily use of some one of the many forms of alcohol.

We all come into contact with the fanatical advocates of total abstinence in every form and under all circumstances, who would exclude it as completely from the sick room and hospital as from the table. In the face of all this, it behoves us to agree on some definite principle that shall guide us in the use of alcoholic stimulants, and enable us to meet the arguments of the total abstainers. Failing some such action on our part, their societies, ever increasing in numbers and zeal, will assuredly influence general lay opinion in the direction just indicated.

Already pressure has been brought to bear on the managers of many workhouse hospitals on the score of economy, in spite of the individual protests of the responsible medical officers. If not arrested by the authoritative voice of the great majority of the profession, where is this interference with the judgment and freedom of action of medical men to stop?

Let us not any longer dally with the question. It will prove a much more difficult task to reverse a wrong decision than by timely action to prevent it.

I believe that the members of the Liverpool Medical Institution, from their number, activity, and medical knowledge, could, if they would, afford great help in arriving at correct conclusions on the point. By so doing, they would aid in rescuing our profession from recurring vacillations and recantations of opinion, which cannot fail to bring discredit upon it and excite public derision.

Ought we, as a trained and educated body of men, with all the evidence before us for coming to a correct conclusion, and specially fitted to deal with questions of treatment on which opinion is likely to be divided, ought we, I say, to allow such questions as I have, however imperfectly, brought to your notice to drift about unsettled, until they are taken up by others outside our pale, and decided, as one at least is being decided, with or without our consent? I feel sure that your answer will be in the negative. And if we act according to the best of our ability with singlemindedness, and a regard for truth and the public weal, so shall we secure increased respect for our profession, and so shall we prosper in our work.

ON THE METHODS OF DIAGNOSIS IN DISEASES OF THE NERVOUS SYSTEM.

By E. C. SEGUIN, M.D.,

Clinical Professor of Diseases of the Nervous System in the College of Physicians and Surgeons, New York.

LECTURE II.

GENTLEMEN,—In my last lecture I spoke of the objective part of a diagnosis, and pointed out in brief the principal disturbances of function which we are able to recognise in an examination, and exhibited and described the instruments by means of which we detected and measured the degree of such disturbances. I referred to certain methods of diagnosis which fall within the province of other specialties, more particularly the use of the ophthalmoscope. To-day I wish to extend my remarks to certain other methods of diagnosis, a knowledge of which is essential to the success of the nervous specialist. Among these may be mentioned auscultation and percussion in the physical examination of the chest and abdomen, the use of specula and tuning-forks in the examination of the ear and testing the hearing, the use of the laryngoscope in the examination of the larynx, the chemical and microscopical examination of the urine, and so on.

Of course the neurologist cannot be expert in all these methods of examination; but, on the other hand, he cannot be expected to make a satisfactory study of his patients without a certain degree of skill in these diagnostic manoeuvres. With respect to urine, it is especially important that he should be able to make a satisfactory examination of it. I may say that I have often had occasion, during the past five or six years, to prove the dependence of an obstinate and severe form of headache upon the existence of contracted kidneys. Detecting the presence of an excess of phosphates, or of an excess of urea, or the condition known as oxaluria, is often a very important factor in nervous diagnosis. It is not sufficient to make a single examination of a sample of urine in a test-tube, by boiling it and adding acid, but the amount of urine secreted in twenty-four hours should be known, and,

from repeated examinations of it, the existence or non-existence of morbid conditions noted.

By an examination of the genital organs, both male and female, much important information may be derived.

A knowledge of the presence of versions, flexions, or tumours of the womb, ovarian disease, deep-seated stricture, or narrow anterior urethra, and many other abnormal conditions of the genital tract, will lead to the adoption of appropriate treatment; whereas, without such knowledge, drugs may be prescribed and electric batteries used, for an indefinite time, without relief.

I next propose to speak of the principles of diagnosis, and will divide the disorders to be diagnosed into two classes, organic and functional. This division presupposes a difference in the method of examination. The logical difference between the methods of study is very marked. The complete and satisfactory recognition of organic diseases of the nervous system involves a triple diagnosis. It is arrived at inductively by means of the history given by the patient, by means of the testimony of friends, by means of the various methods of physical examination, and, to a certain extent, deductively by knowledge you have acquired from experience, books, &c.

The first diagnosis is that of the symptoms, and these may be considered as constituting what the Germans call the "symptom-group." Second, we make a diagnosis of the location of the lesion, and it is this diagnosis which is just now interesting observers most. In the third place, we have to determine the nature of the lesion, which is, perhaps, of the greatest practical importance to the physician. We first determine the symptoms, next the situation of the lesion producing the symptoms, and afterward try to determine the pathological nature of the lesion.

The first diagnosis is made exclusively from a history of the case and an objective examination. We learn from the statements of the patient and friends, and an ocular examination, what has taken place during the few days or weeks preceding. We determine, by methods pointed out in the last lecture, whether there exists paralysis, spasms, ataxia, anæsthesia, and so on. The mental symptoms to be noted are loss of memory, delusions, or uncontrollable manifestations. We thoroughly overhaul the person of the patient physically and psychically, and we determine what functions are well performed, and which are interfered with. During the next few weeks you will have in every lecture an illustration of how to make this diagnosis: for example, a patient will come into the clinic complaining of weakness of the muscles of the face, arm, and leg, upon one side of the body.

We determine the existence of this condition by the testimony of the patient and his friends, by inspecting the patient, by the application of tests which have been already described to you, and from the data thus collected decide that the case is properly one of hemiplegia. Again, a patient may come in complaining of weakness of both legs, while the arms are normal, and we decide that he is suffering from paraplegia. A patient presenting with no paralysis and no anæsthesia, but with an inability to direct the movement of his legs, we say he is suffering from inco-ordination or ataxia. If a patient presents with one eye turned outward and a drooping of the lid, we designate this condition as one of ptosis with strabismus. If a patient has loss of sensibility, we call it anæsthesia, and ascribe particular names, in accordance with the distribution of the anæsthesia. When anæsthesia of one-half of the body exists, we call it hemi-anæsthesia. If, upon examination, vision is found to exist only in one-half of the visual field, we call the condition one of hemiopia. In this manner we indicate the condition of the various organs throughout the body, and determine in what way they differ from the normal, and to the conditions found to exist we give certain names which represent the symptom-group.

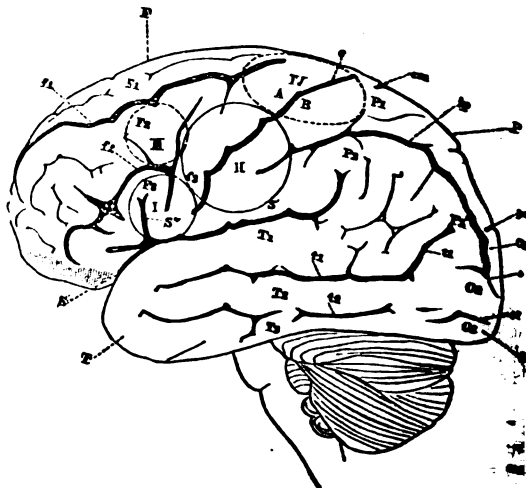
Sometimes we are only able to discover a single symptom, and have to go on to the next diagnosis. My observations have led me to believe that, in making the first diagnosis, the testimony of the patient is too fre-

quently used as a sufficient guide, and pains are not taken to go over the body and carefully determine the extent of paralysis, ataxia, or areas of anæsthesia, and make a record of what is found. There is often a lack of definiteness in examinations of nervous cases which practitioners would not allow in chest diseases. From the time of Laennec no physician has considered his examination of the chest complete without having determined the nature and character of the signs, so that he could tell another physician what he had seen or heard, in such a way as to lead him to a correct diagnosis. We are attempting to apply the same exact method to the study of nervous diseases, and are making very great progress.

The second diagnosis, that of the location of the lesion, is of importance. It is not directly dependent upon observations made with our eyes, instruments, &c., but upon anatomical and physiological knowledge. It is very seldom that a nervous lesion is visible, except in cases resulting from injury or external violence. We have to determine the situation of the lesion from the symptoms present, by means of our acquired knowledge of physiology and anatomy. Hence it is that exact and minute anatomical knowledge is more essential for the diagnosis of nervous diseases than for that of any other.

I will take up some of the symptom-groups of which I spoke a few moments ago, as determined hypothetically in my remarks: for example, that of hemiplegia. We revert to our acquired knowledge concerning the nervous supply of the paralysed parts derived from the spinal cord and brain. We also revert to the experiments made upon the central nervous system of higher animals within the last fifteen years, and our empirical knowledge of lesions discovered after death in cases of hemiplegia studied during life. For the present I will rely more particularly upon anatomical and experimental data. We know that the limbs of one side of the body receive innervation from the opposite side of the brain. You will hear it said that this law is not valid; but I say to you it is a good law, and a knowledge of it will be of great help to you in the study of nervous diseases. The few exceptions which are quoted in support of the idea of its invalidity are capable of many interpretations which leave the law untouched for all practical purposes. I propose to discuss this matter of the crossing of nerve-fibres from one side to the other, in a subsequent lecture. Bearing in mind, then, that either side of the body is innervated from the opposite side of the brain, we at once locate the lesion on the opposite side from that in which the paralysis is found to be present in our hypothetical case of hemiplegia. Partly from the study of anatomy, partly from the study of embryology, and partly from a knowledge of what recent experimental physiology has taught, we know that the whole of one side of the brain has not the power of moving all the opposite side of the body. Let us suppose a case of left hemiplegia with the lesion in the right hemisphere. I may remark that the whole right hemisphere is not connected with the opposite cheek, arm, and foot. Recent experiments have shown that a relatively small part of the right hemisphere has power over the left cheek, hand, and leg, and this part of the hemisphere is in the median region, and embraces a small number of convolutions—certainly not more than half of them. We have records of positive knowledge, to the effect that the anterior and posterior extremities of the hemispheres have no motor power over the opposite side. Still basing ourselves upon anatomical researches and physiological experiments, we know that the muscles of the left side of the face are innervated by a small part of the right frontal lobe, we know that the upper extremity is innervated by a small part of the brain known as the ascending frontal and parietal convolutions. We further note that the part of this right hemisphere which is connected with the leg is situated at a different point, nearer the median line, near and in the longitudinal fissure, and more posteriorly. In other words, we have determined with great accuracy the motor area of the right hemisphere, and the centres for the movements of the cheek, arm, and leg. With respect

to the sensory function of the hemisphere our knowledge is not so exact, but we know that loss of sensibility on one side of the body indicates a lesion in the opposite half of the brain; that right hemi-anæsthesia indicates a lesion in the left hemisphere—one situated in all probability in parts posterior to the motor area. These are not theo-



The above woodcut is modified from Ferrier: letters and figures the same.—S, fissure of Sylvius; c, fissure of Rolando; po, parieto-occipital fissure. A, ascending frontal gyrus; B, ascending parietal gyrus; F₃, third frontal gyrus; P₂, gyrus angularis. Circle I., seat of lesions which (on the left side) cause aphasia. Circle II., seat of lesions which convulse or paralyse the upper extremity of the opposite side. Dotted Circle III., seat of lesions which probably convulse or paralyse the face on the opposite side. Dotted Oval IV., seat of lesions which convulse or paralyse the lower extremity of the opposite side. These districts receive their blood-supply from the middle cerebral artery.

retical guides; they are valuable life laws, and there has not a year passed, within the last five years, that I have not seen cases illustrative of them, and verified them by post-mortem examination. Bearing upon this point, I may say that I published two cases this year, (a) in which the diagnosis was made, by means of a knowledge of these laws, with such accuracy that we were within half an inch to one inch of the actual seat of the lesion. In a number of my cases the lesion was found to be situated exactly where it was diagnosed during life. Records of similar cases may be found in American, English, and Continental journals generally.

We are also able to locate, upon similar anatomical and physiological principles, lesions of the spinal cord. In paraplegia we can determine the height of the lesion quite accurately, by means of our knowledge of the points at which nerves are given off from the spinal cord. To quote a case: a patient falls and receives a dislocation and fracture of the seventh cervical vertebra, compressing the cord at this point. The patient at once presents anæsthesia and paralysis below the clavicles and in the distribution of the ulnar nerve. Now we know, from anatomical and some curious electrical (b) examinations, that the fibres of the ulnar nerve arise from the lower part of the cervical enlargement, and that its trunk is made up by the last cervical and first dorsal nerves. Hence it is that compression of the cord at this point gives rise to paralyses of parts supplied by this nerve. When I come to speak of the diseases of the spinal cord, I will give in detail the rules for determining the height of any lesion, by means of which a diagnosis of extreme accuracy can now be made. We can locate a lesion in the anterior and posterior portions of the cord, with reference to the white and grey matter. We know that

(a) *Journal of Nervous and Mental Diseases*, July, 1881, p. 510.

(b) In two or three cases of spinal irritation I have noticed that placing the cathode over the sixth and seventh dorsal vertebrae, with the anode near by upon an indifferent part, and passing a strong current, the patient, though devoid of any anatomical knowledge, has described a prickling sensation in the little and ring fingers of each hand. This is evidence of the cathodal excitation of the origin of the ulnar nerve.

paralysis, accompanied by great muscular atrophy and degenerative electrical reactions, is due to a lesion in the anterior gray matter of the spinal cord. We know that in ataxia of the legs and arms, in which there is no true paralysis, the lesion is strictly limited to the posterior white columns. A patient comes in with a stiff gait, with crossing of the legs, but without anæsthesia or ataxia; we are certain that the lesion is in the lateral columns. In peripheral paralysis—as, for example, when due to injuries of the nerves—a diagnosis is usually very easy to make, for we have an injury or scar to guide us. Or a nerve may be cut in a surgical manœuvre, and we can at once determine the seat of the lesion. But, in some cases, the seat of the lesion is not apparent, and we must judge of it by medical logic. In the diagnosis of such cases we are very much helped by an anatomical law, which you probably have not found in your books, and which summarises the distribution of the sensory and motor filaments of nerve-trunks. I refer to the law of Van der Kolk, namely, that a spinal nerve gives its motor branches to the muscles as instruments of motion, and its sensitive branches to the part moved. (a) In other words, throughout the body the sensitive branches of a mixed nerve run to the part of the skin which is moved by the muscles receiving motor filaments from the same nerve-trunk. It is very easy to call to mind examples of this law. A sciatic nerve, for example, sends its sensory filaments to the calf of the leg and the foot, which parts are moved by the posterior thigh muscles and both sets of tibial muscles, which receive their motor filaments from the sciatic. In the arm the musculocutaneous nerve gives motor fibres to the biceps and brachialis anticus, and its sensory filaments go to the integument of the forearm, which is the part moved by the above-named muscles.

Wherever you study this law you will find it absolute. You may meet with some apparent exceptions, but they are only apparent. An apparent exception is found in the head, where the trigeminal plays the part of sensory roots for most of the cranial motor nerves. Studied in the light of this law, a patient presenting anæsthesia of the little and ring fingers, and outer part of the palm, with paralysis of the interossei and inner half of the thenar group, has a lesion of the ulnar nerve, probably above the wrist. If the flexor carpi ulnaris is paralysed, the lesion is certainly above the elbow. Again, paralysis of the extensors of the carpus and fingers, with anæsthesia of the dorsum of the hand on its radial side, indicates a lesion of the musculospinal nerve.

We now come to the third diagnosis—that of the nature of the lesion. This should not be made until the others have been determined carefully; and, here again, we use entirely different principles of logic. This diagnosis is more empirical—more uncertain. The third diagnosis can be best made by the physician who has had the greatest experience with disease in general; and here comes in the strongest argument for the postponement of special practice until you have acquired a thorough knowledge of general pathology. It is just here that one realises the insufficiency of normal anatomical and physiological study. It makes no difference what the symptoms are, or where the lesion is located, for that does not determine what the lesion is. Take, for example, a left hemiplegia with paralysis of the left cheek, arm, and leg. The patient may have a tumour, a patch of softening, a hæmorrhagic focus, a syphilitic formation; he may have what is exceedingly rare—local anæmia, and the only way of determining which one of these is present is by our knowledge of pathology. To this end we determine the temperature, pulse, and other symptoms; the conditions of the arteries; the presence or absence of the signs of degeneration throughout the body, and the presence or absence of the signs of contracted kidneys and heart disease. To determine with

certainly that a hæmorrhage has taken place in the brain, you must ascertain the previous diathesis and the general condition of the body. The rupture of vessels in the brain is a mere accident; the same statement may be made in regard to softening. This latter condition is often due to organic cardiac disease, producing embolism of a healthy cerebral artery, and sometimes, also, of arteries at the periphery, which are more difficult to make out. It is likewise caused by local obstructions in the arteries of the aged or prematurely old, and of syphilitic subjects. The same general rules apply to the study of diseases of the spinal cord. The nature of the lesion is to be determined by the pathological condition of the patient, and by means of empirical knowledge acquired by post-mortem examinations. For example, if a child presents with enlargement of the head and separation of the sutures, we know, as a matter of experience and post-mortem examination, that there is internal hydrocephalus, the most common cause of which is tubercle; and we also say that it is probable that the tubercle is compressing the aqueductus Sylvii. In the same way we determine the difference between syphilitic and non-syphilitic subjects.

I go on, now, to the diagnosis of the functional disorders of the nervous system. This subject does not admit of as systematic a presentation as the former. In many of the functional diseases of the nervous system, we know very little about their pathology, so we do not complete the third diagnosis; and as the disease is functional, we need not consider the second. For example, chorea is an obvious symptom which we can recognise at a glance. If we attempt to localise the lesion or disease, we cannot go any farther than to make the statement that a functional lesion is situated in the brain, and that it is very probably a cerebral affection. We make this statement upon the remarkable fact that the disease is often hemiplegiform. We cannot go any farther, and, as regards the lesion of chorea, we are entirely in the dark. We can only offer speculations based upon a few post-mortem examinations, which, in my opinion, are worth very little. The same is true of epilepsy, hysteria, and neuralgia. The best we can do is to state the symptoms definitely, and not attempt any rigorous diagnosis of the disorder, or try to determine the nature of the lesion, in the same sense as we do lesions in organic affections. But yet there is a diagnosis to be made of the nature of the lesion, or, as I would put it, the condition of the patient. This consists, after we have determined that the patient has chorea, epilepsy, or neuralgia, or "neurasthenia," of making an inquiry into his general condition, the state of the circulation, arterial tension, and, in some cases, the action of the heart, and the condition and mode of action of certain organs which we know, from empirical knowledge, to be connected with functional disorders. For example, within the last seven years we have learned, with great positiveness, that certain cases of headache are due to straining of the eyes. In studying cases of headache, especially cases of long standing, it is desirable—I may say imperatively necessary—to study the condition of the eyes. Thanks to the labours of Drs. Weir Mitchell and William Thomson, of Philadelphia, we have been able to relieve a large number of cases of "bad head," as I call them. In the same way, with reference to hysteria, we examine the patient, not simply for anæmia and mal-nutrition, but also for uterine and ovarian disease or vulvar irritation. This will lead us many times to a correct understanding of the case. There is quite a large class of cases in which the symptoms are nervous, the patients experiencing a curious depression, pain in the back and head, aching in the limbs, and many other symptoms, chiefly sensory, all of which we are generally unable to refer to any definite cause, and they are known under the name of "neurasthenia." This name is all very well, provided we go farther. One theory as to the cause of these symptoms—and it is held by some very respectable authorities—is that they are due to a variation in the amount of blood in the spinal cord and brain. I myself confess to very little faith in this view. I think it can be shown that there can be but slight changes in the

(a) Schroeder Van der Kolk: "On the Minute Structure and Functions of the Spinal Cord and Medulla Oblongata." Translation of the New Sydenham Society, pp. 6, 7. London. 1859.

amount of blood present in the spinal cord, and that these are not accompanied with symptoms. My own experience is that the symptoms are often produced by conditions of general mal-nutrition, which can be classified conveniently under the heads of lithæmia, or sub-oxidation of the tissues. Some other cases are due to weak eyes, some to ovarian diseases, some to the use of tobacco, sexual excesses, &c. Cases of so-called hyperæmia of the brain, now so fashionable, are to be studied in the same way from the standpoint of the general physician; nearly all such cases being, according to my experience, resolvable into instances of lithæmia, eye-strain, cardiac disease, renal disease, irritation from the sexual organs, &c., leaving exceedingly few cases of hyperæmia, if any. The diagnosis of lithæmia is to be obtained by the examination of the urine, and the usual method of doing this is very misleading. If the patient is told to bring a bottle of his urine, the first that is passed in the morning, it is found of high specific gravity, high colour, acts upon litmus paper forcibly, and may deposit urates; or the microscope shows, in a few hours, oxalate of lime. To judge in this way from one specimen, I believe to be a most superficial practice. I am not willing to say that a patient is a subject of lithæmia or oxaluria, unless I have examined specimens of urine on successive days, for the reason that the urine varies from day to day, and during each day, owing to the varying conditions of the body. One or two examinations are of very little help. In my practice I make a number of examinations—three or four—of urine passed morning, noon, evening, and at bed-time; and I am unwilling to use the term oxaluria unless I find this condition indicated by most of the specimens. By this means the average condition of the urine in twenty-four hours can be determined.

I will make a few remarks in regard to taking the history of a case. Very few medical men take good notes. It is a very difficult matter to write a history so that different medical men, reading it, would come to the same conclusion in regard to the case. Of course we first obtain the patient's story. We have to guide the patient, so that we can arrange the facts which he gives us in some logical order. It is desirable, in many cases, to give some illustration as to the behaviour of the patient, mental manifestations, &c. A few words with the friends of the patient, as to what they have observed, is often serviceable, and sometimes it is well to question the patient alone. In taking down the notes we form a dim mental outline of the diagnosis, in advance. It seems impossible to take a history without doing this. We next carefully record the objective symptoms presented by the patient, and thus reach what I have termed the first diagnosis. In some cases we may locate the lesion at once from the symptoms, and even determine the nature of the lesion. This is by no means infrequent, and the taking of the history will be the only time you need to give to the consideration of the case. In other instances you have to go on, step by step, and carefully determine the points in the diagnosis which I have referred to. We are often, in the course of this preliminary and semi-conscious notion of the nature of the case, led to doubt the patient's statements, and it is well to make a mental memorandum of these points, and, after the history is completed, question the patient again, or ask information of others. This is very necessary in cases where we investigate such causes as sexual irregularities and syphilis, family taints, &c.

TYPHOID fever may be said to be epidemic in Paris, 134 deaths having occurred there last week from this zymotic. The death-rate from other causes is normal.

In Providence, Rhode Island, with a population of 104,000, not a single death has occurred from small-pox since 1875. The reason is given as "general and careful vaccination."

ECTROTIC TREATMENT OF VARIOLES IN SMALL-POX—CAUTERISATION BY CARBOLIC ACID—WITH MORBID ANATOMY AND PATHOLOGY OF THE VARIOLES, AND GENERAL LOCAL TREATMENT. (a)

By MONTAGUE D. MAKUNA, L.R.C.P. Lond.,
M.R.C.S.,

Late Medical Superintendent of the Fulham Small-pox Hospital

(Concluded from page 304.)

Exclusion of Light from the Room of the Sick.—From the time of Rhazi up to the present day there have been advocates of darkened rooms in the treatment of small-pox, and as it is recommended by Dr. Ringer in his therapeutics, and still finds favour in the hands of some by way of experiment, I am compelled to take notice of it here. The Greeks, the Romans, and the other ancient races, made use of dark and sealed chambers, and Hindoo Vaydas and Arabian Hakims of the present day still recommend darkened cellars and underground chambers for the treatment of various febrile disorders, but no modern physician on either side of the Atlantic, or in the far East, ever dreams of perpetrating such a barbarity in their treatment, and yet we find in this enlightened age, with all the knowledge amassed on the influence of light and heat on life and animal economy by modern physicians, a few here and there will be found who will keep repeating experiments in this treatment of small-pox and torture their patients. After building lofty, airy, cheerful wards on sanitary principles for the promotion of the health growth of the patients, it sounds ridiculous to darken them at the expense of the ventilation. It is very nearly five years ago that Dr. A. Downes and Mr. J. B. Blunt laid their researches on the effect of light upon bacteria and other organisms before the Royal Society (Proceedings of the Royal Society of London. Vol. xxvi, page 488). These experiments have since been repeated by Professor Tyndall, confirming them (Report of the British Association, York, 1881). They have demonstrated that "Light is inimical to the development of bacteria and the microscopic fungi associated with putrefaction and decay; its action on the latter organisms being apparently less rapid than the former. Under favourable conditions it wholly prevents the development, but under less favourable it may only retard it. The preservative quality of light as might be expected, is most powerful in the direct solar rays, but can be demonstrated to exist in the ordinary diffused daylight, though it appears to be chiefly associated with the actinic rays of the sun." "A contagious fever (as small-pox is) may be defined as a conflict between the person smitten by it and a specific organism, which is multiplied at his expense, appropriating his air and moisture, disintegrating his tissues, or poisoning him by the decompositions incidental to its growth." From these scientific researches it is evident that to put a patient suffering from an infectious disorder in a darkened room is to lessen his chances of recovery, inasmuch as he is made to breathe noxious atmosphere, rendered more foul by darkness and at the expense of the ventilation. I cannot too strongly condemn the practice. (The light I have used in the treatment of my cases is the ordinary diffused daylight. Another reason that is urged for the use of darkened rooms is that ophthalmia in small-pox is prevented by darkness. My paper on "The Variolous Affections of the Eye," *Brit. Med. Jour.*, 3rd June, 1882, gives the results of my treatment of the cases in diffused daylight, and they can be very favourably compared with those who have used darkened rooms).

Nitrate of Silver.—It still finds favour with many, and I believe it is very frequently used without due con-

(a) Read before the Royal Medico-Chirurgical Society, 9th May, 1881.

sideration to its therapeutical value. It coagulates albumen as carbolic acid does. It is caustic, but its action is very superficial. It causes great disfigurement, blackening patient's faces, to their great horror, and creates unpleasantness among nurses and other persons surrounding them, while carbolic acid does not. Its application creates pain, its action is gradual and is attended with febrile symptoms and nervous exhaustion. In some cases it causes vesication. From this it is evident that its application cannot be beneficial. Ringer, Erasmus Wilson, Marson, Gregory, Curschmann, and a host of others recommend its use, but I am afraid they have very little to say in its favour. There are two plans for its use. Firstly, to open up the vesicles about the third or the fourth day of the eruption, and cauterise them individually. It is said to have been attended with success in the hands of Velpeau and Dr. F. Bowen. It might appear to some as impracticable, but the latter physician states he can trust his nurses with the application. Secondly, its lotion of the strength varying from 160 to 20 grains to an ounce of distilled water, is brushed over the surface of the skin. When so used, all the evil effects arising from it, and which I have enumerated above, are brought to the knowledge of the physician after a very short practice, and he is compelled to abandon it. It cauterises the epidermis without affecting the vesicles, and blackens the surface of the skin. Its astringent action causes condensation of the epidermis and the superficial capillary vessels. This serves as a sort of elastic covering on the skin, preventing the vesicles to rise on the surface. Under this mask the pustules advance unseen and unaltered. When the scabbing stage is over, the mask, in many cases, falls off *en masse*. From this it is evident that the good results claimed for it are apparent and not real.

Mercurial Preparations have fallen into disuse as they cause salivation, induce ischuria, and abortion in pregnant women. The only good result gained from their application is the relief from itchy sensations.

Iodine.—It is used by some, but its application is highly objectionable. As Dr. Ringer remarks, it has powerful chemical difficulties, and combines energetically with many organic or inorganic substances. It is volatile, and readily penetrates animal structures. Its application disfigures the skin only a shade less than the nitrate of silver. It is a rubefacient and caustic irritant, exciting inflammation, and causing blisters. Its application is attended with much pain. It is of no use as an ectrotic. I shall refer to its use further on when I consider the treatment during convalescence.

Cold Compresses.—They are recommended by Dr. Curschmann, and I believe they do some good. I have seen good results from the application of cold in the use of ice-bags on patient's forehead during delirium, and on other parts of the body to prevent internal hæmorrhages. It relieves pain and swelling, and cuts off the inflammatory processes; but is impracticable, expensive, and is objected to by the patients.

Gutta-percha.—Dr. Groves used a solution of gutta-percha in chloroform; and Dr. Stokes, of Dublin, used it in asthenic cases with success. The chances of pitting in asthenic cases are much less than in sthenic cases, as he himself remarks in his writings. The object of its application is to shut out the vesicles from light and air. Its use causes offensive smell from the pent up discharges. It cannot be looked upon as an ectrotic, and, as I have shown above, exclusion of light and air cannot prevent the processes of fermentation and germination, or of putrefaction.

Collodion as an ectrotic is of as much use as gutta-percha. The advantages claimed for it are transparency and cleanliness, enabling the operator to see what is passing beneath, and its contractility is said to disperse congestions. These properties can hardly attain the object in view.

Plasters and Ointments.—Ectrotics like carbolic acid, iodine, nitrate of silver, and mercurial preparations are

used in ointments and plasters, but such a mode of application is uncleanly, and renders the actions of the agents inert to a certain degree. Plasters cause contraction of the skin, and the good results therefrom are only apparent. A plaster of carbolic acid and shellac is used, but its action is gradual, and consequently its use as an ectrotic is not worth recommendation. Dr. Horatio Yates recommended the use of the carbolic acid ointment of the strength of two drachms to two ounces; and Dr. Watson, glycerine solution of the carbolic acid of the strength of twenty per cent. I think these preparations are too diluted to be of any use, and would not cauterise the varicoles.

3. *Remedies Used during the Pustular Stage to Prevent Further Disintegration of the Tissues*.—When this stage is reached we must give up every hope to prevent pitting, as the morbid anatomy of the varicoles tells us that the disintegrating processes of the structures of the skin have far advanced, and the structures of the corium are involved. The treatment now to be adopted is that of ordinary furunculæ or superficial abscesses. It consists in opening up the pustules and evacuating their contents: applications of warm linseed meal poultices, with carbolic oil spread over their surface to prevent their sticking to the skin. Three or four successions of poultices have the desired effect of emptying the pustules. When the discharges continue, the surface ought to be dusted over with absorbent powders, as equal parts of starch and oxide of zinc. When they cease I apply carbolic oil of the strength of one to twenty over the surface to check further suppuration and putrefaction. I never allow the scabs to be formed, or leave them long attached to the skin, as they cause ulceration and corrode the structures underneath, the natural sequence of chronic inflammatory processes.

4. *Treatment during Convalescence*.—In most cases little or no treatment is required at this stage. The remnants and sequelæ of varicoles are, maculæ, psoriatic condition of the skin, tubercles—especially over the face and near the nose—enlargement of the openings of the sebaceous glands, with hard, cheesy deposits in them, furunculæ, and ulcers.

Maculæ.—I never use any remedy to remove the staining of the skin, as all applications cause irritation and hyperæmia, with increased pigmentary deposit in it, which must retard, and not accelerate, their removal. (I have recently seen a lady using an astringent lotion of zinc and rose water for nearly three years for the removal of the staining of the skin, with the effect of roughening her complexion.)

Psoriatic Condition of the Skin.—When the scales are thin and easily removable, I use a preparation of white precipitate in glycerine (sixty grains to an ounce); but when the scales are thick and of the form of scabs, giving the appearance of local ichthiosis, I apply dilute nitrate of mercury ointment, accompanied with poultices, with good results.

Tubercles on the Face, &c.—When all the inflammation has ceased I apply iodine applications, to promote the absorption of the tubercles and remove the warty growths. When the tubercles are large surgical interference is necessary.

The Enlargement of the Openings of the Sebaceous Ducts.—It is best treated by the application of white precipitate or iodine ointment. I generally prefer the former.

Furunculæ and ulcers can be treated on general principles.

I have given here my experience and the practice I have followed out in the treatment of the cases at the Fulham Small-pox Hospital. The conclusions I draw from them are as follows:—

1. That ectrotics are useful only during the early stage of vesiculation.
2. That the cauterisation by carbolic acid is the best of them all; but when a case has advanced in the vesicular stage some good might be done by cutting

open the vesicles and applying a strong solution of carbolic acid.

3. That some good might be done by the caustic application of the nitrate of silver sticks to each vesicle after cutting them open, but the practice is attended with much pain and irritation.

4. That the practice of the exclusion of the ordinary daylight from the sick-rooms, especially at the expense of the ventilation, must be condemned. (It does not prevent the processes of germination, fermentation, or supuration.)

5. That during the pustular stage our efforts ought to be solely directed to the evacuation of the contents of the varicoles, relieve pain, and hasten the process of cicatrisation.

6. That, during the convalescence, the less the irritants are used to remove the roughness and maculæ on the skin the better.

Clinical Records.

THE MIDDLESEX HOSPITAL.

Stone in the Bladder—Bigelow's Operation—Recovery.

Under the care of Mr. HULKE, F.R.S.

[For the report of this case we are indebted to Mr. W. ROGER WILLIAMS, F.R.C.S., Surgical Registrar.]

THE patient, a married man, æt. 47, was admitted on March 8th, 1882, with the following history:—

Three years ago he said he had an attack of colic from which he soon recovered. A year later, during micturition, the stream suddenly stopped, and he had to lie down before he could again pass water. He has since been unable to micturate in the erect position, but he has never had complete retention. A few months later, after a long walk, he first noticed blood in his urine; he has since been subject to this after any exertion. Pain came on about this time, aggravated by motion, worse during and after micturition. In order to relieve himself in this process, he was accustomed, he said, to take a long piece of india-rubber tubing, which he generally filled with rain water from an open tank, then introducing one end of this into his urethra and the other into his mouth, he used to blow the contents into his bladder when lying down. Four months ago he passed some yellowish white gritty substance.

As a rule he has enjoyed good health. He has been a soldier for sixteen years, having served ten years in India. Twenty-three years ago he had syphilis, and three years later syphilis. He has only followed his present occupation as a painter for the last two years. He has been married eleven years. His mother's father, who was a native of Derbyshire, had stone in the bladder. Patient was born in Hanley, Staffordshire.

On admission he was well nourished and healthy-looking. He complained of the ordinary symptoms of stone in the bladder, together with great frequency of micturition—every half-hour during the day, and five or six times at night. Tongue, furred. Appetite, fairly good. Bowels, regular. Pulse, 70—small and weak. Urine abundant, turbid, and of milky appearance; sp. gr., 1025, alkaline; albumen, 1-4th; phosphates and muco-pus; no casts.

On sounding him Mr. Hulke readily detected a stone, which he seized in the lithotrite, and judged to be of large size. Owing to a stricture near the bulb there was a little difficulty in introducing the lithotrite.

After a week's rest in bed the frequency in micturition diminished very much, and albumen almost entirely disappeared from the urine.

On March 15th, the patient being anaesthetised, Mr. Hulke proceeded to crush the stone. A modification of Bigelow's lithotrite made by Weiss was used. It frequently became clogged, and had to be introduced several times. The debris was removed by Bigelow's aspirator. It consisted of a viscid phosphatic material, in which seed-like bodies were embedded. At the time it was thought probable these might have been introduced by his amateur method of injecting the bladder, as previously described. The operation lasted two hours, and was then terminated

in consequence of intervening irregularity of the heart's action—the operator being aware that some detritus still remained in the bladder.

March 16th.—Not much sleep last night. This morning frontal headache and hypogastric pain. For the latter a linseed poultice was applied. Temperature, 90°6; pulse, 76. Tongue, moist, furred. Micturates every hour; urine very turbid and ammoniacal, containing much gritty sediment. Bowels regular. During the day several good-sized fragments passed. In the course of the next few days the headache and hypogastric pain completely disappeared. The frequency of micturition also diminished, and the urine became clearer, though it still contained a considerable amount of phosphatic and muco-purulent deposit. Several fragments were passed.

22nd.—Occasionally passes small fragments. Urine, sp. gr., 1015, alkaline, phosphates, and muco-pus; bladder washed out daily with solution of sulphurous acid, 1 in 20.

24th.—No more fragments passed. Patient says he feels quite well. Sleeps well at night; seldom has to get up to micturate. No pain. Appetite good. Pulse, 74; temperature, normal. After this date improvement was very rapid, and he was soon able to leave his bed. The urine, however, still contained a large quantity of mucoid material.

He was discharged on April 5th in excellent health, having been sounded a few days before leaving the hospital, but nothing was detected.

In the beginning of July he wrote to say he continued well, and quite free from any urinary trouble.

Mr. Hulke submitted the seeds to Mr. Carruthers for examination, who kindly supplied the following report:—

"The seeds you gave me are those of the common holly. The berries were inserted whole, for you see a good deal of the fleshy substance of the fruit, and on one specimen I found the calyx lobes still adhering to the skin of the fruit."

Mr. Hulke remarked that the unusual clogging of the lithotrite might have been due to the presence of these berries, for in his boyhood the best bird-lime used to be made by their putrefactive maceration. Doubtless, he added, they were pushed down his urethra when drunk.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 13, 1882.

The President, PROFESSOR LISTER, in the Chair.

DR. THEODORE WILLIAMS communicated a

CASE OF PHTHISIS TREATED BY RESIDENCE AT HIGH ALTITUDES,

The patient having been exhibited at a former meeting of the Society. A medical man, æt. 30, had cough and expectoration of three years' standing, followed by hæmoptysis, wasting, elevation of temperature and great prostration, and when seen by Dr. Williams in consultation with Dr. Vircher Bindon August 30, 1881, presented the physical signs of consolidation of the upper lobe of the left lung. After five months residence at Davos, including a walking tour of seventeen days in the Engadine, during the whole of which period he took exercise largely, he gained one stone in weight, and found his strength and power of climbing greatly improved. On first arrival at Davos he had dyspnoea from the rarefaction of the air, but this passing off, his respiratory powers became greater than previously. On his return Dr. Williams found an increase in the crytometric and other chest measurements, especially in the upper regions of the thorax, and the physical signs denoted the development of emphysema and the old consolidation, and hypertrophy of the healthy lung. Dr. Williams stated that while he ascribed the general improvement of the patient to the dry pure antiseptic atmosphere and the sun's powerful influence, he assigned the arrest of the tubercular changes to the local effects on the lungs of breathing rarified air, which, by inducing emphysema, caused an expansion of the thorax, at the same time affording a barrier to the encroachment of further infective processes in the organs. With regard to the durability of the good results of mountain climates, Dr.

Williams's experience was that in well selected cases, one or two winters sufficed to produce permanent arrest of consumptive disease, though in many instances a prolonged stay of at least two years was desirable. Dr. Williams exhibited cytometric tracings of similar cases who had resided at Davos and Colorado for several months to illustrate the widening of the chest through breathing mountain air.

Dr. ALTHAUS said he could speak to the benefits conferred on a patient of his own by residence in Colorado, a young lady, *æt.* 20, whose condition was regarded as almost hopelessly unfavourable by several physicians in this country, but who experienced most wonderful improvement under the influence of the Colorado climate, which deserved to be generally regarded by the profession in relation to phthisical patients. The climates ordinarily recommended in such cases, he thought, only retarded the progress of the disease for a time, but in the case referred to the improvement was both very marked and quite permanent. The great advantage of the Colorado climate was its equality at different seasons, thus obviating the necessity for removal of patients to lower levels at times, as must be done in most other situations. It was also remarkably dry, so that a sponge wrung out from a bath would be perfectly dry within five minutes if left exposed in the air; and no dew fell in the country; conditions to which much of the familiar advantages it possessed might be attributed.

Dr. BROADBENT inquired whether it could be asserted from study of a large number of cases, that results obtained from wintering in Davos were superior to those obtained elsewhere. Conclusions drawn from a single case could, he thought, hardly be satisfactory. Moreover, sedentary patients who resorted to exercise might be expected, under it, to improve in any climate; and he would like to hear whether Dr. Williams considered his case to prove the superiority of Davos over other health resorts.

Dr. MACLAGAN put the question whether high latitudes or absence of atmospheric germs most determined the effects observed. The thoracic expansion referred to might, he considered, be expected to take place in any one, not necessarily phthisical, who lived for a time at a great altitude.

The PRESIDENT took occasion to correct the error fallen into by Dr. Williams in speaking of an aseptic atmosphere as being *anti-septic*. The advantage of the atmospheres described might, he thought, lie in their being dustless, and although it was to be assumed that germs already existing in the lung would continue to develop, the non-continuance of infective processes as described by Dr. Williams might be dependent on this state of the air. He had recently experienced, in Switzerland, the unsatisfied desire for long breaths referred to in the paper, and it was clear that a continuance of this condition for a length of time would necessitate enlargement of the chest capacity. He had seen a gentleman who declared that residence in a high region so invigorated him that he was really astonished at the effects produced. The influences thus brought into play were distinctly beneficial, but why, could not now be declared.

Dr. WILBERFORCE SMITH urged the need for guarding against fallacy introduced by omitting to allow for mere increase in thickness of the walls when determining chest enlargement under treatment. He thought also that it was admitted the phthisical state was maintained by inter-current attacks of slight inflammation.

Dr. WILLIAMS explained that, having treated the general question of high altitude for phthisis in a previous paper, he had purposely confined his present communication to a single case. He was quite agreed as to the advantages of Colorado, but it was too far distant for the majority of patients to proceed to it. The object of his paper was to demonstrate the benefits of mountain climates, as shown by the enlargement of his patient's chest, and the change from lung dulness to even hyper-resonance, consequences which, as far as he knew, had not been noted by any other writer. He admitted that improvement might follow the adoption of ordinary hygienic rules of life, and was unable to explain the precise influence exercised on cases of phthisis by a germless atmosphere. A complete and accurate analysis of the air from these regions had never been obtained. He could not but think the chest expansion and permanent improvement in breathing experienced by his patient a great advantage, and there was abundant testimony to show that residents in high climates do possess unusually capacious lungs, which confer great advantages on them. He could not pretend to say what was the influence

exerted on tubercle bacillus by mountain air. Inter-current inflammation was not at all less frequent at Davos and similar places than elsewhere at lower levels; high altitudes apparently did nothing to diminish the liability of the patient in this respect.

EPITHELIOMATOUS TONSIL—EXCISION.

Mr. GOLDING BIRD detailed a case in which he had removed an Epitheliomatous Tonsil in the manner adopted by Cheever, 1871, and referred to three other cases of the same disease in which he had determined not to operate. The operation consisted in an external incision from the ear to the hyoid bone, through which the wall of the pharynx was reached with the greatest ease, and the tonsil with the adjacent pharyngeal tissue removed with the galvanic cautery. The later steps of the operation were aided by an additional incision through the cheek from the angle of the mouth. The disease having also affected the tongue, part of that organ was removed, as well as an enlarged gland at the angle of the jaw. Until the wound closed an *oesophagus* tube was used for feeding. Although great relief was given to the patient, yet he soon succumbed to recurrence, not in the site of the excised organ, but in the tongue and the lymphatics of the neck. The conclusions arrived at by the author were that where only a limited infection of the lymphatic glands existed and where the faucial growth was circumscribed, or nearly so, operation was called for, but that in other cases feeding with tubes with subsequent gastrostomy was the treatment. The operation was itself far easier than many of daily occurrence, and seemed to offer no special risk to the patient. Of the four cases mentioned it was considered by Mr. Golding Bird that in three the disease was primarily in the tonsil, in all four it was the left side that suffered.

Mr. CLEMENT LUCAS related a case of

EXCISION OF THE BASE OF THE TONGUE, RIGHT TONSIL, AND PART OF THE LEFT PALATE FOR EPITHELIOMA: ANEURISM OF BOTH POPLITEAL ARTERIES,

of which the following are particulars:—

D. K., *æt.* 64, a coal porter on the riverside, who had drunk freely, first came under Mr. Lucas's care in Guy's Hospital on February 13th, 1880. He was at that time suffering from a large aneurism of the right popliteal artery causing pain, and oedema of the leg and foot, and from a smaller aneurism of the left popliteal. Digital compression of the right femoral artery was commenced on February 17th, and continued for sixteen hours, when the aneurism appeared to have consolidated, and pulsation could no longer be detected. On the following day some pulsation was re-established, and on the 20th, digital compression was again commenced, and continued for eleven and a half hours, when pulsation ceased and did not recur, the tumour afterwards gradually shrinking. An attempt was made about a fortnight later to cure the small aneurism in the left popliteal space by digital compression, but this failed, and as the tumour caused him little inconvenience, no further treatment was suggested, and he left the hospital. He was re-admitted on August 2nd, 1881, suffering from epithelioma of the base of the tongue and right tonsil. On the right side of the tongue, opposite last molar tooth, was a small ulcer, grey in colour, and irregular on the surface. The ulceration extended along the anterior pillar of the fauces, and involved the right tonsil, as well as the tissue between the tongue and the jaw. The surface of the tongue near the base was raised and indurated for about half an inch from the margin of the ulcer. The movements of his tongue were interfered with, so that mastication and deglutition were painful, and there was an increase of salivary secretion. No enlarged glands were felt beneath or behind the jaw. The operation was performed on August 9th. The patient being placed under the influence of chloroform, the cheek was first divided by an incision from the angle of the mouth to the masseter muscle, and the facial artery was twisted. A gag was then inserted on the left side of the mouth whilst the tongue was drawn forward with forceps and the flaps of the cheek were held back by retractors. The back of the tongue and tonsil are in this way easily reached. The soft palate was next divided near the middle line by means of Paquelin's cautery, and dissected down with the anterior pillar and the tonsil. Attention was now paid to the tongue which was divided in the median line with a scalpel, and carefully dissected outwards till the lingual artery was reached. This was seized with two pairs of torsion forceps, divided

between, and the ends twisted without loss of blood. The tissue between the tongue and jaw was next dissected up, the cautery being used to stop any bleeding points, and finally the growth, with the base of the tongue, right tonsil, and half the soft palate, was removed in one mass. The cheek was brought together with three hare-lip pins, and it united primarily. The patient recovered rapidly after the operation, and sixteen days later was again subjected to digital compression for the cure of the left popliteal aneurism, which was about the size of a pigeon's egg. Pressure was kept up with the aid of opium for forty-eight hours, but soon after this, though much consolidated, the tumour still pulsated. He left the hospital, with the tongue quite healed, on September 16th. He was re-admitted into the hospital on February 13th, 1882. There was no return of the disease in the tongue or palate, which were united by a firm and sound cicatrix. There was a large mass on the right side of his neck below and behind the jaw, which commenced six weeks before, and grew rapidly, extending outward; beneath the sterno-mastoid. An operation for the removal of this growth was undertaken on the following day. A vertical incision about four inches in length was made, commencing behind the jaw, and the growth dissected round. It was found necessary afterwards to enlarge the wound transversely. In the course of the operation the lower part of the parotid gland, a portion of the sterno-mastoid, the posterior belly of the digastric and stylo-hyoid, and a portion of the submaxillary gland were removed, all of which were infiltrated. The facial artery was twisted, and the facial and lingual veins ligatured with catgut. At the bottom of the wound the internal jugular vein and the two carotids, with the hypoglossal nerve, were exposed. Two enlarged glands were also removed from beneath the sterno-mastoid. The patient recovered without a bad symptom, and left the hospital on March 24th. He was again seen in July last with a recurrence of the growth on both sides of the neck, but there was still no sign of disease in the original site. It was not then thought advisable to interfere further. Mr. Lucas said that by the operation described it was evident a cancerous tonsil, with the adjacent structures, can be completely removed from within the mouth, and when this is practicable, it has the advantage over the external operation of avoiding the fistulous track, through which saliva is apt to ooze. For the rest the treatment of cancer here does not differ from the treatment of it elsewhere. The treatment—and the only treatment—is to operate early, and to operate late; to operate, indeed, so long as it is possible to remove a loathsome outgrowth without great immediate danger; to operate to keep it local; to operate on the earliest return; and though we may often be disappointed in our attempts to eradicate the disease, we may still prolong life, or, as in the case before us, succeed in driving the disease from its original site to one where it is less offensive, and more easy for the patient to bear.

Mr. C. HEATH observed that Cheevers, who originally devised the difficult operation for removing the tonsil from without, was himself doubtful as to its value. He (Mr. Heath) thought all would agree as to the advisability of operating as often as required to remove the disease; and that glands should, if enlarged and easily movable, be taken away; and thus a chance offered both to prolong life and change the site of disease. He knew a contrary opinion was even yet entertained by some surgeons.

Mr. MORRANT BAKER asked if much trouble had been experienced in the final steps of Mr. Lucas's operation. He imagined the *écraseur* might be dispensed with before the end of the operation. He agreed as to the necessity for complete extirpation of diseased glands; but respecting the so-called changed site of disease, he thought it must be assumed that its seeds were present in the new position where it subsequently appeared.

Mr. BUTLIN did not regard operation in such cases of cancer as offering hope of successful results. He imagined there might be an error respecting the malignant nature of the growths removed where a permanent cure was supposed to have been obtained.

The PRESIDENT characterised the operations described in the papers as bold and skilful. It might be a question how far in such cases advantages were secured by operation. In one instance, interference certainly did not so result; but Mr. Lucas's case offered an example exceptionally favourable. Further details as to the method of removal,

&c., would be interesting. It was satisfactory that surgeons were generally agreed on the advisability of removing accessible glands of which the condition admitted, and suggested, such proceeding. Mr. Lister remembered that a different opinion was held during his student life, and he believed he himself was the first to clear out of an axilla the mass of diseased glands it held. He certainly had much reason to be pleased with the success which had followed in many such cases. He recollected that Mr. Syme had once removed a single lymphatic gland from under the chin of a patient with cancer of the lip, and with good results following. Was Mr. Golding Bird inclined to desist from operation in future cases?

Mr. GOLDING BIRD said he was in favour of not operating again, but in future treatment of such cases to feed by means of a tube as long as possible, and finally resort to gastrotomy.

Mr. LUCAS felt himself in accord with Mr. Heath and the general opinion as to advisability of operation. He divided the tongue with the knife entirely. He failed to agree with the gloomy opinion expressed by Mr. Butlin.

Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

THE IMPERIAL GERMAN CONGRESS OF SURGERY.

My previous account concluded with the discussion on Lungenbeck's paper on "Iodoform in the Treatment of Wounds." This was followed by a paper by Herr Braun, of Heidelberg, entitled—

CONTRIBUTIONS TO THE STUDY OF STRUMA MALIGNA, based on the careful and accurate autopsies of 20 cases of neoplasm of the thyroid. These showed that not unfrequently the trachea and œsophagus are so completely surrounded by the new growth and embedded in it that only too easily wounds of the trachea or œsophagus may be inflicted during the attempt to remove these diseased structures. In a series of 72 accurately recorded cases such an unfortunate occurrence actually took place 22 times. In reply to Herr Lungenbeck the author stated that sarcoma and carcinoma had been observed in about equal proportions. Gussenbauer recommended early operation. Herr Lungenbeck said that in most of the cases observed by him removal was quite impossible, owing to attachment to the great vessels, otherwise there would have been no difficulty.

RADICAL CURE OF HERNIA.—Herr Schwalbe (Magdeburg) followed with a paper on the above. His method consisted in the injection of alcohol into the neighbourhood of the hernial aperture. He had had 84 cases within a recent period, and in every instance had succeeded in closing the aperture, so that a truss could be dispensed with. Herr Ranke (Groningen) had made use of the method described in over 100 cases, and had ascertained that by means of it a cicatrix could be produced at the hernial site and without danger. In recent cases and young children he had seen good results, but would hazard no opinion as to the ultimate issue. Herr Gussenbauer confessed that, according to his observations, the method was (1) absolutely safe, and (2) that within the space of six to eight weeks diminution in size of large hernial apertures could be brought about, so that intestine no longer protruded. The method was worthy of further trial.

THE TRANSPLANTATION OF MUSCLE IN HUMAN BEINGS.—Herr Helferich (Munich) then read a paper on this subject, based on a case in which the whole of the biceps of a woman had been removed with the exception of a strip the thickness of a lead pencil, and replaced by a piece of muscle from a dog. Complete healing took place and after some months' use of electricity the power of movement lost previously to the

operation was restored. Herr Gluck (Berlin) reported that his experiments in the transplantation of muscle had always given positive results.

OPERATION FOR ECHINOCOCCI IN THE ABDOMINAL CAVITY.

—This paper was read by Herr Landau (Berlin). He alluded to the fact that the subject had already been discussed on two previous occasions by the Congress, without, however, any definite decision thereupon. It seemed to him to be the ruling belief that the disease was an unattackable one, notwithstanding that treatment by operation had shown results that were exceedingly favourable. At the last Congress Volkmann's method of operation was generally recommended. There were, however, great drawbacks to this plan, and he (the speaker) had decided to return to a more simple mode of operation—a mode that had been first systematically practised and recommended by Säger (Groningen) and Lindemann of Hanover. The plan followed and slightly modified by the speaker was as follows: After the cyst has been cut down upon and the peritoneum opened, the cyst being still unopened, the echinococcus is secured by vertical sutures placed in the angles of the wound. The threads are not tied, but simply held on the stretch by assistants. By this manoeuvre the overflow of fluid is rendered impossible. The cyst, which now as a rule protrudes, is punctured by a Dieulafoy aspirator. It is then incised longitudinally, and emptied. The edges of the cyst are then completely everted and fastened by numerous sutures to the abdominal wall; the wound remains open and is drained. He remarked, in conclusion, that from 4 to 5 weeks after operation a profuse secretion of bile usually took place, which, however, was of no pathological significance, and was simply synchronous with the exfoliation of the echinococcus sack, and the consequent freeing of the bile channels. Another and somewhat disagreeable occurrence incidental to these cases was the development of an intense garlicky odour, not dependent in any way on diffusion of intestinal gases. It was worthy of note that the point selected for operation should not be that which was most prominent, but that which was nearest the ribs. He then exhibited two cases that had been operated on by himself—one a girl of 13, and another of 8 years of age. In the latter two echinococci, one in the axillary and the other in the sternal line, which, however, were not in communication with each other, were removed by the one operation. The wounds closed in about 14 days. Herr Küster, of Berlin, in opposition to his own former views, had operated in the way described by Herr Landau, and had been fully satisfied with the results. He did not consider, however, that the fibrous cyst should be cast off by purulent granulation. If the course of events was aseptic, the discharge of bile was absent, so was also the garlicky odour, whilst the cavity gradually contracted, and became filled up by granulations, which finally formed a firm cicatrix. Herr Thiersch also confirmed the statement of the previous speaker, that in aseptic cases the disagreeable odour was not present.

ON OPERATIONS ON THE BLADDER, WITH SPECIAL REFERENCE TO ITS EXTIRPATION IN ECTOPIA VESICÆ.—Herr Sonnenburg then read this paper, and exhibited a case that had been operated on. In the discussion that followed Herren Thiersch, Bilroth, and Langenbuch (Berlin) took part.

FIXATION OF WANDERING KIDNEY BY OPERATION.—Dr. E. Hahn (Berlin) then read this paper, and exhibited a patient. In the patient presented the left kidney had been fixed nine months and the right four, by the method published by the author, with the result that the patient could get about, which before, with her colossal movable kidney, was impossible. It was not a difficult matter to fix the kidney with certainty. When the covering was drawn out

through the wound it could be fixed in the manner recommended by Simon. In the discussion that followed Herr Landau (Berlin) said that his experience led to the belief that operative treatment was not only impracticable, but positively injurious, for the reasons that, as the case exhibited showed, the kidneys would not be fixed in their normal position. Disturbance in the circulation of the organs would be set up, and the excretion of urine would be interfered with, inasmuch as the ureters would be put on the stretch. Then the patient, if a female, might become pregnant. The connection between the kidneys and genital organs was not an unimportant one, as post-mortems, for example, those of Virchow, had shown. In prolapse of the uterus the kidneys and ureters were dragged upon, and if the kidneys did not follow the line of traction the ureters would be compressed, and hydronephrosis would be the result. Herr Küster had operated once with benefit to the patient. Herr Esmarch could relate a similar experience. In a case in which the wound had healed by granulation the complaint ceased. Herr Hahn replied. He did not operate till all other treatment—by bandage, &c.—had failed.

A CASE OF SUCCESSFUL RESECTION OF STOMACH ON ACCOUNT OF GASTRIC ULCER.—Herr Rydiger (Culm) exhibited the foregoing, with preparation.

The operation was performed on the 21st November, 1881, on account of an occluding ulcer of the stomach, in consequence of which enormous dilatation of the organ was produced. Every second day pyrexial disturbances occurred in consequence of retained decomposing food. The speaker held that the operation was far more frequently indicated for stenosing ulcus ventriculi than for carcinoma of the stomach. In the discussion that followed Herr E. Hahn (Berlin) thought that the condition of the colon and its contents appeared to have a more important influence over the operation than was generally supposed. In a case in which he had recently operated for dilatation in a patient sixty-three years of age, and in which the patient died on the eighth day, absolutely without any symptoms of fever or reaction, but with persistent fecal vomiting, the cause appeared to lie in the loaded condition of the colon. Large quantities of feces had been evacuated by enemata previous to the operation, and yet at the autopsy the colon was found to be loaded. Herr v. Langenbeck had performed resection of the pylorus in a case with attached pancreas, but the patient died of collapse before the completion of the operation. Herr Bilroth said he was very much surprised at the great number of resections of the pylorus that had been undertaken in so short a time. He himself had waited five years before meeting with a case that seemed suitable for the operation, and in this case the diagnosis was wrong. The tumour proved to be a lymphoma of the mesentery, and he simply closed the wound. With the very greatest care in the selection of cases, those suitable for resection would be but rarely met with, and one should never be afraid to desist from proceeding with the operation if during its course the extirpation should seem unusually hazardous. He held as particularly dangerous the excision of the pancreas, but he did not believe that the contents of the intestines would have any influence on well-placed sutures. In every gastro- and enterography the sutures should be so accurately adjusted that there could be no possibility of intestinal contents coming into contact with the wound. Silk, and not catgut, should be employed, and the lumen should not be too much encroached upon. But above all, he would warn them not to carry the resection too far. If the infiltration extended too far forwards the operation would be in vain, and it was for this reason that the number of cases suited for the operation was so very small. He held with Leube, that the non-cancerous strictures of the pylorus, as well as cases of di-

lation, were much more suitable for resection; for if the disease were only moderately widely spread, the case would end fatally, as mechanical difficulties invariably cropped up. Herr Gussenbauer (Prague) mentioned a case of resection of the pylorus undertaken on account of a movable tumour in the neighbourhood. The case ended fatally. He also was of opinion that the best indication for operation was a non-carcinomatous stricture.

SUTURE OF THE BLADDER.—This (the last paper) was then read by Herr Juillard (Geneva). Whilst removing an ovarian tumour, very firmly adherent to the bladder, the posterior vesical wall was rent for a space of 12 cm. (4½ in.), and the edges of the wound gaped widely. There was not the slightest bleeding, a phenomenon that led to the supposition that the structure of the wall had undergone fatty degeneration from pressure of the tumour. Herr Juillard then united the edges of the wound by fifteen catgut sutures, 1 cm. apart. He took special care to leave the serous coverings in contact throughout. The result was extremely favourable. Herr Esmarch had met with a similar case in which he had closed the rent with silk, and inserted a retaining catheter. Result favourable. Herr Billroth related a case of extensive rupture of bladder in consequence of the firm attachment of an ovarian cyst. In the further course of the operation the intestine was also torn. These accidents necessitated both resection of intestine and enteroraphy. No catheter was left in, but for the first three days the urine was withdrawn frequently. The result was favourable, the patient being well in three weeks.

Department of Lunacy.

LADY COMPANIONS FOR THE INSANE.

DR. REES PHILIPPS, in his reports on the Wonford Lunatic Hospital for the Insane at Exeter, strongly advocates the appointment of educated ladies as companions to the inmates of the female departments of asylums for lunatics of the upper and middle classes. Every hour that he spends in the female wards of the hospital under his charge strengthens his conviction of the beneficial influence on lady patients of kindly companionship and the nursing of gentlewomen. A certain proportion of lady nurses has been introduced into that admirably-conducted registered hospital—Barnwood House—at Gloucester, and the medical superintendent, Dr. Needham, is satisfied that he obtains more work from these lady-nurses, and at no increased cost, than from nurses drawn from the domestic servant class. If this opening for useful and meritorious work was more widely known than it is at present, many gentlewomen, of suitable position and temperament, would doubtless avail themselves of it. The emoluments offered are not large; but an honourable livelihood and interesting occupation are not without their attractions.

THE CRICHTON ROYAL INSTITUTION.

A STRIKING and commendable feature in Scotch lunatic asylums has always been the attention paid in them to the moral treatment of their inmates; and of all Scotch lunatic asylums, the Crichton Institution has invariably held the first place in this branch of treatment—a distinguished position, which it seems in no danger of forfeiting, under the direction of its recently-appointed medical superintendent, Dr. James Adam. In the annual report of the institution which has just been issued a long and varied list is given of the occupations and recreations provided for the

patients, comprising Christmas-tree festivities, with distribution of gifts to each resident, meetings of the Literary Society, theatricals, readings, conjuring performances, lectures, flower shows, balls, concerts, glee parties, tea parties, foot-ball and cricket matches, bowling and lawn tennis tournaments, &c. The advantage of the mental diversions from morbid currents of thought thus provided is to be seen in the large proportion of recoveries recorded in the Crichton Institution, amounting to upwards of 50 per cent. of the admissions; and one possible evil of too exclusive and absorbing a study of moral treatment is to be recognised in the fact that Dr. Adam, while expatiating at length on amusements, has not a word to say about the service done by drugs and medical agents. True progress is only possible when medical and moral treatment walk hand-in-hand. Either of these attempting to walk alone soon stumbles and grows lame.

NEW PAUPER LUNATIC ASYLUM FOR ABERDEEN.

AT the last meeting of the St. Nicholas Parochial Board, Aberdeen, a report was adopted recommending that, subject to the approval of the Board of Supervision, the Board of Lunacy, and the ratepayers of the parish, a lunatic asylum, sufficient to meet the requirements of the parish, capable of containing 250 to 300 inmates, should be constructed at a cost of £12,000 to £15,000. There are six parishes in Scotland that possess lunatic asylums of their own, and, from the information received regarding these by the Committee, it appears that the cost of maintaining pauper lunatics in parochial asylums is about £22 per annum; while the St. Nicholas Parochial Board pays £26 10s. per annum for each patient kept in the Aberdeen Royal Lunatic Asylum. The number of lunatics chargeable to the St. Nicholas Parochial Board is at present 179—double what it was ten years ago—and the increase is still going on at a rapid rate.

THIS evening (Wednesday) the anniversary service of the Guild of St. Luke the Physician will be held in St. Paul's Cathedral, at 8 o'clock. Seats under the dome will be reserved for members of the profession.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Halifax 12; Bristol, Huddersfield, Norwich 14; Bradford, Plymouth, Cardiff, Salford 15; Derby 16; Portsmouth, Hull 17; Bolton, Brighton, Edinburgh 18; London, Dublin, Nottingham 19; Newcastle-on-Tyne, Leicester, Birmingham 20; Leeds, Liverpool, Sheffield 22; Preston 23; Glasgow, Wolverhampton 24; Oldham 25; Manchester 26; Blackburn, Birkenhead 27; Sunderland 32.

THE mortality last week from diseases of the zymotic class in the large towns was still below the average, except in Sunderland, where it was excessive. From scarlet fever, the highest death-rates were 2·2 in Sunderland and 1·6 in Sheffield: from measles, 4·8 in Sunderland and 1·2 in Birkenhead; from whooping-cough, 1·5 in Blackburn; from fever, 1·3 in Sunderland and 1·2 in Portsmouth; and from diarrhoea, 4·4 in Blackburn and 4·3 in Preston. The 40 deaths from diphtheria included 22 in London, 7 in Glasgow, 3 in Edinburgh and Leeds. Small-pox caused 4 deaths in London and its outer ring of suburban districts, one in Birmingham, one in Liverpool, one in Hull, and one in Newcastle-upon-Tyne.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 18, 1882.

THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES BY THE ATTENDING PHYSICIAN.—No. III.

CONCEALMENT of infectious disease, and consequent dissemination of the infection, are, in the abstract—as we endeavoured to show in our last issue—the natural results of the inconveniences and pecuniary losses accruing to the custodian of the patient from the precautionary step taken by the sanitary authority to stamp out the disease. We fully recognise the propriety of those precautionary steps, but the fact remains that the publicity which necessarily attends the intervention of the sanitary authority and its myrmidons of the whitewash and chloride of lime operate distinctly as encouragements to the custodian of the patient to conceal the disease. We pointed out that the only existing counterfoil to this influence is the advice voluntarily given by the attending physician; that any arrangement which would encourage the custodian of the patient to call in the doctor at the earliest moment is, therefore, beneficial; and that the proposal to compel the physician to act as agent for the sanitary authority, and in such capacity to invoke the intervention of the whitewashers, would prove disastrous. The force of this argument depends in great degree upon the amount of the penalties of sanitation, by which term we mean the amount of inconvenience and loss which precautionary sanitation imposes upon the householder. If the sequences of notification were less to be feared than the results of concealment, no disease would ever be kept

secret; but the more tightly the sanitary line is drawn, the more thorough the medical officer of health is in following up and stamping out the disease by disinfection, isolation, and removal to hospital, the greater is the inducement on the part of the householder to keep the disease hidden and to keep the physician away, if the law should unwisely make him the agent of the dreaded sanitation. For this reason it is important to see to what lengths sanitarians will go in their zeal for stamping out, forgetting that strong measures in this direction are immediately productive of the concealment to which we have referred.

Let us first take the law as it stands. The Public Health (Ireland) Act, sec. 137, declares, where the sanitary authority, in case it "is of opinion on the certificate of its sanitary officer, or of any legally qualified medical practitioner, that the cleansing or disinfecting . . . would tend to prevent or check infectious disease, it *shall be the duty* of such authority"—

- To enforce cleansing and disinfection, or a fine of 40s.
- To seize and destroy all bedding, clothing, &c., which they deem infected.
- To remove forcibly to a suitable hospital "any person who is suffering from any dangerous infectious disorder, and is without proper lodging or accommodation," and to punish by a fine of £10 any one who obstructs such removal.
- To punish with a fine of £5 any one who exposes himself or any other person, if infected, in any public place whatsoever, or who "gives, sells, lends, transmits, or exposes" any infected clothes, bedding, or other material, or who exposes any infected dead body in any way whatsoever.
- To impose a fine of £20 on any one who hires to any one an infected house, or even a single room in such a house until it has been properly disinfected under the orders of a medical man.
- To punish with a fine of 40s. every person who sends a child to school within three months of its contact with infectious disease, even if it has only resided in a house in which such disease has been.

This is the law as it stands, and it might reasonably be said to be fully sufficient for dealing with any outbreak of infection; and so it would be if due vigilance and care were exercised by the officers of sanitary authorities to trace the infected cases as they occur. But these stringent enactments are the mildest, rose-water remedies in comparison to the legal burthens which the compulsionists would put upon the community. Some of the vagaries of the sanitarians are truly astounding. At the last meeting of the Social Science Congress the seconder of a resolution in favour of compulsory notification eulogised a system which, he said, was in operation in some foreign lands, under which the unhappy victim who happened to have a case of infectious disease in his house found, the moment he had notified its existence, that the civic sanitarians pasted across his hall door a yellow placard, which it was imprisonment for him to remove, and followed up the proceeding by putting a notice at the street entrance, warning all the world against entering therein. Another medical officer of health spoke rapturously of an American arrangement, by means of which—the instant the occurrence of a case of infection is known—sixty facsimile advertisements of the full particulars were transmitted by next post to the sixty public schools within the bailiwick.

But those who are willing to stop short of this perfection of compulsory notification will find provisions nearly as tyrannical in any of the Bills recently promoted for

towns in England. To take an example, I find that in Salford a Bill is promoted which gives the Corporation power—

a. To close peremptorily any school, shop, place of entertainment, or of public resort whatsoever, if it happens to be even situated in a neighbourhood in which an infected case exists.

b. To prohibit, under penalty of imprisonment, every person who resides in a house in which an infected case has existed, from either working at any indoor occupation, or from going out to work in any other place in same room with healthy persons.

To suffer imprisonment for a breach of this law one need not have been infected, nor even in contact with an infected person, and no amount of cleansing or disinfection of the person would entitle him or her to pursue his or her daily work.

In the name of common sense, we ask, does not compulsory notification under such a law as this mean temporary ruin to the unfortunate father of an infected child? Suppose him the proprietor of a small shop, or public-house, managed by himself, how is his business to go on if he is liable to have the house peremptorily closed and himself fined for mixing with his customers? Suppose him the manager of a hotel or lodging-house, how is he to keep it open if all its inmates are to be forbidden to go in or out? Suppose he is an artisan, how is he to live if neither he nor any of his family are to be permitted either to work at home at their trade or to go out to the factory or workshop?

We insist that law of this sort, if enforced (and if not enforced it is a farce), must make needful sanitation a terror to the victim of infectious disease, and must inevitably lead a large section of the public to conceal disease, and we contend that it is most unjust that the physician should be made, against his will, the agent for imposing these terrors on his patient, and most unwise that by such means he should come to be habitually excluded from the early treatment of infected patients.

(To be continued.)

CREMATION.

WITHIN the last few days the question of cremation in connection with the disposal of dead bodies has once more been brought prominently into notice, through publication of the fact that the process had been carried out in two instances in this country. The circumstances are of interest, both as showing the existence of a feeling favourable to this method of avoiding the dangers of grave-yard burial, and as indicating the difficulties under which cremation has at present to be performed.

The scene of the operations referred to was a private park in Dorsetshire, and the bodies those of two ladies who, dying in 1876, had each expressed a wish that she might be cremated rather than buried. We are informed that the arrangements were conducted in the simplest and most inexpensive manner consistent with efficiency, and that absolutely no unpleasantness was created by the burning, even to the senses of persons standing within a couple of feet of the furnace. Combustion was carried out in an apparatus constructed of fire-brick and iron plates, on which latter the bodies were placed, enclosed in elm shells and leaden coffins, these having been pro-

vided for their reception at the time of death. The coffins, lead and all, were placed in the furnace on the plates, which allowed the flames to play freely up, but prevented the ashes from falling into the furnace below. Thus the shells had to be consumed before the bodies, compelling the use of greater heat and longer time than usual, so adding another obstacle. The lead soon ran through the furnace into the ash-pits, and the white flames played round the strong elm shell until that fell at white heat over the body, of which about one hour afterwards only the ashes remained.

It is quite possible that these cremations may give rise to controversy respecting their legality, and as full details, illustrated by drawings of the furnace, &c., are promised in a few weeks, the question is certain to be re-submitted for discussion. It is quite certain that the sympathies of all sanitary authorities will be enlisted in defence of the practice as much as they have ever been, but it is none the less desirable that, whatever may eventually occur as a consequence of renewed consideration of this important subject, there should be displayed as much temperateness and good feeling as hitherto. There are undoubtedly large numbers of persons who cannot view dispassionately any proposal to depart from long-accustomed usage in dealing with the dead; they are animated, moreover, by sentiments which urgently demand the respect of those who are as strongly influenced as themselves, but in an opposite direction; and we cannot help a certain assurance that hope of a future adjustment of the law to sanitary requirements can only be entertained so long as the claimants for reform are content to adopt moderate and legitimate methods in seeking to attain their aim. Unmistakable prejudices do exist, and cannot be removed, either by ridicule or by an appeal to force; and from one, and that not the least important point of view, such prejudices are fully as deserving of attention and consideration as the purely scientific inspirations of cremationists.

We venture on these observations now, lest it should occur to any one to suggest that a time has come to enforce adoption of cremation in this country. However numerous may be the ranks of those who might be inclined to make this demand, they are still but a small minority of the population; but it may very justly be asserted, notwithstanding, that they form, both numerically and from the positions held by them individually, a body whose opinions should be carefully weighed in any determinate dealing with the question they are so much interested in. The principal object sought to be gained by the large association of medical and scientific men who some two years ago addressed a memorial to the Home Secretary praying for the legalisation of cremation is such as, if fully understood by opponents of this process, would at least secure their passive acquiescence. Not one person of all who signed the document would wish for, or seek to enforce, compulsory adoption of cremation; their sole wish is that legislative sanction shall be given to its performance whenever it has been desired by or on behalf of the dead; and experience has amply demonstrated that a high appreciation of its advantages is growing in the minds of the people.

At the present time, if not actually illegal in this country, cremation needs only to be exalted into a burn-

ing question to so excite public feeling against it that the passage of a law rendering it a penal act to carry it out in any case on a British subject, might be easily hurried through Parliament. We do not complain of this, because we are assured it is a natural consequence to be expected from the existing ignorance of sanitary dangers arising out of our national system of burial. But it is as surely to be expected that by-and-by the full advantage of the great hygienic reform offered by cremation will be universally understood, and it would be indeed a matter for sincere regret if gradual growth of popular opinion in this direction were to be arrested by such outbursts of fanatical opposition as would be excited by premature attempts at enforcing it. Deep-rooted ideas that are often the earliest implanted and the fastest fixed in the human mind, ideas round which are twined most cherished sentiments and most immovable prejudices, must never be ruthlessly attacked, but if success is to attend the efforts made to combat their influence they must be slowly and gradually proved to hinder the perfection of growth possible alike to societies and to individuals.

But with equal justice it may be claimed that those who hold ideas equally fixed regarding the irrational and undesirable nature of grave-yard interments, and who are anxious for the assurance that they may themselves be otherwise dealt with when dead, shall be allowed to exercise free will in this connection, and direct the cremation of their bodies without thereby bequeathing a legacy of difficulty to their executors. Such persons are animated by as sincere and as intense an abhorrence of slow decay with poison-spreading vapours arising from their bodies, as is experienced by the advocate for this unhealthy mode of interment; but the sentiment is not the same in both cases. With this difference, however, we have not to deal; but rather only with the question of abstract right involved, and which asserts that the freedom claimed and defended with such vigour on his own behalf by the observer of historic ceremonials should not be withheld from the cremationist, who asks only permission to exercise the right of selection in the matter of his own post-mortem destination.

THE HOSPITAL DEPARTMENT IN EGYPT.

It is as we expected. From the numerous articles on the subject that have lately appeared in the journals one thing, at least, is established—viz., that the devotion of the army medical officers in Egypt to the sick and wounded under their charge was beyond all praise. With regard, however, to those other branches of the military service upon which the medical department, as such, depended for its requirements, the fact seems to be established that, as a result of what is called the "system" under which all are supposed to work together, efficient co-operation was simply impracticable. Thus we learn that when the transports sailed from Alexandria for Ismailia the ship containing the whole of the material for the principal hospital at the new base was moved into harbour at Alexandria, and there detained until the material for one field and one base hospital had been landed, after which it sailed for Ismailia. In the meantime, the medical officers at Ismailia and Kassassin had

only the material of one field hospital to supply the wants of the sick and wounded—that is, the whole medical establishment was equal to the needs of two hundred patients, the admissions at the rate of sixty or seventy a day. In the hurry incidental to a change of base of military operations, the force became altogether separated from the hospital establishments necessary to meet its requirements. In the course of subsequent military operations, it is stated that the field hospitals were sent towards the front with insufficient means of transport, and with too few men as "orderlies" for their efficient working. Contrast this state of things with what is said of the Indian medical arrangements. With that portion of the force, transport appears, according to all accounts, to have been sufficient, and, at the same time, mobile. Hospital arrangements formed an integral portion of each force, instead of being loosely "attached" to it, as with us, and the results are on all sides allowed to have been perfectly satisfactory.

The inference to be drawn is plain enough. Let the "system" under which unsatisfactory results have taken place be swept away; let that which on the recent occasion, as on all other occasions when it has been allowed to have free scope and ample means, take its place. It is unfair to say that in the Crimean War the regimental hospital system failed in itself; that it "failed" on that occasion arose not from inherent defects in itself, but because official parsimony refused to give the means and appliances necessary for the working of the system. But what of the "general" hospital system on the same occasion? Let Scutari supply the answer. On the other hand, take the system of regimental hospitals in India. It is an acknowledged fact that, while in peace and in war, in times of great sickness, and during epidemics, regimental hospitals conducted by regimental medical officers have proved themselves by far the most successful establishments for their purpose that have hitherto been devised. Let both be re-established as they formerly existed, that is, as primary institutions; general hospitals, and "staff" medical officers being retained merely as supplementary establishments.

Notes on Current Topics.

Scarlet Fever in the Metropolis.

In consequence of the seriously rapid rate at which scarlet fever has been, and is spreading in London, leave has been sought and obtained from the Local Government Board, to re-open the small-pox hospital at Fulham, for the reception of cases. The Metropolitan Asylums Board have also re-appointed Mr. R. D. R. Sweeting to his former post as medical superintendent of the hospital, and it is to be hoped the vigorous measures thus instituted may be successful in coping with a threatening epidemic.

Although within the London district, however, cases of scarlet fever are so numerous, there is an unusual immunity from the disease enjoyed apparently in the suburbs. In the Forest Hill and Sydenham parishes, no single case of infectious disease of any kind, has, according to the medical officer, occurred for a week or more, and the

death-rate in the same area for the month was but slightly over 10 per 1,000; that of Brighton for the same period reached 21 per 1,000.

A Much Needed Improvement.

ONE of the greatest drawbacks experienced by ladies in London is the absence from our streets of any sort of convenience for them similar to those to be found in every principal thoroughfare for the use of gentlemen. As it is, with the exception of railway stations and a very few of the better class restaurants, no facilities are provided of the kind referred to for females, and any movement for supplying the deficiency should meet with widely extended support. Such a movement is now on foot, promoted by Miss Emily Wilcox, of 189 King's Cross Road, who will be glad to receive subscriptions in aid of the scheme. This lady proposes to open an experimental retiring room in the neighbourhood of King's Cross first, and as funds flow in, to increase the number by providing them at all crowded spots. The use of these places is to be open to all without charge, but a box will be provided in each for the reception of gratuities from whomsoever may be disposed to offer them, the expenses of outlay and maintenance to be defrayed from voluntary contributions. The scheme is one of the most deserving description, and ought not to have been left to private enterprise by the parochial authorities. We may, however, anticipate that when once provided, the expense of keeping the rooms in a fit state for use will be undertaken by the local governing bodies; and possibly as they appreciate the advantages conferred by the new conveniences they will themselves move in the direction of their further supply. On hygienic grounds alone the proposal deserves to command the fullest success.

The New Society.

ON Friday, October 6th, the newly constituted West London Medico-Chirurgical Society held its first meeting in the Board-room of the West London Hospital. The proceedings were opened by the President, Dr. Hart Vinen, with an introductory address, the chief object of which was to sketch out the objects and aims of the new association. This was followed by a paper contributed by Dr. Yeo "On the Antiseptic Treatment of Lung Disease," in the discussion of which several gentlemen, including Drs. Thudichum and Thorowgood, took part. The prospects of the young society are of the most encouraging kind, a very numerous attendance at the first meeting having proved the interest taken in its success.

"Personal Inquiry."

WE understand that "a special personal inquiry" is being conducted at Netley and elsewhere in reference to the general condition of sick and wounded soldiers on board of certain transports on the voyage home from Egypt. Nothing appears in the public prints to indicate the authority by and under which this "personal inquiry" is to take place, or what degree of responsibility, if any, is attached to the gentleman undertaking it. Speaking generally, all such "personal" investigations are to be deprecated. They place the responsible officers—namely,

those immediately and directly concerned—in an altogether false position; they open the door for underhand complaints and indirect allegations by unscrupulous individuals; they, moreover, introduce, as between patients and their medical attendants, a condition of what they must each look upon as *espionage*, detrimental to the interests of all concerned, and to the service generally. If grounds of complaint exist, by all means let them be fully investigated, and blame attached to those to whom it is fairly brought home. Let all such inquiries, however, be open and above board; let them be made by men whose status and authority in relation to them are defined and understood.

The Last Libel on the Profession.

IN a sensible and plain speaking article, our contemporary, the *American Medical News*, denounces in a recent number the calumnious attack made some time ago on the medical profession by Miss Cobbe. The charges that lady then saw fit to bring against doctors, have probably done more to inflict injury on her own character for fairness, than to affect the confidence with which the public regard the profession. It is perhaps a little unfortunate that the editor of the *Medical News* should have deemed the essay worthy of notice at all; but we should remember that this would not have happened had not the appearance of importance been given to it by its being answered in the magazine where it was printed, by such an authority as Dr. W. B. Carpenter. Miss Cobbe is undoubtedly an able writer and speaker, but has been conclusively shown by Prof. Owen and others, to be by no means a reliable informant, or at all times even as an honest critic of what meets her disapproval. It is no doubt a pity that she, or any one for that matter, should view the medical profession in a hostile light, but it would be unwise on that account for us to regard as in itself important, the senseless and unfounded railings of a not too scrupulous opponent. In future we trust our Transatlantic friends will not be misled into attaching very serious importance to what Miss Cobbe's prejudices may lead her to express.

Infant Feeding.

AT a recent meeting of the Paris Academy of Medicine, M. Tarnier read a paper on this subject. He began by stating that he much preferred cup or spoon feeding to a nipple-bottle when the child cannot be fed on mother's milk. Although condensed milk may be wholesome for adults, M. Tarnier declares that it is quite useless for young children; and he considers that nothing can be compared with the mother's milk, which is well known to be the first of all foods for infants. Artificial feeding has been tried in Paris with very disastrous results, as may be seen by the following statistics, drawn up by M. Bertillon:—In 1881, 60,856 children were born in Paris, of which 14,571 were sent away to be nursed, while 46,285 remained in the city. Of the latter number, 10,180 died, being a mortality of 22 per cent., while 5,202 (more than half) of the former died of *athrepsy*—that is to say, bad feeding. Of these 5,202 infants, 3,067 were fed with a nipple feeding-bottle. M. Tarnier then showed—1. That the lives of young children cannot be

safe unless they are fed on mother's milk. 2. If the mother's milk is insufficient, it should be *mixed* with the other. 3. Wet nursing, which is favourable for a child thus nourished, is equally dangerous for the child of that nurse. 4. Artificial nourishment is very much inferior to mother's milk, no matter how it is prepared, or what kind of milk is used. It is, therefore, better not to use it unless absolutely necessary. 5. To try and lessen the inherent dangers of artificial food, it is advisable that the subject be considered at the Academy itself. 6. It is also to be desired that an experimental farm should be established to supply the poorer families with cows' and asses' milk. 7. Comparative statistics would soon show the effect of the milk from such an establishment on the death-rate of young children. 8. A *crèche*, destined for the care of children who have been abandoned by their parents, should be attached to the farm. Such children should be brought up by artificial means, under the direction of persons appointed by the Academy. This *crèche* should be kept open until the Commission has finished its inquiries.

The Charge Against Guy's Hospital.

THE daily papers of the 10th inst. contained an account of an inquest held on a man who was reported to have been refused admission to Guy's Hospital shortly before his death, and charges of carelessness were made against the officers of the hospital. There seems to be absolutely no ground for the statements therein uttered, nor for the assertion of improper or insufficient treatment; and we cannot too freely express regret at the continued hostility exhibited towards Guy's by the public. At the present time the institution is ably and admirably managed, none of the abuses which were permitted for a time, being tolerated, and it should be thoroughly understood by every one that this is so.

On Transfusion of the Blood in Past Ages.

In the "Memoirs of Bouteiller of Ardenay," published in the year 1670, it is stated that one Denys, a Professor in the University of Rheims, who believed in transfusion of the blood, tried, while he was working at mathematics in Paris, its effects on a madman, who, when in his worst frame of mind, ran about the streets naked, and tried to burn everything he came near. The result was very beneficial. He soon became quite sensible, and remained so for two months; but, again falling into the same condition, Denys repeated the operation of transfusing into him the blood of a calf, which was the animal he chose for this purpose, but the weak state of the patient prevented his giving him the entire quantity required for recovery. After having passed some days in a sane condition, the man again became mad, and his wife, in despair at seeing him again in this state, had recourse to Denys, and begged him to renew the experiment on her husband. The doctor, knowing the extreme weakness of his patient, was very much against making a third trial; nevertheless, at the earnest solicitation of the man's wife, he performed the operation. The unfortunate patient, however, suffered excruciating pain, in proportion as the animal's blood ran into his veins, so much so that he uttered frightful cries, and Denys

stopped the further transfusion. He was put to bed, and died in six hours afterwards. The widow followed Denys to Chastelet, and obtained a decree of personal liability against him, and demanded damages. Denys, in his turn, obtained a decree against her, stating she had poisoned her husband; but the decision was in favour of the widow. The case was carried to a higher court, where M. Bouillé, father of the first President, defended Denys, and M. Pageot spoke for M. Emeray, a Parisian surgeon, who had assisted Denys in three of the transfusions which he made, while M. Robert pleaded the cause of the widow. Denys spoke in Latin, and the case, having been well argued on both sides, after the summing up of the facts by the Attorney-General (Bignon), was dismissed. It was then forbidden to practise transfusion of blood, for which the penalty was decreed to be corporeal punishment. This order was given by the first President (M. De La Moignon) on Thursday, 2nd January, A.D. 1670.

On the Use of Carbonate of Ammonia Sachets for Bronchitis.

M. MEISENS having observed the good effects of the atmosphere of a stable on those suffering from pulmonary diseases, which are rightly attributed to the emanations of carbonate of ammonia, he thought that continued, yet moderate, respiration of this salt might be useful in other affections of the respiratory organs. After a serious attack of bronchitis, he decided on trying on himself the effects of carrying a little bag round his neck containing little pieces of carbonate of ammonia. From the first day the amelioration was felt, and the cough soon disappeared entirely, while often persons who suffered from chronic bronchitis also obtained relief. The use of little bags of carbonate of ammonia are intended to produce the same result as the air of a stable or a gasworks.

The "Young Soldier" Hoax.

AFTER all that has been said and written on the subject of *infantry* as soldiers in Egypt, it now transpires that, like *snakes in Ireland*, there were none, for the very sufficient reason all such had been eliminated from the ranks of regiments about to be sent there prior to embarkation. From inquiries made on the spot the following particulars are gleaned, namely:—The 87th Regiment left so many of its young soldiers at home that the battalion was only half its proper strength in Egypt. The men of the 74th Highland Light Infantry average about eight years' service. The Cameron Highlanders have four hundred and sixty men upwards of twenty-four years old, and two hundred and nineteen between twenty-one and twenty-four, none under twenty. Of the whole, two hundred and thirty belong to the Reserve. Of the Gordon Highlanders three hundred and seventy are over twenty-four years of age, and none under twenty-one. One hundred and fifty-four belong to the Reserve. Thus it is evident that these regiments cannot be considered as young. They have a strong nucleus of steady old soldiers in the ranks, and differ very widely from regiments composed of short-service men. The Black Watch, which is the youngest in the Brigade, has, nevertheless, three hundred men of over six

years' service. All under twenty were left behind, and their places filled up with Reserve men. During the action at Kassassin the brunt of the fighting fell upon the 60th Rifles and the Marines, both old regiments. Thus the campaign is very far from proving the merits of boy regiments. It will be interesting to see the proportion of sick among the young and the formed soldiers.

Free Trade in Irish Professorships.

WHEN the King's Professorships of Medicine and Midwifery in the Dublin School of Physic recently became vacant, we took occasion to enter our protest against the continuance of a rule long since adopted by the College of Physicians and the Board of Trinity College (who jointly govern the School of Physic), to the effect that no future King's Professor should be allowed to hold an appointment as medical officer of any clinical hospital other than Sir Patrick Dun's. This rule had been made to order, when Sir Patrick Dun's Hospital languished as a purely medical hospital, and its intention obviously was to give that institution a monopoly of the medical Professorships attached to the University of Dublin. We have perhaps no right to say that the effect of that monopoly has been to starve the School of Physic of the best teachers, but we do not hesitate to assert that, if the School secured good men for its Professorships, it was because the value of the Professorships induced good men to accept the offices, notwithstanding the drawback that they would have to enter the cold shade of an hospital which had little clinical material and few students. The School of Physic should not be handicapped for the advantage of any hospital, nor should the best teachers be prohibited from seeking Professorships therein by the necessity for resigning their own hospitals, and as we desired to aid in breaking down the monopoly of which we have spoken, we advocated the immediate repeal of the rule. We learn, therefore, with much satisfaction, that the Fellows of the Irish College of Physicians, having been advised by the most eminent counsel that any such restriction upon candidates for the Professorships is altogether illegal, have repealed it as far as they have power. This repeal needs to be confirmed by the Board of Trinity College, and at present it will not be so confirmed, so that it will be inoperative. But the decision of the College will have immense moral effect, and as it will certainly be approved of by the good sense of the profession at large, and of the University Senate, we are in hopes that at the next election to a King's Professorship the candidates will be admitted to compete on "a fair stage and no favour."

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 26, Bombay 23, Madras 36; Paris 23; Geneva 14; Brussels 21; Amsterdam 22; Rotterdam 16; The Hague 20; Copenhagen 24; Stockholm 16; Christiania 14; St. Petersburg 39; Berlin 26; Hamburg 18; Dresden 23, Breslau 30, Munich 21, Vienna 20, Prague 24, Budapesth 24, Trieste 26, Rome 21, Turin 16, Venice 16, New York 29, Brooklyn 20, Philadelphia 18, and Baltimore 26.

The Annual Elections at the Irish College of Physicians.

ST. LUKE'S day, being the statutory day for electing the officers and Fellows of the King and Queen's College of Physicians, falls this year on to-day (Wednesday), the 18th. Dr. George Johnston, who was induced to accept a second year's Presidency on the death of Dr. Hayden, who was designated for the post of honour at the head of the College retires, and is to be succeeded *nem. dis.* by Dr. William Moore, lately King's Professor of Physic in the School of Physic, Dublin. Dr. Finny also resigns the Registrarship of the College, which he filled with so much satisfaction to the Fellows, on being appointed to that Professorship. He retires after nearly twelve years' service, and will probably be succeeded by Dr. John William Moore, Physician to the Meath Hospital. There will be by-contests for the censorships and examinerships, respecting which we will inform our readers next week.

Methylated Medicines for Paupers.

AT Hull recently, a chemist and druggist was fined £10, for unlawfully selling paregoric in the preparation of which methylated spirit had been used. Two samples were found to contain methylated spirit instead of ordinary alcohol, but in different quantities in each, which must have been taken from two different sources. Now that the Irish Local Government Board has law and precedent in its favour, we would suggest that it might, with benefit to the poor of Ireland, recover fines of £10 a piece from the Irish union drug contractors, who, for years have been supplying methylated tinctures instead of those contracted for and paid for. It is notorious that certain of these contractors have been in the habit of supplying the guardians with tinctures at a less price than the spirit they *are supposed* to be made of can be bought in the open market, from which arises the inevitable conclusion that these traders must be either the most philanthropic of men or unconscionable rogues.

The Traffic in Diseased Meat in Dublin.

FROM time to time we have had occasion to animadvert in emphatic terms upon the traffic in pleuro-pneumonic cows carried on by certain Poor-Law Unions in Ireland under the cognisance and permission of the Irish Local Government Board. This disgusting method of saving the rates proved profitable up to the time when an official engaged in supervising the diseased meat traffic on behalf of one of the Dublin unions became a defaulter for a large amount, and on inquiry it came out that the selling of fever-laden meat to unscrupulous butchers had been carried on, practically, without hindrance. The Irish Local Government Board was at length obliged to hold an investigation, with the result which we have stated, and we venture to hope that the light which that inquiry has shed upon the matter will cause the Local Government Board to set its face against this method of saving the taxes. The medical advisers of the Irish Local Government Board must know that it is perfectly untrue and unscientific to assert that the flesh of animals stricken with an infectious and usually fatal fever, can, in any stage of the disease, be fit for human food, and no one can say how much of the diarrhoea and cognate affections from which

the Dublin poor suffer may be due to their consumption of diseased meat put on the market by the Poor-law guardians. Beside such a traffic the chopping up of cats for sausages is an innocent method of economising the available food supply.

Insalubrity of the West Coast of Africa.

To the last number of the *Journal of Science* Mr. S. Billings communicates a letter, which contains statements and experiences of special interest to Army Medical Officers who are offered service in this much-abused locality. Mr. Billings quotes a statement that

"On the West coast of Africa testotallers die first, hard-drinking men second, whilst the temperate live longest. I have had some considerable experience of living on the West Coast of Africa. Take the 'temperate' in the largest sense the remark is true. A man may be temperate in the use of alcoholic drink, but intemperate in eating, which I think is more fatal than the use of liquors and wine: these latter in a great degree counteract the effect of the miasmatic exhalations. My observations showed that excessive eating was more fatal than excessive drinking. As a rule the climate was most fatal to new comers who were Germans. Their mode of dress was such that persons so clothed were always hot and uncomfortable, a clammy moisture continually clinging to the skin, owing to the arrest of the exhalations by the outer coat. There came under my observations three persons who did not perspire; they all died within two months of their arrival. There is also a curious physiological fact which I observed, but have never seen it remarked on, viz., that the skin of the negroes when in health—even when streams of perspiration were pouring down them—was to the touch as cold as marble; heat on the skin was to them always an indication of fever. As a rule, excess in drinking is not exhibited, new comers being warned against it. Brandy-and-water drinkers fared worse than wine drinkers. Beer, in my opinion, is almost poison. The bad name given to the West Coast of Africa arises more from the excesses of its exotic denizens than from the real effects of the climate. After the acclimative fever—which all have more or less severely—the health of the old denizens is good; a little fever sometimes, and that is all. I do not think that a more pleasant (and I may say, healthy) climate can be found than the West Coast (Gambia I am speaking of) of Africa from the end of October to the commencement of June. From June to October is bad enough. August is generally the most fatal month to new arrivals."

Treatment of Necrosis by Sand Baths.

In the *Deutsche Med. Zeitung*, No. 40, is a note on the above method of treatment, as practised by Dr. Ewsejenko in a country district in Russia, in which facilities are wanting for the treatment of these cases by the usual methods. It has the great advantage of not being disagreeable to the patient.

The Russian peasant sleeps on the stove. A sufficient quantity of sand is spread out on the top of this, and daily heated to a rather high temperature, and here the patients live for weeks in the hot sand. More accurate details are wanting, but the notice gives nine cases as having been thus successfully treated.

We learn that Dr. T. P. Anderson Stuart has been elected to the Professorship of Anatomy and Physiology in the University of Sydney.

ONE of our weekly contemporaries announces that Madame Ratazzi, who is said to be about fifty years of age, is about to present her third husband with a son and heir.

The Lisburn Infirmary.

WE understand that disputes have arisen with reference to the appointment of a successor to Dr. Thompson, the Surgeon of the Co. Antrim Infirmary, who unhappily was killed by a train at the Dunmurry Station. Shortly after this melancholy event, Dr. George Lombe St. George was appointed by the Board of Governors to succeed Dr. Thompson, but we hear that the legal notice of the election was not given, and that the election is therefore contested. By the 5th and 6th Geo. III., cap. 2, section 4, it is essential that 21 days' notice shall be sent to the Governors, and it is said that this was not done.

Cæsarean Section.

A SUCCESSFUL case of Cæsarean section is reported in the *Archiv für Gynæcologie*, xix. 3, by Dr. Leopold of Leipzig. The patient was a woman 29 years of age who had already borne one child, extracted by cephalotripsy after perforation. She was 125 ctm. in height, and had a universally contracted rachitic pelvis of a flattened a-ce-of-hearts form. The conjugate diameter was 6 ctm. The operation was performed under antiseptic precautions. Previous to opening the uterus, the serous membrane was dissected off a longitudinal elliptical space, and turned back, after which a melon-like slice of uterus was removed. This procedure was with the object of getting sufficient serous membrane to allow of its edges being turned down previous to the application of the sutures. At the end of the third week both mother and child were convalescent.

A Doctor on Medical Men.

DR. THOMPSON, of Omagh, has recently circulated the address delivered by him in his capacity of President of the Belfast Branch of the British Medical Association, and a marked copy of it has been sent us, from which we learn that Dr. Thompson is disposed to be critical of Irish medical affairs. He thinks medical men are not in esteem; that they are in the habit of abusing each other; that consultants are not what they ought to be; that, generally speaking, doctors are badly educated; and our system of education altogether worthless. He says "the person who frequently succeeds best in the world is the bustling busybody who, with a soft and unctuous manner, and an imposing equipage, parades his learning—or rather his ignorance—to a sympathetic, indiscriminating public." All this is not flattering to the *amour propre* of the profession, but, if true, it may possibly serve some not obvious purpose to state it publicly. But Dr. Thompson should have closed his gall-bottle before he insulted the leaders of his own profession in Ireland by asking, as he does, "Where in Ireland have we an authority of importance in any of the various departments of medicine or surgery, and where are we to look for the successors of Stokes, Corrigan, Colles, Adams, Crampton, Carmichael, and Robert Smith?"

No doubt echo would answer, Omagh! But outside that centre of learning, we would venture to assure Dr. Thompson, in the words of the proverb, that there are as good fish in the sea as ever were taken out of it. In the profession in Ireland at this moment there are as good surgeons and physicians as ever—men who, when

they are dead, will be canonised, as are those whom Dr. Thompson names. While we have Banks, Little, Porter, Butcher, Colles, MacDonnell, Gordon, Kidd, Atthill, and such like, we are in a good position to answer Dr. Thompson's invidious comparison; and we venture to observe that we fail to see either good taste or wisdom in his philippic against his own profession.

Recognition of Irish Workhouse Hospitals by the Royal Irish University.

DR. LAFFAN, medical officer of the Cashel Workhouse, answers, by a letter addressed to the *Freeman's Journal*, the observations which we made last week on this subject. As he does not make any attempt to meet any one of the objections we raised to the proposal to recognise workhouse hospitals as clinical teaching institutions, but confines his criticism to the narrow limits of attributing motives to the editor of this journal, and quoting the experiences of a student friend who could learn nothing in a Dublin hospital, we do not see any necessity for a replication to his observations. We, however, take the opportunity to ask Dr. Laffan a couple of questions which he has in vain been asked before. Does he propose that *all* Irish union hospitals shall be regarded as clinical teaching institutions? If so, how does he propose that the *bond fides* of the instruction and of the certificates issued by these hospitals shall be guaranteed, inasmuch as it is obviously impossible for any central authority to inspect or supervise the teaching of 163 provincial institutions? If he would propose that only a few of these hospitals be permitted to issue certificates, how is the selection to be made, and whose certificates would he refuse to accept?

Infanticide.

AN inquest was held last week by Dr. Lionel Weatheley, at Mark, in Somerset, on the body of a female child which, after living some minutes, had died by suffocation. The mother denied that she was pregnant up to the moment of labour, and delivered herself secretly, the body of the infant being subsequently found in her bedroom. The jury committed her for trial on a charge of manslaughter, and the coroner made some strong but justifiable remarks on the carelessness of the prisoner's employers in abstaining from calling in medical assistance to prove the justness of their suspicions with the girl's condition. It should, however, be remembered that this course of action is a very dangerous one for the medical attendant, and in the present state of the law liable to lead to vexatious prosecution. The whole question is a difficult one to handle.

Medical Advertising in Dublin.

A CLERICAL gentleman comes forward to illustrate in the Dublin papers of last week the ignorance and inconsiderateness of editors and the general public respecting what is and what is not consistent with professional decency. This gentleman makes an appeal for the Dublin Orthopædic Hospital, and enforces his demand for money by a reference to the extraordinary skill of the surgeon of the institution, describing with many adjectives the case

of a patient treated therein, and naming the surgeon in full, lest the public should be in doubt as to his individuality. We are assured that the surgeon referred to had no knowledge or participation in the puff, and we believe the statement; but we are reminded that this is not the first time, nor the second time, that we have been obliged to take exception to the disreputable method of begging pursued by this hospital, and to remonstrate against its officials using the name of its medical officers for the purpose of their mendicancy. We assume that it is easily within the power of any surgeon to stop a proceeding so inconsistent with professional decency, and we hope that he will so express himself to the reverend advertiser and the other officers of the hospital as to make such another puff impossible. If those who solicit aid for the institution cannot manage to do so without dragging in the name of its surgeon, as has been done in this instance, we shall be obliged on the next occasion to appeal more directly to professional feeling against the proceeding.

AN admirable portrait of the late Dr. Hudson, executed by Sir Thomas Alfred Jones, President of the Royal Hibernian Academy of Painters, has been recently presented to the King and Queen's College of Physicians in Ireland by Dr. James Little, Professor of Practice of Medicine in the Irish College of Surgeons. The portrait occupies a worthy niche side by side with the pictures of Beatty, Mayne, Corrigan, Churchill, Sir P. Dun's, and other equally celebrated Fellows of the College.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 7th inst., was 78, and the death-rate 18 per 1,000. Under 1 year there were 23 deaths, and above 60 there were 17 deaths, of which 1 was above 80. Diseases of the chest accounted for 21 deaths, and zymotic causes for 6, of which 4 were scarlet fever and 2 diphtheria. The intimations numbered 120, including 15 fever, 99 scarlet fever, 3 diphtheria, and 3 measles.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 7th inst., were at the rate of 24 per 1,000 per annum, against 24 in the preceding week, and 22, 23, and 30 in the corresponding periods of 1881, 1880, and 1879.

ANOTHER CASE OF HYDROPHOBIA.—Within the past few years cases of hydrophobia have occurred with alarming frequency. On the 5th inst. a death occurred from this frightful disease at the Royal Infirmary, Glasgow. It appears that about the 14th of March last the deceased was bitten by a mad dog, which was running about the streets at the time. The dog, after having bitten him, pursued its way towards Gallowflat, Rutherglen, where it bit a footman, and also made an attack on Mr. Reid, who, however, succeeded in warding it off. The infuriated animal was pursued back to Rutherglen, where it was afterwards destroyed by the police. Nothing unusual appeared wrong with the man bitten till about four days before death.

INCREASE OF SCARLET FEVER IN GLASGOW.—In his fortnightly report to the Glasgow Town Council on the 9th inst., Dr. Russell mentions that scarlet fever has been making rapid

progress in the city, and that the deaths from this cause have increased from 9 to 20, and are distributed over all parts of the city. The officer of health also points out the danger of carrying children suffering from whooping-cough in tramway cars, and states that the ventilation of the older types of tramway cars in this city is utterly inefficient. Recommendations on the subject by the Health Committee were forwarded to the Tramway Company.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—Dr. J. Halliday Croom, whose quarter of duty expires on 1st November, will then be succeeded by Professor Simpson for the ensuing three months. The present house-surgeons, Charles Harper Browne, B.A., and Herbert Rendell, will be succeeded at the same time by George Keppie Paterson, M.B. C.M., and Alfred P. Hillier, B.A. M.B. C.M.

COLONIAL EDUCATIONAL APPOINTMENT.—Dr. T. P. Anderson Stuart, M.D., C.M., Assistant to the Professor of the Institutes of Medicine in the University of Edinburgh, has been appointed by the Senate of the University of Sydney to fill the new Chair of Anatomy and Physiology in that University. Dr. Stuart was a most distinguished student at the University, and at his graduation was awarded the Ettles Scholarship and a gold medal for his thesis on the Physiological Action of Nickel and Cobalt.

UNIVERSITY OF ABERDEEN.—MEDICAL BURSARIES.—A meeting of the General Council of the University of Aberdeen was held on the 11th inst., to receive a motion by Professor Struthers to the following effect:—"That the Council respectfully represent to the University Court the importance of making known the want of medical bursaries in the University, as the number of bursaries for students of medicine is still very small compared with the number of students in that Faculty." Professor Struthers said one of the two great wants of Aberdeen University had recently been supplied by the endowment by Sir Erasmus Wilson of a Chair of Pathology. The want of bursaries in the Medical Faculty was still clamant. In the Faculty of Arts, Dr. Struthers pointed out, there were in the session 1880-81, 382 students, holding amongst them 282 bursaries, of the aggregate annual value of £5,068 1s.; in the Divinity Faculty there were 32 students, and 32 bursaries of the annual value of £732 10s.; and in the Medical Faculty 335 students, possessing only 17 bursaries, of the value of £345 5s. In addition, there were in the Arts Faculty scholarships and prizes amounting annually in value to £735; in Divinity, scholarships and prizes amounting to £51. In Medicine there was one scholarship of the value of £35 and three gold medals. The proportion of students to bursaries he showed by an analysis of the above figures to be—in the Arts Faculty, three to two; in the Divinity Faculty the number of students was just equal to the number of bursaries; while in the Medical School the proportion dwindled down to one bursary for every twenty students. Dr. Struthers pointed out that the fewness of the bursaries in the Medical compared with the Arts Faculty was due to the fact that formerly medical education was obtained, not by University teaching, but by apprenticeship of the student to a regular practitioner. He urged the greater necessity for the foundation of bursaries in the Medical than in the Arts Faculty by showing the comparatively greater expense connected with medical than with classical education, and expressed the hope that for the average 300 students who studied medicine annually at Aberdeen University there would be provided not less than 100 bursaries of the value of from £20 to £40 each. He especially invited the attention of those having money to leave for ~~gratuitous~~ public objects to the pressing necessities of the University in this respect. Principal Brown seconded the

motion, and suggested that the address delivered by Dr. Struthers be printed, and circulated in this country, the colonies, and in the East Indies, with a view to inducing wealthy persons to endow the necessary number of bursaries. The motion was unanimously agreed to.

HEALTH LECTURES IN GLASGOW.—The Young Men's Christian Association of Glasgow have arranged for another course of "Health Lectures" this winter, and we notice that the names of several pushing medical men are extensively advertised in this connection. The taste and expediency herein involved are, to say the least of them, of a questionable nature; and we are somewhat surprised to find the name of a respected and modest practitioner figure as a lecturer on "Healthy Motherhood." The corresponding lecture last winter was on "Healthy Womanhood," and its extensive distribution among all classes of the community was regarded with merited disfavour. After a "Young Men's Christian" Restaurant, and a "Young Men's Christian" Public Medical Lectures, we are tempted to ask, what next? The *Herald* tells us that "the names of the lecturers are a guarantee for the ability with which they will be handled." We shall see!

AYR NEW HOSPITAL.—Dr. Charles Scott, Dundee, has been appointed House-Surgeon to Ayr New Hospital, and Surgeon to the Dispensary.

COMBE LECTURES.—What with "Health Lectures," "Combe Lectures," and preaching doctors, the community in Scotland ought surely to be kept physically and spiritually straight. In the Combe Lectures great interest seems to be taken by the public, and the courses arranged for the ensuing session include the delivery of lectures by the lecturer, Dr. Andrew Wilson, at Perth, Falkirk, and Leith, and also, by special arrangement with the local societies, at Hawick and Galashiels. The lectures at Perth and Leith are to be delivered during the autumn and winter, those at the former city beginning on October 17th, and at Leith on October 30th, each course of eight lectures being continued weekly to the close. At Falkirk the lectures will be given early in 1883. The courses at Hawick and Galashiels are intended to supplement the Combe lectures given there last session.

FEVER HOSPITAL ACCOMMODATION IN EDINBURGH.—At a special meeting, held last Friday, of the Law and Public Health Joint Sub-Committee of the Lord Provost's Committee on Fever Hospital Accommodation, we understand it was recommitted to a special committee, consisting of Bailies Cranston and Anderson, and Councillors M'Lachlan, Baxter, Clark, and Russell, to consider the whole question of fever hospital accommodation in Edinburgh, to confer with the managers of the Royal Infirmary, and to bring up a written report containing a definite proposal to be submitted to the Town Council for consideration.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—At the first meeting of the session of the Glasgow Medico-Chirurgical Society, held in the Faculty Hall, on the 6th inst., the following gentlemen were elected office-bearers for the session 1882-83:—President, Dr. W. T. Gairdner; Vice-Presidents, Dr. Robert Grieve and Dr. Alexander Robertson; Council, Dr. George Mather, Dr. H. C. Cameron, Dr. Robert Forrest, Dr. Lapraik, Dr. D. Maclean, Dr. J. C. Woodburn, Dr. Wm. Whitelaw (Kirkintilloch), Dr. W. A. Wilson (Greenock); Secretaries, Drs. W. L. Reid and J. W. Anderson; Treasurer, Dr. Hugh Thomson.

TYPHOID FEVER, although still prevalent in Bangor, shows signs of abatement, the cases during the past few days being fewer and of a less severe type.

Literary Notes and Gossip.

AMONGST the new works in Medicine and allied sciences issued during the past few days are—Vol. I. of Reeves's new work on "Human Morphology," a new edition of Bristowe's "Theory and Practice of Medicine," Vol. II. of Wood's "International Surgery," Vol. II. of Fleming's "Contagious Diseases of Animals," Hill's "Bovine Pathology," Dolan's "Whooping-Cough" (Fothergillian Prize), &c. Dr. Quain's "Dictionary of Medicine" is expected in a few days, and a new edition of Dr. Graily Hewitt's "Diseases of Women" will be ready in November.

DR. MAYNE publishes, through Messrs. Churchill, a table, entitled "Notes on Poisons," which is practically a reproduction from the second edition of his "Therapeutical Remembrancer." We cannot speak in terms of praise of this synopsis, the principal advantage of which lies in the form it is presented under. To those already fully acquainted with the tests, antidotes, and symptoms associated with the various poisons the chart may be of service, but even such persons must be perplexed, both by the arrangement and nature of its contents.

THE student of elementary anatomy and practical physiology will find much valuable information in a little book now before us entitled "The Tissues and their Structure," by Alexander S. Kenny, M.R.C.S. (David Bogue, London), the value of which is greatly increased by the addition of some carefully-executed illustrations of the various tissues of the body. We have gone through the pages of the book, and find the information accurate and carefully prepared for the wants of the student, and even those who have passed the stage of pupillage will find much to instruct and interest them.

THE subject for the annual competition for the "Howard Medal" (1883) is—"The best Exposition of the Experiences and Opinions of John Howard on the Preservation and Improvement of the Health of the Inmates of Schools, Prisons, Workhouses, Hospitals, and other Public Institutions, as far as the Health is affected by Structural Arrangements relating to supplies of Air and Water, Drainage, &c." Candidates are referred to the text and foot-notes of Howard's two works on "Prisons" and "Lazarettos." Besides the medal, the Council of the Statistical Society of London have decided to grant the sum of £20 to the successful essayist.

As the "Medical Man's Handy-book," by William Shepperson (J. and A. Churchill, London), owes its origin to "the desire of several medical men," it must doubtless have been wanted, though we may fail to see its individual merits. The information it contains is correct so far as it goes, inasmuch as it is copied almost *verbatim* from several well-known sources; but there is nothing in it which should not be already known to the most ordinary practitioner, who, if he need such a handy-book as Mr. Shepperson has considerably prepared, should at once renounce the medical profession for something nearer his level, and of less danger to the general public.

THE staff of the London Hospital have issued a new *Pharmacopœia*, which is considerably larger than its predecessor, not merely because it includes recent additions to our materia medica, but because it also aims to be a useful guide to the students of the hospital in the art of prescribing. An appendix for the special use of the students gives instructions for case-taking, for the estimation of urea by sodium hypobromite, for the use of Fehling's solution, a list of poisons and their antidotes, a list of abbreviations used in prescriptions, tables of metric weights and their equivalents, and a table of doses. The book is of convenient size for the student's pocket, and well got up.

WE understand that Professor Politzer's long-promised work on "Diseases of the Ear and Adjacent Organs" will be ready this week, and that the authorised English translation, by Dr. Patterson Cassells, of Glasgow, will appear almost simultaneously in England and America with the completed work in Germany. If we remember rightly, Politzer commenced this treatise, which is in the nature of an exhaustive

text-book, about three years since, the first volume in German being issued last year. He has now completed vol. ii., and, with it, the work; but in the English edition the whole will be issued as a single volume, of about 800 pages, the redundancy of the German language giving place to briefer Saxon.

AN aged contributor to this journal—Dr. W. St. George Davies—passed away at Brighton a few days since, having attained the distinction of being the oldest member of the profession in the present decade. Nearly 80 years ago he was attached to the Royal Navy, and was engaged as surgeon on board ship in nearly all the historical battles of that period. The last of his day, his place too is vacant, he having reached the patriarchal age of 96. Dr. Davies had retired from the Navy many years, and was in the enjoyment of a full service pension. His last literary contribution was to the columns of this journal, entitled "Naval Medical Reform."

THE day is probably not far distant when every leading publishing firm will issue a magazine of its own, with the name of the house as its distinctive title. Thus, we already have *Macmillan's Magazine*, *Cassell's Magazine*, *Chambers' Journal*, and next month we are promised the first number of *Longman's Magazine*. None of these serials, however, partake of the nature of medical publications, although the houses they represent are publishers of a number of medical works. The strictly medical firms have already their own journals, but the time has not arrived when the word "medical" can be safely dropped from their several titles in favour of the name of the head of the house.

THE completed Report of the Examinations of the Medical and Surgical Corporations of the United Kingdom, by the Visitors appointed by the General Medical Council, is now to hand. We have from time to time commented upon isolated reports, and now that the whole is public, and is, moreover, purchasable for a small fee, we advise those interested in the questions of reform in medical education and examination to obtain the volume for themselves. There is a carefully prepared index, and each page is annotated in the margin by Mr. Miller, the General Registrar. The "Statement" by Mr. Pridgin Teale, which is inserted as a sort of preface to the work, will be read with considerable interest, as a thoughtful and honest exposition of facts, with suggestions.

THE case of Mr. Aitken, who died recently at Columbo, Ceylon, from—it was said—an overdose of male fern, given while under treatment of Dr. Coghill, of that place, has been the theme of considerable gossip in home circles lately. The question turned upon the authority of a standard work on therapeutics, from which the accused averred he took the prescription. The dose was undoubtedly a dangerous one, and the quantity specified probably a misprint; but we are not of opinion that it was the cause of death; on the contrary, that it was due to exhaustion from diarrhoea. In any case, the production at the initial stage of the inquiry of the prescription in the book in question was deemed sufficient for the acquittal of Dr. Coghill, and the inquiry was not proceeded with.

AMERICAN publishers are notably enterprising—we are not now referring to their practice of reproducing European authors without permission, but in the production of what may be termed "big" books of medicine, of which "Ziemssen's Cyclopædia" is a type. Last year Messrs. Wood and Co., of New York, announced an "International Encyclopædia of Surgery" in six volumes, by various authors, each volume to appear quarterly. So far they have been unable to carry out their design, as a year has elapsed between the publication of vols. i. and ii. If scientific surgery continues to make the strides during the next six years it accomplished in the past, and the remaining volumes of this work only appear at yearly intervals, the first will be considered obsolete in many particulars by the time the last appears. We counsel Messrs. Wood to hurry on the work if they desire to give it a chance of success.

THE catalogue of the ill-fated Berlin Exhibition for Hygiene and Life-saving Appliances lies before us. It will be remembered that from this period of last year and onward the exhi-

bition was one of the chief objects of interest of Germany and Germans, an interest that increased day by day until that on which the whole vast fabric with its precious, even invaluable, contents became the prey of the devouring element. To read now the exact and laboured precautions that had been taken and were to be taken to prevent the possibility of a conflagration is a striking commentary on that fate to the influence of which we are told both men and mice are subject. Everything seems to have been done (on paper); no precaution seems to have been omitted, and yet the fire broke out, and in spite of all the elaborate precautions, consumed everything. The catalogue is well got up, and does credit to the firm of publishers in charge of it (Th. Fischer Dorotheen, Strasse 8, and Julius Springer Monbijou, Platz 3). A perusal of it even now will at least show the direction or scope of the late Exhibition, and as this is to be reproduced during the coming year in all its completeness for those interested in these subjects (and who is not?), the cost of the volume and labour of perusing it will not be thrown away.

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NEW BOOKS AND NEW EDITIONS.—The following have been received since the publication of our last list:—The International Cyclopedia of Surgery, Vol. II. Theory and Practice of Medicine (4th edition), by J. Syer Bristowe, M.D., F.R.S. Regional Surgery, Part I., Head and Neck, by F. A. Southam, F.R.C.S. The Teeth, by S. H. Linn, M.D. First Aid to the Injured, by Dr. Esmarch (translation). Diet for the Sick, by J. J. Ridge, M.D. (2nd edition). Diseases of the Uterus, by A. Courty (translation). The Surgical Treatment of Hemorrhoids, by W. Whitehead, F.R.C.S. Notes on Poisons, by J. Mayne, M.D. Synopsis of Chemistry, by T. W. Drinkwater, F.C.S. Therapeutical Remembrancer, by J. Mayne, M.D. (2nd edition). Vaccination and Small-pox, by W. A. Hardaway, M.D. The Contagiousness of Pulmonary Consumption, by J. Burney Yeo, M.D. Some Practical Observations on Vaccination, by W. H. W. Wilkinson, L.R.C.P. Treatise on Electro-Diagnosis in Diseases of the Nervous System, by A. Hughes Bennett, M.D. St. Thomas's Hospital Reports, New Series, Vol. XI. New Commercial Plants and Drugs, by Thos. Christy, F.L.S. Lock Hospitals and Lock Wards in General Hospitals, by F. W. Lowndes, M.R.C.S. Hereditary Eruptions of the Skin in Early Life, by J. Startin, M.R.C.S. On Animal Vaccination, by C. R. Drysdale, M.D. On Cattle-plague Vaccination, by Dr. C. Pigeon. The Climate and Fevers of India, by Sir Joseph Fayrer, M.D., F.R.S. A Critique on the Criticisms of the Simplicity of Life, by Ralfe Richardson, M.D. Human Morphology, Vol. I.: The Limbs and Perineum, by H. A. Reeves, F.R.C.S. Ed.

Correspondence.

SULPHUROUS ACID IN CONSUMPTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having received several letters from members of the profession asking for the exact composition of the compound sulphurous acid vapours which I described in my paper on "The Treatment of Consumption with Sulphurous Acid," published in your issue of Sept. 27th, and being unable to reply to each, I will now, with your permission, give the formulæ of these vapours, and hope that all will consider this a satisfactory answer to their communications. They are—

No. 1.

Vapor. acid. sulphurosi c. ol. pini sylv.

R. Ol. pini sylvestris, ℥ 80;

Kaolin, gr. 20;

Acid. sulphurosi, B.P., ad ʒj.

Mft. inhalatio. Five to ten drops to be inhaled three times a day.

No. 2.

Vapor. acid. sulphurosi c. ol. eucalyptil.

R. Ol. eucalyptil, ℥ 80;

Kaolin, gr. 20;

Acid. sulphurosi, B.P., ad ʒj.

Mft. inhalatio.

No. 3.

Vapor. acid. sulphurosi c. benzoin.

R. Acid. sulphurosi, ʒss.;

Tinct. benzoin. comp., ʒss.

Mft. inhalatio.

In these inhalations the essential or specific ingredient is the sulphurous vapour, the oils, though possessing intrinsic virtues, being here mainly used to disguise the odour and lessen the irritation of the sulphur. The kaolin helps to mix the oils, but is not necessary, for a little spirit of wine might answer the purpose.

In commencing these vapours, the benzoin combination should have a first trial, and it is well to use a wire or perforated flexible zinc inhaler, carrying a bit of sponge on which the fluid can be dropped. This obviates the fatigue attending the use of hot-water inhalations. The sponge should not be allowed to touch the lips.

Your obedient servant,

D. H. CULLIMORE, M.D.

54 Welbeck Street, London, W.,

Oct. 11th, 1882.

Medico-Legal Intelligence.

THE PAYMENT OF FEES FOR MEDICAL CERTIFICATES.

DURING the hearing of a charge of attempted murder at the Portsmouth Police Court on Saturday, a point of some interest to the profession arose. It transpired in the course of the evidence that the house-surgeon at the Royal Portsmouth, Portsea, and Gosport Hospital (Mr. Williams) had refused the police a certificate of the condition of the injured woman—who had been detained in the institution in consequence of the severity of the injuries received—unless he was paid for it. The magistrates expressed their surprise that such a course should have been pursued, but as the surgeon was not then in attendance they agreed not to commit themselves to any condemnatory expression of opinion regarding the matter. Subsequently, when the surgeon came into Court, the Chairman of the Bench asked if it was true that he had refused a certificate to the police because he was not paid for it? The Surgeon. Certainly. The magistrates' Clerk remarked that as the surgeon was not at the Court in time, no entry could be made relative to his fee for attendance.—Mr. Williams said he had to complain of the way in which he was informed of cases, and stated that he had only been warned to attend the Court some forty minutes previously. Ten minutes had been occupied in giving absolutely necessary instructions to be observed during his absence from hospital, and the remaining twenty minutes in his getting to the court.—Inspector Bidgood said he warned the surgeon at ten o'clock that he would either have to give a certificate or attend the Court.—Mr. Williams distinctly denied this statement.—The Clerk: You might have given a certificate and saved all this bother.—Mr. Williams: It is not usual to give a certificate without the fee.—The Chairman: Well, the case has been adjourned for a week.—Mr. Williams: I have attended here at great inconvenience. I suppose my fee will be all right?—The Clerk: You were not here in time to give evidence, and I cannot book your fee.—Mr. Williams: But I complain of the way I am informed of cases. It has been the same with the other house-surgeons.—The Clerk: We know all about the other house-surgeons.—The Chairman: Excuse me, the case has been already adjourned, and it must end here.—Consequently Mr. Williams' enforced attendance at Court was unremunerated. Why not try the same system of unpaid services upon the legal as well as the medical profession? A commencement might be made with the Clerk of the Portsmouth Court!

London Hospital Medical College.—We are informed that Mr. Hugh Smith has obtained the Entrance Science Scholarship of £60; Mr. E. Barclay Smith the Entrance Science Scholarship of £40; Mr. L. Raby the Burton Scholarship of £30; and Mr. F. R. Ozzard the Burton Scholarship of £20, at this College.

St. Thomas's Hospital Medical School.—We are requested

to announce that the Entrance Scholarships in Natural Science at this College have been awarded as follows:—Scholarship of £100 to Mr. Horace Duncan; Scholarship of £80 to Mr. E. D. Shirriff.

University of Durham.—*First Examination for the Degree of Bachelor in Medicine.*—The following is the list of successful candidates at the examination held last week:—*First-class Honours*: No candidate was successful. *Second-class Honours*: James R. Roberts (Middlesex Hospital).

Pass List.

Archer, Edmund Lewis, M.R.C.S., St. Bartholomew's.	Mosse, Herbert, Charing Cross Hospital.
Bate, John Frederick, University College Hospital.	Newbolt, George P., St. Bartholomew's Hospital.
Blight, William Lyne.	Opie, Edward Augustus.
Dixon, Henry W., Newcastle-upon- Tyne.	Robinson, Louis, St. Bartholomew's Hospital.
Harper, John Maurice, London Hospital.	Robson, James Matthew, B.A., Newcastle-upon-Tyne.
Hartley, Isaac, Newcastle-upon- Tyne.	Thistle, Frederick T., M.R.C.P., St. Bartholomew's Hospital.
Jacques, William, Newcastle-upon- Tyne.	Woolmer, Shirley Lawrence, Uni- versity College Hospital.
Lazenby, James, Newcastle-upon- Tyne.	

Ten candidates failed in the examination as a whole. Two failed in chemistry only, and one in botany only.

Alabama, New Orleans, Texas, and Pacific Junction Railways Co.—Subscriptions are invited in our advertisement columns for £700,000 (part of an authorised issue of £1,000,000), in bonds of £100 each, bearing 6 per cent. interest redeemable at par in 1909, or previously by a six months' notice at £115 per £100. The Company, which has the complete control of about 867 miles of railways, and is in due alliance with the Alabama Great Southern Company, owns 295 miles, forming a system of 1,162 miles of trunk roads, to be worked as one system, has a subscribed and fully paid share capital of £1,500,000 in preference shares, expended in the development and purchase of the lines forming the system. The present issue of Bonds are offered for subscription at £94 per £100 bond payable by instalments.

Notices to Correspondents.

MR. SAWLER.—Bacterial fermentation is a natural process during pancreatic digestion, in all probability. It will not take place in the presence of salicylic acid, or if air be entirely excluded. Indol is the substance to which the faecal odour of the contents of the large intestines is attributed. Their colour is associated with the bile pigments.

MR. H. O. THOMAS'S paper (conclusion) on "The Treatment of Fractures of the Patella" is unavoidably held over for a wood-cut illustration.

MR. WALTER RIVINGTON (London) is thanked.

THE DUTIES OF APOTHECARIES TO IRISH DISPENSARIES.—Having been interrogated by a correspondent on this point, we have made diligent search and inquiry, and cannot find that the duties of apothecaries to Irish dispensaries are anywhere set forth. Their functions seem to be governed by unwritten law, and we believe they are Poor-law union officers, and not dispensary or medical charities' officers at all.

MR. CUTHBERTSON.—It is impossible to combine the two substances in any form of mixture. Any ordinary nervine tonic would meet the requirements of the case.

DR. JAMES R.—The subject has been previously referred to. We do not feel called upon to reopen the discussion.

A. S. T.—It has been tried, but without success. You must apply for licence on the recommendation of some person of eminence, and an authority able to judge of the value of the suggested research.

A FRIGHTENED STUDENT.—We are very sorry for you; but the fault is entirely your own. Seek advice from your teachers.

INDISCREET TOUTING.—With reference to our remarks under this heading, we are requested by the Secretary of the Kent County Ophthalmic Hospital, situate at Maidstone, to state that the person who officiously sought by a house-to-house visitation at Hastings to obtain subscriptions in aid of this Hospital was in no way authorised by the Council; and that, moreover, any moneys so obtained have not been paid in to the funds of the institution in question. The Secretary further states that "The Kent County Ophthalmic Hospital" and the West Kent Hospital are distinct institutions, both situate at Maidstone, and both doing a large amount of good; but in no case have appeals outside the county been officially sanctioned by the governing bodies, although patients from other counties frequently go to the Ophthalmic Hospital for gratuitous treatment.

M. R. B.—We cannot take the case up just now, nor do we see how you can justify action in it yourself. By your own showing you have not been aggrieved, and can therefore have no locus standi as a complainant. A personal explanation would be most likely to ensure an amicable understanding, and you ought to take the initiative.

DR. CRAWLEY has evidently been guided by mere hearsay evidence

He would do wisely to procure and study the work he condemns before passing an opinion on it. Had he consulted it before writing he would probably have quoted the title rightly, and avoided the error of ascribing language to an author of which he has not been guilty in the work referred to by our correspondent as containing the passages complained of.

CANTAR.—You are correctly informed.

A SUBURBAN PRACTITIONER.—You have an undoubted grievance, but one unfortunately very unlikely to be redressed. You are but a single individual against a powerful society, and until you can obtain a large amount of support from similarly injured members you will not effect anything to your own advantage.

IGNORAMUS.—The name is applied to those double teeth which are situated anteriorly to the molars. It is usual in anatomy to apply the term to those permanent grinders which replace the milk molars of the first dentition.

DR. KINLOCK PATTERSON (Perth).—Owing to pressure on our space we have been unable to give the necessary space to your paper. We shall probably insert it in our next, previously to which proof will be sent you as requested.

DR. J. OWEN.—You could not do better than read Prof. Hutchinson's College of Surgeons' lectures on "Temperature, Idiosyncrasy, and Diathesis in relation to Disease" which appeared in our issues for July and August of present year.

SURGEON-GENERAL FRANCOIS' "Case of Aortic Aneurism opening into the Oesophagus" shall appear in an early number.

A PUZZLED AUTHOR.—You may take the following table for guidance in the relation of metrical weights and measures to British:—

Décligramme	=	1.543 grain.
Gramme	=	15.432 grains.
Centilitre	=	10 cubic centimetres .. 2 dr. 49 m.
Decilitre	=	100 " " .. 8 oz. 4 dr. 10.3 m.
Litre	=	1000 " " .. 1.76 pint.
Millimetre	=	.0394 inch.
Centimetre	=	.3937 inch.
Decimetre	=	3.9370 inches.
Metre	=	39.3707 inches.

Vacancies.

Carlton Union, Bagenalstown Dispensary.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, Oct. 24th.
Glenties Union, Ardara Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Oct. 24th.
Kendal Union.—Medical Officer and Public Vaccinator. Salary, £40 and £45 respectively. Applications to be sent to the Clerk on or before Oct. 26th.
Northampton General Infirmary.—Physician. Applications to be forwarded to the Secretary not later than Oct. 27th.
Oldcastle Union, Crossakel Dispensary.—Medical Officer. Salary, £50, and £15 as Medical Officer of Health. Election, Oct. 20th.
Parish of Birmingham.—Physician. Salary at the rate of £150 a year. Applications to be sent to the Clerk to the Guardians not later than Oct. 23rd.

Appointments.

CONRY, J. T. C., L.F.F.S. Glas., L.K.Q.C.P.I., Medical Superintendent to the new Infirmary at Hope, Salford.
DUNN, A., L.R.C.P. Ed., L.R.C.S.I., Medical Officer to the Portlary Dispensary District.
EAGLES, W., M.R.C.S., Surgeon to the Bucks General Infirmary.
FLINN, D. E., L.K.Q.C.P.I., L.R.C.S.I. & L.M., Surgeon to St. Michael's Hospital, Kingstown, Dublin.
GORDON, J. J., L.R.C.P. Ed., L.R.C.S. Ed., Assistant Medical Officer to the Infirmary and Workhouse, Hackney Union.
JONES, E., M.B. Lond., &c., Assistant Medical Officer at Colney Hatch Asylum (Female Department).
KING, Dr. J., Apothecary to the Peter Street Dispensary, Dublin.
MACDONNELL, M. A., M.D., M.Ch.Q.U.I., Honorary Medical Officer to the South Dispensary, Liverpool.
ST. GEORGE, G. L., L.K.Q.C.P.I., L.R.C.S. Ed., Surgeon to the County Antrim Infirmary.
STREET, A. F., M.A., M.B. Cantab., M.R.C.S., Senior Resident Medical Officer to the Radcliffe Infirmary, Oxford.

Births.

KELLY.—Oct. 5, at 12 Plough Road, London, S.E., the wife of Bernard Kelly, M.D., of a son.
POTTS.—Oct. 12, at Sunnyside, Leatherhead, the wife of Lawrence Potts, M.R.C.S., of a son.
RENDALL.—Oct. 10, at Maiden Newton, the wife of Wm. Rendall, M.R.C.S., of a daughter.
SMYLY.—Oct. 7, at 35 Upper Fitzwilliam Street, Dublin, the wife of W. J. Smyly, M.D., of a son.

Deaths.

HOLMES.—Oct. 13, at Tudor House, Lyme Regis, Thos. J. Holmes, M.D., aged 66.
LANGLEY.—Oct. 7, at his residence, Tramora, William Leale Langley, M.D., Inspector-General of Army Hospitals, aged 69.
PALMER.—Oct. 8, at 23 Clifton Terrace, Brighton, Thomas Palmer, M.D. Lond., aged 63, formerly of Radnor Place.
RISDON.—Oct. 6, at Bideford, North Devon, Robert Risdon, M.R.C.S. late of James Street, London, S.W., aged 53.
SCOTCHBURN.—Oct. 6, at Great Driffield, Alfred Scotchburn, M.R.C.S., aged 55.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 25, 1882.

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Original Communications.

WHOOPIING-COUGH: ITS PATHOLOGY AND TREATMENT. (a)

By THOMAS M. DOLAN, F.R.C.S., L.R.C.P. Ed.,
Medical Officer to the Halifax Union Infirmary.

MR. DOLAN prefaced his paper by saying it was easy to frame a definition of whooping-cough, but a recapitulation of symptoms was not an explanation. He would endeavour to throw what light he could on its true pathogenesis. He could not dwell upon all the theories advanced, but he would devote a little attention to the views of Dr. Gueneau de Mussy, in order to make them the basis for his objections against a large number of theories.

The theory of M. Gueneau de Mussy that the malady was a bronchial adenopathy, characterised by enlargement of tracheo-bronchial glands with compression of the pneumogastric, did not appear to him to account for the phenomena of pertussis. He shared in the objections raised by M. Colin, Hardy, Blot, Woillez, in the discussion at the Academy of Medicine, Paris, and by Drs. Barlow and Burney Yeo at the Pathological Society of London.

The tracheo-bronchial glandular enlargement was not always present in pertussis, and when, from various causes apart from pertussis, these glands have been enlarged, the pertussoid cough has been absent during life.

The contagious character of whooping-cough could not be explained by any theory of location in the nerve centres. Looking at all the phenomena and the symptoms, whooping-cough presented certain resemblances to those diseases, the causes of which were now believed to be minute organisms or fungi. It was highly contagious; it had its period of incubation; of effervescence

and defervescence; it ran a regular course; it rarely occurred but once in the same individual.

On the grounds of analogy, then, and some ascertained facts, he would place pertussis in the group of diseases caused by Protophytic Fungi. Linnæus foreshadowed modern views when he endeavoured to prove that almost all diseases were produced by animalculæ, or had an insect origin. The insect of Linnæus was the microbe of Pasteur: two great minds thus met at the same conclusion.

Other observers, such as Poulet, Letzerich, and Binz suggested the fungoid nature of pertussis. So far back as 1867 M. Poulet found in the sputa of pertussoid patients what were then termed Infusoria, belonging to the class bacterium—bacillus.

Letzerich had produced whooping-cough in rabbits by inoculating the trachea with sputa from the human subject. Repeating experiments like those of Letzerich on rabbits, he found that the blood did not produce any effects, but that the sputa and other secretions caused death. Microscopic examination of sputa revealed ordinary bacteroid forms, but in addition, he had observed a microbe to his eye, somewhat resembling the spirælochaete plicatilis of Cohn. He had been assured that this microbe was a delusion, and could be accounted for by the personal equation which must always be allowed for in microscopic work, viz., the desire of the observer to see in the field of the microscope what he wished to see.

Since this essay was written Koch had discovered the tubercle bacillus. Improved methods of staining, such as those of Henneage-Gibbes, and others, more readily exposed these minute organisms. By the application of similar methods he believed that the special microbe of pertussis would be revealed. Admitting the fungoid nature of pertussis, the contagious nature of the malady was easily explained. The nasal secretion and sputa, &c., contained a well-characterised toxic principle. The sputa confined this. Germs were thrown off into the air. These germs entered by some of the channels by which other contagia entered. They developed in the blood, setting up constitutional disturbance, subse-

(a) Abstract of the Fothergillian Gold Medal Prize Essay, read before the Medical Society of London, October 16, 1882.

quently attacking the pulmonary epithelium, giving rise to all the phenomena of pertussis. From the lungs the contagion was again thrown off.

In pure, uncomplicated whooping-cough the scalpel of the most practised anatomist failed to detect any characteristic or pathognomonic lesion. This was not surprising, and lent support to his hypothesis. The simple disease whooping-cough was rarely fatal; the complications killed, and were numerous. He had, as far as possible, in his essay examined the pathological state of the usual complications. Time would not allow him to dwell upon them.

It was believed that the urine was very frequently saccharine. He had examined the urine of 50 children with confirmed whooping-cough and only found traces of sugar in 13.

This theory harmonised with some of the methods of treatment advanced and rendered them intelligible. The key-note on treatment had been struck by Sir Thomas Watson. Before considering treatment he would devote some time to the question of prevention. There had been no systematic attempt made to limit, check, or stamp out whooping-cough. If it were possible on the same day to isolate all the children suffering from this disease in England, and to keep them in quarantine for a lengthened period, whooping-cough might be stamped out. This he knew was impracticable. We might, however, do much to check and limit it. Without the assistance of the public we were powerless. Contagium was what we had to contend with in whooping-cough. The public should be instructed in the general principles of prevention—these he sketched. Whooping-cough, like all the other zymotic diseases, taught us one lesson—the dependence of one class upon another. If we threw a stone into a pond a very well-known phenomenon occurred. The water was disturbed; very soon circles might be seen radiating from the disturbed centre; those circles increased, grew wider and wider, until they were ultimately lost to the perception of the eye; each circle bore a geometrical relation to the preceding circle; all owed their origin to the primary point at which the stone sank out of sight. When whooping-cough or any other infectious disease occurred, from this tainted centre waves or circles might be thrown off; those waves might increase, grow wider and wider, but different from the mimic circle on the pond, carried with them disease, misery, and death. Those waves did not respect old or young, rich or poor, the prince or the peasant. They all bore a relation to the primary case, so that each class had an interest in confining the operation of the primary disturbance. If each one discharged his individual responsibility there would be no excessive individual sacrifice; if each one considered his neighbour, how easy it would be to check infectious disease. It all followed in a consecutive chain of duty and self interest. By the isolation of the first case of whooping-cough in any house or street, by the observance of the general directions given, a limit would be put to the spread of the disease. One family would suffer a little self-denial, and it would involve a little self-sacrifice, but the general gain to the community would be great indeed.

Approaching the subject of treatment proper, he stated that the scientific physician did not pretend to cure (in the sense in which it is commonly understood) scarlatina, measles, typhoid fever, or small-pox; but, like the helmsman at the helm of a ship, he strove to guide their course, to pilot his patients safe to land—to recovery, avoiding the reefs and rocks, or otherwise, the complications which might arise. Great skill was required in this process, even though all the above diseases ran naturally towards recovery. Whooping-cough, like measles and scarlatina, would run its course. We had no power over its incubation or its development, but we had great power over its issue. As he had previously pointed out, we could by a modified form of isolation and quarantine prevent the

spread of infection. By improved hygienic arrangements we could place the patient in the most favourable circumstances towards recovery; we could relieve certain painful and prominent sources of trouble; we could guard against complications; in a word, by the employment of rational measures we could assist Nature in her efforts to throw off the disease, and this was the highest power we possessed in dealing with the majority of diseases of this class. He described a plan of treatment and gave a copious formulary. In all plans of treatment certain modifications must be made, depending on the occurrence of exceptional phenomena. Every plan of treatment must be modified to suit the age, constitution, and the environment of the patient. Thus, for instance, we could not pretend to treat a delicate, strumous infant with whooping-cough in the same way as we would treat a robust, strong, and healthy infant; nor would we use the same measures for an infant that we should employ for a child of two or four years of age. An empiric might make a fortune by announcing that he had a cure for pertussis even at the present day; and if he were to make up a mixture of bromide of potassium, or ammonium, and advertise it with the same spirit of enterprise with which Holloway and Eno have pushed their pills and fruit salt, the same rich reward would almost certainly follow.

Treating the subject from a scientific standpoint, and apart from empiricism, he was forced to agree with Dr. Dickinson and those older physicians, who taught that there was no specific, and that we must be content with guiding the disease through its course. How we may do so he had endeavoured to show, and still more, as prevention was better than cure, laid down directions on prophylaxis, which if adopted would deprive us of the necessity of having to attempt to cure it.

The latest development of the genius of Pasteur had found issue in arresting splenic fever and fowl cholera by inoculation with the attenuated virus of the microbes upon which those diseases depended, so that he might not unreasonably hope that, as whooping-cough was a bacteroid disease, we might be able by his method to add a more powerful weapon to our preventive measures, and that by inoculation with the attenuated virus of pertussis we might render infants insusceptible to the contagion.

Jenner conferred a boon on humanity by the introduction of vaccination. Following in the footsteps of the illustrious Englishman, Pasteur promised to be equally a benefactor to his race.

But was not this a sad confession to make, that we have to depend upon prophylaxis—that we had no specific? He did not think so. We could control and direct the disease, just as we controlled typhoid, scarlatina, variola. We had no specifics for them.

His views were, he believed, in harmony with the temper of medicine in modern times. It was not derogatory to true progress to recognise the Hippocratic, *vis medicatrix nature*. It was something to be able to estimate the physiological disturbance going on in virus diseases—the heat, waste, increase of heart or lung action, the altered functions of secretion and excretion; to have the power of directing or controlling physiological action, though we could not arrest or neutralise the specific organisms which are at work. It was something to know the nature of the organisms we had to deal with; it was something to feel proud of that, by the aid of sanitary science, we could prevent such diseases, though they depended upon entities which cannot be cast out after the incubatory stage.

The true pathogenesis of pertussis might not have been pointed out, yet if his views were adopted they afforded a wide sphere for activity. We could relieve certain symptoms as they arose; we could alleviate, we could palliate, and we could prevent. To counteract the causes of disease was the highest triumph of our art.

There was a true and false medicine—the true consisted in knowing how much we knew; the false in pretending that all the arcana of disease and Nature were open to us. The true was noble and honest; the false was ignoble and dishonest.

In the interest of the true it was better to unhesitatingly declare that there was no specific for pertussis, and to show the reason why. This he had endeavoured to do. In the interests of little patients he should have been pleased, had facts allowed him, to write that there was a panacea for pertussis; and when the specific was found he should hail its advent with joy, and gladly put it to the proof. It would be a pleasure, in this case, to be convinced of holding erroneous views.

Meantime, waiting for the panacea, he submitted his own method of treatment to the consideration of the profession, and, in the words of Horace, said:—

“ Si quid novisti rectius istis
Candidus imperti; si non his utere mecum.”

ON AUSCULTATION OF THE TRACHEA AND MOUTH IN THORACIC DISEASE. (a)

By DAVID DRUMMOND, M.A., M.D., T.C.D. & Durh.,
Physician to the Newcastle-on-Tyne Infirmary; Senior Physician to the Newcastle-on-Tyne Hospital for Children, &c.

In this paper it is my desire to invite attention to a physical method of examination which I have found of great service in the detection of some thoracic diseases. My method, shortly, is auscultation of the trachea and mouth. It is now nearly three years since my attention was first directed to the column of air in the large bronchi, trachea, and mouth. In the first instance it was the discovery of the fact, first observed in my own person, that violent exercise, that is to say, increased action of the heart, causes a whiff synchronous with the cardiac systole, and audible to the individual himself during expiration when the mouth is wide open, that called my attention to the subject. I was struck by this phenomenon which I attempted to explain by supposing that the arch, of the aorta, on becoming over-distended, as a result of the cardiac excitement, actually compressed the trachea at each systolic expansion, and expelled air from it, thus occasioning the whiff. I subsequently discovered that even a very slight increase in the heart's action was sufficient to produce the whiff; for example, it was developed on suddenly rising to the standing from the recumbent position; but then it was only to be heard with the bell-piece of the binaural stethoscope in the mouth during gentle expiration, and it disappeared on resuming the horizontal posture. At times there was a double whiff audible, systolic and diastolic in rhythm. I further observed that when the whiff was at all loud in the mouth, it could also be heard distinctly in the trachea.

It then occurred to me that, should my explanation of the phenomenon be correct, it ought to be present in many cases of aneurism of the arch; for the sac, in a large proportion of such cases, impinges either against the trachea or large bronchi. This I found to be the case, a fact which I communicated to the Northumberland and Durham Medical Society in October, 1880, demonstrating, at the same time, the physical sign on a patient the subject of an aneurism of the transverse and descending portions of the arch.

Briefly, the oral whiff, which I may call the sign I am now referring to, can be detected in the following manner in cases of aortic aneurism:—

The patient is directed, whilst lying on his back, to breathe as quietly as possible through the widely open mouth; the oval piece (b) of the binaural stethoscope is

then introduced into the mouth to receive the expired air. Should, then, the sign be present, the expiration will appear to be interrupted at each beat of the heart by a whiff, which in some cases is very loud, whilst in others it is only detected at the end of expiration, an indication that it is but feebly marked. In certain cases, especially if the aneurism be large, a diastolic whiff can be heard as well as a systolic. In cases in which the sign is well marked, it can be plainly heard in the trachea during quiet expirations, or when the patient is holding his breath, with the mouth open and the tongue depressed, so as to allow the gaping glottis to communicate freely with the buccal cavity. In very well marked cases, the whiff is audible in the trachea with the mouth closed, but it at once disappears when the nostrils are compressed by the fingers. In seeking for the sign, it is most important to avoid cardiac excitement; hence it should only be sought for after the patient has lain in the recumbent position for a short while, and after the reasons for inserting such a formidable-looking instrument as the binaural stethoscope into the mouth have been fully explained. It is well, indeed, to school the patient accurately before commencing the examination, for nervous, interrupted respiration on the one hand, and forcible or nasal breathing on the other, will defeat the object of the examination.

During the past two years and a-half, I have had the opportunity of examining 24 cases of thoracic aneurism, 23 of the aorta, and one of the innominate artery, 18 of which were under my own care, and 5 were under the care of my colleagues or other medical friends. Of the 23 aortic aneurisms, the whiff was present in 17; in some of which it was well marked, and in others but feebly so; it was entirely absent in 3; in one it was not sought for; and in 2 stridor and rales were so loud as to interfere with its development. The sign was altogether absent in the case of innominate aneurism. In three cases, the whiff only developed after the patients had been observed in hospital from six to eight weeks.

Before passing away from the subject of auscultation of the trachea and mouth in aortic aneurism, let me very briefly, though with emphasis, refer to another way in which the tracheal column of air may be utilised and made to furnish valuable information by means of auscultation. In many cases, aneurismal murmurs are only audible in the trachea. I have occasionally been able to diagnose an aneurism by detecting a systolic vascular murmur in the trachea at the top of the sternum, auscultation of the base of the heart in the so-called aortic area furnishing at the same time absolutely nothing abnormal beyond a somewhat muffled first sound, followed by a loud high-pitched second sound, and sometimes not even that. These vascular murmurs confined to the trachea are tolerably frequent in cases of dilated aorta and small sacculated aneurisms; in one of the cases in which the tracheal whiff was absent, this tracheal murmur was the sign which led me to a diagnosis in the absence of all basal bruits.

It is a fact worth recollecting, that nearly all systolic aortic murmurs are well heard in the trachea; but when they are much louder here than at the base of the heart, they generally mean an aneurism either fusiform or sacculated. The two sounds in the trachea—the vascular bruit and the air-whiff—are easily distinguished, for the latter disappears when the patient's mouth and nasal passages are closed, whilst the former are best heard under these circumstances.

I now come to the second, and I venture to think, the most important part of the subject. I have hitherto, in this paper, referred to simple auscultation of our air column; but now I wish to invite attention to the information gained by aural auscultation in conjunction with percussion of the chest.

The normal adult chest, when examined by the following method, furnishes certain features which I must ask your attention to. The patient sitting before the auscultator, is directed to hold the oral-piece of the stethoscope

(a) Read before the British Medical Association.

(b) I have made for me, by Messrs. Brady and Martin, Newcastle-on-Tyne, a new bell-piece, for auscultating the mouth. It is made of celluloid, and is two inches and a quarter long, and about two inches and a quarter in circumference at the end. It screws on to the binaural stethoscope.

in his mouth, and to breathe very quietly into the tube, taking care not to allow the latter to touch any part of the mouth; the observer then, with the ear-pieces adjusted, percusses the front of the chest. All over the anterior portions of the lungs, the percussion note is heard in the mouth as a clear, resonant, booming sound—a sound which can readily be imitated by holding the chest-piece of the binaural stethoscope, when it is applied to the ears, between the finger and thumb of the left hand, whilst the tube, or fingers which support it, are percussed by a finger of the right hand. Percussion over the second interspace, close to the sternum, on both sides, often produces a sharper sound with a higher pitch, which in some cases partakes of the characters of a metallic ring. Percussion at the bases posteriorly gives the same clear, resonant tone—only somewhat muffled and more distant. When the chest-walls are thin, as in a case of diabetes, the note obtained by percussing the areas beside the sternum is sharp, high-pitched, and slightly hissing, accompanied by a ring more or less amphoric in resonance—resembling, if I may so speak, the cracked-pot sound in germ.

In children with thin chest-walls, this peculiar cracked-pot-like sound can always be obtained in the second and third interspaces beside the sternum, and often indeed all over the chest. But when the child is well nourished, and the walls tolerably thick, the note is very similar to that which I have described as being characteristic of a healthy adult chest—only slightly higher pitched, more resonant, and with a tendency to a cracked metallic ring in the infra-clavicular areas. Such, then, are the phenomena elicited by an examination conducted in the way I have indicated, so far as the normal chest is concerned. The great value of the method lies in the fact that, by it, early phthisical consolidation can often be detected; and that at a stage when the ordinary percussion note, so far as the ear can appreciate it, is unaltered, and the ordinary auscultatory phenomena are very slightly, if at all changed. In some cases in which the physical sign I am about to describe pointed to early phthisis, the inspiratory murmur was just a little harsh, and the expiration was somewhat prolonged and subtubular. The suspicious sign to which I wish to draw attention, and which I venture to think will be found to be one of the most valuable and distinctive signs of incipient phthisis, is the sound heard in the mouth during quiet expiration when the chest is percussed over a nodule of consolidation, and that is a sound like the *bruit de pot fêlé* of Laennec, or the percuto-auscultatory blowing-sound of Baas. It is a sharp, high pitched, amphoric sound, exactly like the noise produced when a cracked teacup, held by the handle, is tapped sharply with the pulp of the finger, whilst the bell-piece of the binaural stethoscope is allowed to transmit the sound from the ears, with the addition of a hissing termination. This sound is only audible to the auscultator with the tube in the patient's mouth; it cannot be made out—I speak now of the sign as it is discovered in an early case of phthisis—by the method usually employed in order to demonstrate the cracked-pot sound. It is most frequently observed in the intercostal spaces at each side of the sternum, between the cartilages of the second, third, and fourth ribs; but I have also detected it in other portions of the front of the chest. It is true that this sign is closely allied to, if not almost identical with, the cracked-pot sound; indeed, they are probably dependent on the same cause, only, if I may be allowed the phrase, it is a much earlier manifestation of it, and I think possesses a significance as a diagnostic sign of early phthisis hitherto unattached to the cracked-pot sound.

The following brief details of a case in which a diagnosis was arrived at by this method will serve to exemplify its value:—

J. B., æt. 25, a coalminer, was admitted into the Newcastle Infirmary in the beginning of May of the present year (1882), complaining of cough and nocturnal perspirations of six weeks' duration. He stated that he had not lost flesh. On examining his chest, it was found

that there was no flattening, and that both sides expanded equally. The ordinary percussion-notes on both sides were normal and alike. The inspiratory murmur on the left side in the infra-clavicular region was slightly harsh and interrupted; the breath-sounds on the right side appeared normal. With the stethoscope in the mouth, percussion over the left lung in the second interspace, an inch or two from the sternum, produced a very distinct metallic hissing sound, whilst, on the right side, the note was barrel-like and normal. The patient was lost sight of for a time, but, twelve weeks subsequently, the following points were noted:—He had lost a few pounds in weight; the cough and night-sweats still continued, and he had a white frothy expectoration.

Physical Examination.—There was distinct flattening beneath the clavicle on the left side; the percussion-note here was dull and high in pitch as compared with the corresponding area on the right side. The inspiratory murmur in the infra-clavicular space was harsher than before, and almost puerile. The expiratory sound was prolonged. Auscultation and percussion of the right side were still normal. The sounds in the mouth remained unchanged.

Time will not permit me to enter at all fully into the advantages of this method of examination in the diagnosis of other thoracic diseases; but I must claim the indulgence of the members whilst I refer very briefly to the results of my experience of the method in a few other conditions.

Oral auscultation, in conjunction with thoracic percussion, will be found to be very useful in the diagnosis of pleural effusion. When the fluid-containing portions of the chest are percussed, there is an exceedingly short, high-pitched and distant sound heard in the mouth, resembling closely the muffled sound that is heard when the ear is pressed against a stone wall, whilst some one is tapping with the knuckle at the other side. In pneumonia, on the other hand, the sound is somewhat lower pitched, much louder, and more resonant. I have found the method very useful in distinguishing between fluid and caseous pneumonia, two conditions very often confounded by the similarity of their physical signs.

In cases of thickened pleura the note is muffled and high-pitched; whilst in pneumothorax it is very loud and resonant, like tapping an empty barrel. Of course percussion of the posterior regions of the chest must be practised by an assistant.

In conclusion, allow me to commend to the attention of clinical workers the column of air in the trachea and mouth, for my experience has taught me that we have therein a mine of wealth hitherto almost unexplored.

ON THE TREATMENT OF FRACTURES OF THE PATELLA.

By HUGH OWEN THOMAS, M.R.C.S.

(Concluded from page 302.)

UNTIL experience led me to a rule of treatment that commands success, I believed that no matter what plan was followed in the treatment of fracture of the patella or olecranon, a large percentage of failures was inevitable. Now, I find that by adherence to the simple rules here laid down, success is nearly certain in both these forms of fractures; no matter what method of direct or indirect fixation of the fracture be practised, success can nearly always be attained by attention to the practical details here advised. The best mode of carrying out the principles I have laid down may fairly be left to the judgment and ingenuity of the individual practitioner. Any one of the numerous forms of appliances which are generally used when posterior fixation of the lower limb is required, can be made to answer the purpose. For many years I have preferred to use in cases of fractured patella either my "calliper" or "bed-

knee" splint. If there should be much effusion *within* the joint, this is immediately removed by aspiration, and if time and opportunity permit, I at once apply to the sufferer's limb a suitable calliper (Fig. 2), thereby securing advantages and avoiding much subsequent trouble. The limb is thus early and safely secured, and the patient is ready to move about, without harm to the injured part, so soon as the pain passes away. But if a calliper of the right length be not at hand (the size of the groin ring, provided it be large enough, is of no moment), then a "knee-bed" splint is selected (Fig. 1), in which the whole limb is placed. I next apply an adhesive gaiter to exercise retention of the limb in the splint, as shown at G in the accompanying illustration. To the bandages that secure the retention plaster, just below the patella, is sewn a piece of elastic webbing, which has adhesive material spread upon the upper half of the length D, this being fixed below the patella, is stretched over it, and the adhesive portion of the elastic is applied to the middle and anterior surface of the thigh, above the upper fragment of the patella at A, which it thus constantly draws gently down and exercises also slight surface pressure over both fragments of the knee-cap, pressing them into the space between the two condyles of the femur and head of the tibia, a cup, &c., ready at hand to receive them. Now the bandage is applied at B and C, and finally the popliteal support F is placed in position and secured tight enough to hinder any downward strain of the knee-joint which would soon be unbearable. If a calliper-splint has not been employed at the onset of treatment it is better to apply one as soon as possible, the bed-splint being more applicable to the early treatment of fracture of the thigh-bone than to that of the patella. As soon as the calliper-splint is well fitted the immobility of the fracture is nearly absolute, without much circular compression of the limb.

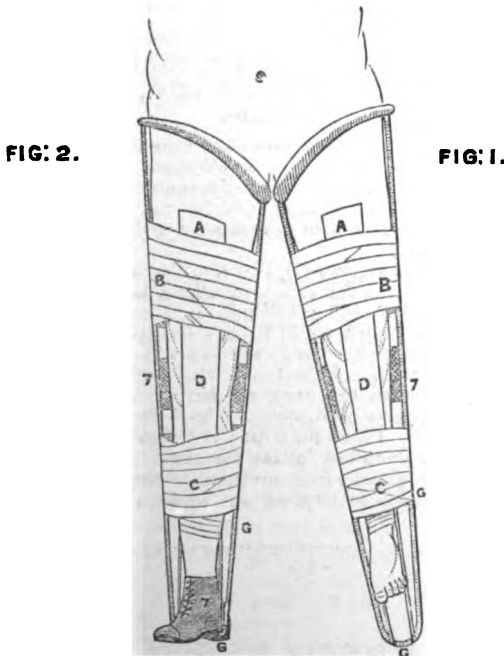


Fig. 1. shows the bed-splint applied. Fig. 2. shows the calliper-splint fitted to the boot.

It is announced that the report made by Dr. Barry to the Local Government Board on the outbreak of typhoid fever at Bangor has been received by the sanitary authorities of that place. Dr. Barry has no hesitation in ascribing the outbreak to the water supply.

MINOR SURGERY CASES IN COUNTRY PRACTICE IN BYGONE TIMES.

By G. KINLOCH H. PATERSON, M.D., M.R.C.P.,
L.R.C.S. Ed., &c.,
Perth, N.B.

No doubt there is much sound sense in the words, "Prevention is better than cure," often expressed as these are; but surely something more than ordinary ought or might be said in favour of Minor Conservative Surgery; in support of which, and preferring to look on the bright side of the latter, the following cases, though occurring as they did in years gone by, may not be unappreciated or found uninteresting. First, then, on injured thumbs by machinery.

CASE I.—J. A., æt. 11, being with his mother in a small cot-house, or pendicle, with a certain number of acres of land attached to it, and in the barn of which, where what are called the "fanners" were working, he had unwittingly put the fingers of his right hand in about the wheels when in operation, and in one of the niches and teeth of these his thumb was crushed. I was called soon after the accident happened. On examination I found the bone on either side of the first phalanx comminuted considerably, for on applying my fingers gently, the yielding bits of broken bone were felt easily. There was no laceration, and very little abrasion observable externally. My treatment was, first, to adjust the comminuted bits of bone as well as I could, and after doing so applied very thin limber splints, moistened in warm water first, on either side of and above and under the thumb (from parts of an empty, clean, ordinary match-box), fixing and securing these well with narrow strips of cotton rag, and lastly, over the point of the thumb (backwards), above and underneath; then, with a bandage carefully rolled round over all; after which I placed the hand in an easy position. On the following day wetted with warm water, the dressing only, all round. By the third, the thumb having rather an offensive smell, moistened the dressing with a spirituous lotion of myrrh. Continued repeating the same from time to time until the fifth day, then partly dressed the thumb, allowing the splints, &c., to remain on undisturbed up to the eleventh day; then undid or took off the matted dressing and splints, and redressed it in the same way, with the latter renewed. By this time feeling and motion in it were observable, and after this it required little more except proper care and attention. Eventually the thumb became well, and as useful to the little fellow as it was before to hold the pen, book, or pencil, at the parish school.

CASE II.—W. S., a boy, about the same age (in twelve months after above one), also happened to meet with, in the same way, an exactly similar accident, and also to the thumb. I made no difference when I saw it in the treatment, and it, too, did well, with no loss of power or sensation.

CASE III.—W. L., æt. 57, farmer, in returning home in the afternoon on foot with a friend from the weekly corn market held in Perth, about six miles off from where his farm was, had got up on and in a standing position behind a dog-cart, and ere it had gone very far, the horse had shied at something, in consequence of which he fell on the turnpike road, on a part of the latter where, shortly before, road metal stones had been laid, with his face downwards. My services were, very quickly after the accident happened, requested. When I saw him a good quantity of blood had oozed away. In appearance he was in a faintish state, and considerably stunned also, though quite conscious. In falling his nose was much disfigured and injured by the sharp and small road metal stones, the integuments on each side of which hung down in narrow strips beyond its natural point; the cartilaginous part was divided right across, close to the nasal bones. Immediately adjusted (previously making sure that there were no particles of sand, &c., adhering to the parts) the driven down segments to their natural positions

again, and cross and lengthwise strapped carefully the divisions together, bringing round the point of the nose a narrow, firm band, to hold it well *in situ*, outward dressing moistened with warm water, and then after a little he was put to bed. When visiting my patient on different days afterwards, I was very doubtful at times, as he lay in bed with his blackish nose and unpleasant aspect of his countenance altogether, as to how it might end. Notwithstanding, I did not remove the whole of the dressing in a hurry; I only smeared over it from time to time means of an oleaginous nature, which had a good effect in loosening gradually the matted and blood-clotted hard crust, and as soon as seemed possible and safe removed, a week after, bit by bit only of the outward dressing, putting on fresh afterwards moistened in warm water, and a stimulating lotion gently sprinkled over it. In about fourteen days from the occurrence the previously denuded parts of the nose appeared very favourably; in another week, and after cautiously removing the whole of the dressing, my prospects were considerably increased, from the pleasing way it looked; fortunately, no erysipelatous inflammation had ever shown itself. During the treatment he was ordered to be kept quiet for the first few days, his diet of a mild farinaceous nature, warm drinks *ad libitum*, with no alcohol internally. By another week, the end of the third, the healing process had still advanced very much, and so favourably, that ere long the nose looked again whole and well shaped, as good-like as it was before.

It is said, "meddlesome midwifery is bad;" so I take it oppositely, as the same—though in a different sense—may be said in reference to certain cases of minor surgery. In my cases given at present I used simple, but efficient, applications, &c., with proper and timely attention afterwards. I may, however, make the following statement:—The blood-clotted, hard, crusty state of the dressings in each case which followed, and on account of these interposing substances seemingly, by excluding the surrounding air, were greatly influential and favourable to hastening (not hindering) Nature's curative processes, or modes of healing. At the same time I may state that I am far from wishing to under-estimate Lister's method, or antiseptics either, for if these had been discovered and recommended in the times my cases occurred, I would certainly have availed myself of one or other of these where I thought required. Notwithstanding, when glancing back upon the past, or at the present, who can fail, while inwardly reflecting, to be cheered onwards, from the many available resources we have now at our command than formerly? and who can overlook the vast amount of good throughout the wide medical world—almost from pole to pole—these have already done, and further well calculated yet to do, through members of the profession—men who have risen to greatness by the force of their genius, while others also are rising from the noble use of their perceptive powers, along with study and perseverance, and who have found out very important and valuable means to assist in the relief of suffering humanity and cure of disease. Also looking to a brighter future from the great progress within even the past few years, we have every reason to hope for and to expect great achievements in medical science. May each one of us, therefore, feel it to be not only his duty, but his earnest desire, to go onward and likewise try to give his share of contributions towards the literature of medical knowledge, so as to ennoble still further the profession we belong to, willingly joining in every well-meant efforts possible for good, and by unceasingly and mutually cherishing the noblest feelings implanted in and akin to man. Onward, then; let our motto be for greater achievements, surgical, medical, &c., &c. meanwhile, and as hitherto, endeavouring to be found, when called, right worthy and true helpers, as well as skilful workers, in the hour of need, while happily and truly afterwards, and always, finding that when each has been able to "act well his part, there all the honour lies."

Clinical Records.

NEWCASTLE-ON-TYNE GENERAL INFIRMARY.

Genu Valgum—McEwen's Operation—Recovery.

Under the care of Dr. ARNISON.

Reported by JAMES LIMONT, M.B., Senior House Surgeon.

H. S., *æt* 16, bottle-washer, admitted March 23rd, 1882, suffering from knock-knee, said to be of four years' duration. When standing, patient places one knee behind the other, and in walking rubs one over the other. His gait is slow, laboured, and unsteady. The internal femoral condyles are much lengthened, and the lower third of the femur is bent forwards and inwards.

March 28th.—Both femurs were divided according to McEwen's method. The bones were very hard, and the osteotomes had to be re-applied several times before the bones could be broken. The limbs were dressed with the ordinary antiseptic dressings, the operation being done under the spray. An elastic band was employed to empty the leg of blood, and on removing this after the bone was divided, there was merely a slight oozing of blood which stopped immediately. A long side splint with a back splint was applied to each limb, the two side splints being connected by a cross-bar. Patient was placed on a mattress of four pieces, one of which was withdrawn when the bed-pan was required, and thus all movement of patient avoided.

May 17th.—Since operation temperature has never risen to 100°, and has been normal after the first two days. There has been no pain or discomfort. The dressings were removed to-day for the first time; both incisions were found to be healed, and bony union pretty firm.

29th.—Patient walks about with aid of crutches.

June 7th.—Left hospital, walking without crutches. The legs are perfectly straight—the internal malleoli touching one another when the internal condyles are in apposition.

Genu Valgum—McEwen's Operation—Recovery.

Under the care of Mr. PAGE.

Reported by W. G. BLACK, M.R.C.S., Junior House Surgeon.

ETHEL CANTLISH, *æt* 7, admitted into the Infirmary on June 22, 1882, suffering from knock-knee. On examination in the erect posture the deformity was very marked, the internal malleoli being separated for 15 inches; the right tibia was thickened, and presented a well-marked spine; left was normal.

On June 27th supra-condylloid division of the femur was performed under antiseptic precautions, both femora being divided with M'Ewen's chisels; the limbs were straightened, dressed, and placed on M'Ewen's box-splint. The temperature the day after the operation rose to 101.3, but after this all went well, and the limbs were not disturbed until August 6th, when the dressings were removed. The left limb was found to be strong, the fracture united, and the wound healed. Right limb was not firmly united. The limbs were kept on the splints for another week, and then the child was allowed free movement of them in bed.

She left the Infirmary on August 26th, 1882, perfectly cured.

Special.

THE RUSSIAN MEDICAL PRESS.

DR. O. PETERSKY, of St. Petersburg, recently forwarded a very interesting account of the Russian medical press to the *Deutsche Med. Zeit.*, from which we translate the following interesting particulars:—

Until the commencement of the last decade the Russian periodical medical press was still in its infancy. Many attempts were made to publish medical journals, but with the result that most of the attempts were failures, or they only succeeded by the aid of subventions on the part of the Government. Of the journals that have already passed

away may be mentioned the *Moskowskye Medizinskaja Gazeta*, (*Moscow Medical Times*), which was in existence for a number of years and passed away in 1877. Besides this there was a journal of pathological anatomy, published by Prof. Rudnew, which closed its existence in 1876.

Amongst those still existing are—

1. *Wojsuao Medizinske Journal*, (*Military Medical Journal*). This is the oldest. It has been in existence many years and is published by the military authorities. At present Dr. R. Koslow and Dr. U. Iwanow are the editors. All military medical officers are compulsory subscribers. This journal which appears monthly in thick parts is by no means, as may be imagined from the title, a purely military one. It contains articles out of the domains of anatomy, physiology, pharmacology, hygiene, pathology, and therapeutics, whilst articles that relate to purely military sanitary affairs are relatively infrequent. For a long time almost all the greater works were published exclusively in this journal. Short extracts from foreign works, and translations of whole works appear as supplements. In this manner every subscriber receives yearly three or four large valuable handbooks translated into Russian. The Minister of War publishes in this paper the orders of the day for military medical officers, and the promotion list pays a not inconsiderable subvention yearly. A re-organisation is at present in progress, and the question to be decided is whether the journal is to be handed over to the medical academy or to an "Arrondator."

2. Of almost the same age as the one just mentioned is the *Westnik Snudebnoi Medizini & obschtschestvennoi Gigieni* (*Forensic Medicine & Public Hygienic Messenger*), which is published by the medical department of the Ministry of the Interior, and is obligatory for all city and district medical officers as the official orders are published in it. Dr. Schwelaw is the editor. This journal, a quarterly, up to the present year bore a title showing that it was edited by the Ministry. The programme has also been somewhat modified. At present it brings out long works on the subjects embraced by the title, and in addition are articles treating on pathology, therapeutics, epidemiology, medical statistics, and medical geography. A supplement gives also extracts out of the domains of general medicine, or translations of whole works.

Of later origin are the following:—

3. *Medizinskoe Obshrenje* (*Medical Circle*), of which the editor is Dr. Sprimon. It appears monthly and contains, besides extracts of a practical nature, short able original articles, and meets with much approval.

4. *Sdorowje* (*Health*), has appeared since 1875. Its editor is Professor Dobroslawin, of St. Petersburg. Up to the present year it was a hybrid, a half popular, and half scientific weekly. As such papers never succeed it has been converted into a purely scientific monthly.

5. *Wratschebuija Wjedomosti* (*Medical Times or Journal*), a weekly, has been in existence since 1876. It is edited in St. Petersburg by Dr. Iljinski. It was also originally a popular paper, but was soon re-organised into one that is purely scientific, and it is now the principal organ for the country medical men. It contains reports of their various meetings, original matter, and extracts, and has mainly a practical character.

6. *Iztopisy Moskovskago Chirurgitscheskago Obschestwa* (*Annals of the Moscow Surgical Society*), is edited by Dr. Markonet. It contains reports of society meetings and appears monthly.

7. It was a happy thought of Professor Manasseu when he undertook [the publication of his *Wratsch* (*The Physician*). This weekly publication has, in a short space of time, been distinguished by a success that has never been met with by any other medical periodical in Russia. This has been due in part to the ability and activity of the editor, and in part also to the character and style of the publication. It is a double sheet, and contains, besides a large amount of original matter, embracing the whole range of clinical medicine and hygiene, a large number of extracts, and thoroughly follows up medical interests and events. Notwithstanding its youth it has the widest circulation of any medical paper in the country.

Latterly the medical press has been particularly active. For the year 1881 the appearance of three new papers has to be chronicled.

8. *Medizinskaja Bibliotheka* (*Medical Library*), the editor of which is Dr. Popow (recently Dr. Aurep). It contains principally translations of foreign works, but not to the exclusion of Russian.

9. *Wojsno Sanitarnje Djelo* (*Military Sanitation*), editor, Dr. Goldenberg. A St. Petersburg weekly paper, for officers and physicians.

10. *Jeshenedjelnaja Klinitscheskaja Gazetta* (*Clinical Weekly Gazette*), published by Professor Botken and edited by Dr. Sokolow. It is mainly devoted to "Kasui-tik" and only exceptionally contains extracts or criticisms on particularly important works.

The present year has brought with it three new publications.

11. *Meschdunarodnaja Klinidka* (*International Clinique*), Professor Slavjansky editor. It has arisen through the publication of a translation of the *Wiener Klinik* and appears in monthly parts. It contains translations and original clinical addresses.

12. *Doktor*, the editor of which is K. Skurchowitsch, a popular medical journal. It is published in Kischinew.

13. *Medizinski Westnik* (*The Medical Messenger*), editor Dr. Swjatlovsky, of St. Petersburg. Twenty years ago a journal was published with the same name which in its day was a paper of importance, but it unfortunately came to an end last year in consequence of the death of its very able and gifted editor Dr. Dmitrovsky.

14. *The Westnik Wodoletschenija* (*The Hydropathic Messenger*), which appeared last year, enjoyed but a brief existence. But twelve monthly parts were issued. It was published by Dr. Lewis, and edited by Dr. Galanin, and during its year of existence brought out a series of very interesting articles on the "Waters" of Russia.

A few publications may still be mentioned which appear regularly:—

a. "Archiv Kliniki Wuntrennich bolosnei" ("Archives of the Medical Clinique"), of Professor Botkin. It is mainly composed of dissertations written under his direction.

b. "Medizinski Sbornik Imperatorskawo Kawkaskawo Medizinskowo Obschtschestwo" ("Medical Messenger of the Imperial Caucasian Medical Society"). Two to three numbers are issued yearly.

c. "Trudi Obschtschestwa ruskich Wratschei w Peterburge" ("Proceedings of the Russian Medical Society of St. Petersburg") appears three times a year.

Besides these the Foundling Hospitals in St. Petersburg and Moscow publish very able annual reports. In the same manner appear the published proceedings of various

societies, for example, those of the Physicians of Kasan, Charkow, Woronesch, &c.

In addition to those mentioned above appear a considerable number of German publications. One of these, the *Deutsche Wochenschrift*, commenced over forty years ago, and was long subsidised by the Russian Government. After the withdrawal of the subsidy it experienced the usual fate.

In conclusion, it may be affirmed that medical science is at present in a flourishing state in Russia. Its literature is becoming more developed year after year, and the number of Russian handbooks and original works is constantly on the increase.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, OCTOBER 25, 1882.

THE ROYAL COMMISSIONERS' REPORT ON SMALL-POX AND FEVER HOSPITALS.

ALTHOUGH we cannot at the present time do more than briefly note its appearance, the publication of the Report prepared by the Royal Commission appointed to inquire into the accommodation existing in the metropolis for small-pox and fever patients is far too important an event to be passed entirely without comment. It would not probably be estimating it too highly to describe it as of the utmost interest in connection with future arrangements for meeting the strain created by epidemic fevers; and to every resident in or near London it must be more or less directly pregnant with good or ill consequences.

The work to be accomplished by the Commission has been well and fully carried out. Sitzings extending

over thirty-seven meetings have been held, and no fewer than forty-eight witnesses have been examined. Among those, moreover, who have been called upon to give evidence are found representatives of widely-different opinions respecting the hospitals hitherto in use, and the dangers and advantages arising from them; and one of the most deeply interesting portions of the Report is that in which adhesion is practically given to the supposition widely held that small-pox hospitals are veritable centres of infection. In this connection the evidence afforded by Mr. Power, an inspector under the Local Government Board, will be read with all the attention it deserves to receive; and it will probably serve to convince those who may be doubtful of the fact, that cases of small-pox are encountered with greater or less frequency and severity in the vicinity of small-pox hospitals, accordingly as these are or are not crowded with cases. Objections may not improperly be taken to conclusions thus drawn, on the score that a numerical increase in cases would be observed in any district *pari passu* with growing epidemics. But careful consideration of the comparative tables illustrating that portion of the Report dealing with this subject will show that such courses of error do not destroy the validity of the conclusions arrived at, since whatever would operate in this direction is eliminated or provided for by further explanations. As it is, small-pox is unquestionably influenced as to its occurrence in a neighbourhood by the presence in that neighbourhood of a hospital for the reception of patients suffering from the disease. The exact nature of the influence, however, requires to be yet more definitely determined, although the Report is tolerably positive in its assurance that administrative arrangements have little to do with the dissemination of the disease. In accordance with this view, we have a suggestion for limiting the number of beds at each isolation centre to about thirty or forty. Should this proposal be completely adopted it will, of course, put an end to large aggregations of small-pox cases against which so much and frequent complaint has been made; and if at the same time there is carried out the reform sketched out in the Report with respect to steps to be taken to isolate infected patients, then manifold benefits must result. We shall not look in vain in the future for such measures to be put in force as shall render it impossible for scandals to arise similar to those which have been so familiar to us in the past, in connection with transmission of patients suffering from infectious fevers. Under the authority to be properly constituted, such removals will be conducted with every precaution in behalf of public safety; and in this relation the Report deals with the question of notification of disease. The Commissioners are of opinion that arrangements should be made for ensuring that the medical officer of health in every district may be immediately informed of the outbreak of infectious disease. The duty of conveying such information they would impose upon the householder or occupier in every case, except when the patient is a pauper, and then by the medical attendant, to whom the payment of a small fee for carrying it out is recommended. For

the purpose of securing isolation wherever such a proceeding may be demanded, the Commissioners would give the sanitary authority power to clear a house of all other inmates but the patient and his attendants; and compensation for disturbance is allowed to find a place in the outlines of this scheme.

For many reasons the suggestion that in dealing with persons suffering from infectious disease the distinction between pauper and non-pauper should no longer be drawn, is an excellent one. So long as the question of treating a case of infectious disease, whatever may be the patient's social position, is made anything other than the all-important one of isolation from the uninfected, so long will any system that is adopted be open to criticism through its weakness. One of the greatest drawbacks experienced in the past has been that attendant on a multiplicity of authority; for this, however, the Commissioners would substitute a single sanitary board, within whose jurisdiction would come every case of infectious disease occurring in the metropolis.

The extent of accommodation suggested as desirable is sufficient to receive 3,000 fever patients and 2,100 small-pox cases, which in times of emergency might be increased to 2,700. Existing hospitals are advised to be made mainly receptacles for fever cases; and convalescent patients are recommended to be sent to situations on the river, or into the country.

The Report, as we have said, is of a most important character; it is also an exhaustive *résumé* of the conclusions suggested by evidence given before the Commission, and by witnesses than whom none more capable and experienced in the questions for discussion could be named. That it will be followed by changes and improvements of high signification to London and Londoners cannot be doubted.

THE FORMATION OF MUCUS.

BEING dissatisfied with our knowledge—or rather our want of it—on the subject of the formation of mucus, and of the effects of drugs thereupon, Professor Rossbach, whose translation from the Maximilian University to Jena we recently chronicled, has been making an experimental inquiry into the subject. The results obtained have been made public in a series of contributions to the *Berliner Klin. Wochenschrift*, and in an essay specially written in honour of the tercentenary of the Würzburg University. The experiments consisted in laying bare the tracheæ of animals, first observing the phenomena of normal secretion of mucus, and afterwards the changes brought about on the application of the various drugs employed. The animals experimented on were mostly cats. He observed that in the normal state the mucous membrane was always covered by a thin layer of mucus. This persisted even when large quantities of atmospheric passed over it; and when wiped gently off with blotting-paper, within a minute or two the layer of mucus again reformed, but never so that it collected in drops or flowed down. From this observation Prof. Rossbach concluded that the mucous

membrane does not secrete constantly, but that when the secreted mucus has become reduced in quantity by evaporation, then an irritation that leads to secretion reaches the glands. It is also probable the secretion is not uniform in regard to its constituents, but that that portion which is secreted last is watery and alkaline, and serves to hold the already secreted mucin in solution. The secretion contained no sugar-forming ferment. The purposes served by tracheal and bronchial mucus the Professor states to be as follows:—(1) To keep the air-passages moist and shield them from inflammation; (2) to secrete no more fluid than is necessary to keep the passages moist; (3) to catch and hold firm inspired foreign and injurious particles, so that they do not enter the system. According to the experiments, no central nervous current—or but a feeble one—is conveyed to the secretory glands of the larynx and air passages; the secretion goes on in a perfectly undisturbed manner after complete exclusion of all extraneous nervous influences. On the other hand, vaso-motor fibres pass through the laryngeal nerves to the laryngeal mucous membrane, and the secretion of mucus has a "certain connection" with the vascularity of the mucous membrane.

The effects of cold were observed. A hot poultice was first applied to the animal's body, and this was suddenly exchanged for an ice-bag. Half-a-minute after the application of the ice, the whole mucous tract of the larynx and trachea becomes deathly white, from universal contraction of the blood-vessels. In the course of from one to two minutes this gradually ceases, to give place to a relaxation, which, when most pronounced, is distinguished by a deep bluish-red colour. At this stage such great quantities of mucus are secreted that they flow down. If the ice is now removed, and the hot poultice replaced, the change is almost instantaneous from the blue-red to a red colouration. Fresh applications of the ice again give rise to vascular spasm, but more slowly, and to a lesser degree. Rossbach considers these phenomena to be direct reflexes from the application of the cold.

Interesting as are these experiments from a physiological and pathological point of view, those relating to the action of drugs are not less so to the therapist. The introduction of alkalies into the blood, contrary to the generally accepted belief, retarded the secretion of mucus, and finally stopped it. No effect was observed during the local application of alkalies; for example, by inhalation. Diluted liquor ammoniæ and diluted vinegar painted on the mucous membrane both gave rise to great hyperæmia and increased secretion of mucus. The astringents he experimented with were alum, tannin, and four per cent. solutions of nitrate of silver. These caused a dimness in the epithelial covering, and a complete cessation of secretion. The dimness invariably produced by the astringent rendered it impossible to observe the changes wrought in the mucous membrane.

The results obtained with oil of turpentine were as follows: Air saturated with turpentine vapour, and blown upon the mucous membrane, caused the secretion gradually to diminish and finally cease, but on withdrawal

of the irritation the secretion again set in. If, on the other hand, a watery solution of turpentine was brought into contact with the mucous membrane, an increase in the secretion of mucus was observed, with a simultaneous diminution in the vascularity of the membrane. According to this experiment, oil of turpentine is a valuable remedy in chest diseases, for it at one and the same time acts anti-pyretically (contracts blood-vessels) and increases the mucous secretion, and thereby renders expectoration easier; in addition to these two actions it is also an antiseptic, in cases in which the sputa are purulent. Agents that directly excite, and to some extent greatly increase the secretion of mucus are apomorphia emetine and pilocarpine. The state of vascular fulness of the mucous membrane was not changed by these drugs. Rossbach distinguishes these three agents as expectorantia (*κατ' ἐξχρήν*). For practical purposes he mainly recommends apomorphia, as it is generally well borne, does not produce nausea, nor disturb the appetite. Pilocarpine he does not recommend, on account of its inseparable effect on the secretions of the salivary and sweat glands, and upon the heart. With regard to emetine he is not in a position to speak so positively; he is of opinion, however, that the dose of ipecacuanha usually administered is much too small.

The direct opposites of these drugs are atropia and the allied alkaloids. He has been able to verify the fact that under the use of atropia the mucous secretion gradually diminishes until the mucous membrane becomes perfectly dry, but at the same time the condition of vascular fulness increases, as may be also observed clinically, when the too copious secretion gradually diminishes and a consequent relief to cough takes place. The narcotic action of atropia he found to be very uncertain. Morphia belongs to this group. Under its use the secretion of mucus was diminished by about one-fifth, and a very considerable lessening of the cough took place. A complete cessation of bronchial secretion was never brought about by morphia, as was done by atropia.

He has also made experiments on the simultaneous exhibition of morphia and atropia. His results, obtained both by experiments on animals and in practice, are exceedingly favourable. He says of hydrochlorate of apomorphia, that given in doses of from 0.005 to 0.01 grm., so that the daily quantity administered amounts to 0.03 grm., either to children or adults, it will change a dry, tormenting cough into one that is infrequent and moist, and in which expectoration is easy; sometimes a smaller quantity will suffice. More is rarely required, although he has given as much as 0.06 grm. in the day. It is best to begin with 0.03 grm. daily, and then more or less can be given according to the requirements of the case. If vomiting should occur it will be of no consequence. Given subcutaneously, doses of from 0.005 to 0.01 produce vomiting. Apomorphia seems also suited to take the place of morphia in phthisis.

According to Rossbach's experience, the following seems the best method of administering the drug:—

R. Apomorphini hydrochlorici, grm. 0.03-0.05;
Acid. hydrochl. dil., grm. 0.50;
Aq. distillat., grm. 150. M.

Divide in vitro nigro. S. 3ss. 2dis horis sumend.

The combination of morphia with apomorphia renders the cough less troublesome, and the sputa more liquid. He prescribes as follows:—

R. Morph. hydrochl., grm. 0.03;
Apomorph. hydrochl., grm. 0.03-0.06;
Acid. hydrochl. dil., grm. 0.50;
Aq. distillat., grm. 150. M.

Divide in vitro nigro. 3ss. 2dis. v. 4tis horis.

The simultaneous administration of morphia and atropia is incorrect, i.e., in the same mixture. They are best given separately. The atropia should be given in the evening, from 6 to 10 o'clock, at intervals of two hours; two doses of the morphia mixture to be given during the same hours; but in the daytime the morphia should be given alone, according to need. He prescribes them as follows:—

R. Morph. hydrochl., grm. 0.02 to 0.05;
Aq. distillat., grm. 120;
Syr. rubi Judæi, grm. 30. M.
(Syrup of raspberries.)

D. s. 3ss. 2dis vel 4tis horis.

R. Atrop. sulph., grm. 0.0005;
Pulv. et succ. glycyrrh., q. s. M. ft. pil.
i. vel ij. vel iij. vesp. sumend.

Dr. M. Wernther has also been investigating the therapeutic effects of apomorphia, and confirms the statement of other observers that the irritable cough at the commencement of a bronchial catarrh is very much diminished by it, and that expectoration is rendered easy. It had been already recommended by Jürgensen in catarrhal pneumonia. Dr. Wernther reports a case in which a patient suffering from pneumonia was so ill that oedema of the lungs had set in, and suffocation was imminent. A mixture containing apomorphia 0.2 grm., water 100 grm., was prescribed, of which the patient was directed to take 1 tablespoonful every hour. In the first three hours he took three spoonfuls, in the fourth hour two tablespoonfuls at a dose. He then became faint, the breathing got worse, and he felt as if choking, until at last a large quantity of mucus was got rid of, and the patient recovered. It appears to owe its value mainly, or at least to a great extent, to the great power it possesses of promoting the secretion of fluid non-viscid mucus. As an emetic it possesses the advantage over all others, that even when large doses are given but little or no collapse is associated with its emetic action.

THE ARMY HOSPITALS IN EGYPT.

A CAREFUL analysis of statements made by soldiers and others recently returned from Egypt seems to throw a good deal of light upon some points that have hitherto been somewhat doubtful with regard to the hospital establishments during the late military operations in that country. It is satisfactory to find that the farther inquiry is pushed the more the circumstance is established that individually and as a body the medical officers worked zealously and well, as indeed they have ever done in times of war. But devotion and zeal on the part of individuals is not to be taken as im-

plying successful working of any particular system with which they may be connected, and it is to the system of hospitals that the present remarks refer. The facts therefore appear to be these:—The rapidity of the advance, and the brilliant success of the military operations “perforce” (so it is stated) converted what was really only a field hospital into what was wrongly called a base hospital at Ismailia. That is to say, the hospital arrangements for a mobile force, by reason of the “system” under which they had to be made, were of themselves so immobile that the force marched clean away from them. Some of the results of this arrangement were that the establishment for “field” hospitals could not “perforce” take the field, for which purpose it was by its composition fitted, and where it was most needed; in the absence, at the time indicated, of an effectually organised “base” hospital, the establishment fitted, and by its nature intended for mobility in the field, had to perform the functions of a “solitary” hospital, for which it was not originally intended or adapted. Means of transport for the mobile portions of the hospital establishment are declared to have been inadequate. This being the case, it does not appear in what manner they could have followed the troops, in the rapid advance of the latter, even had they not been converted into fixed institutions as they were. The *personnel* of the hospital establishments appears to have been insufficient; nor does it appear that means existed of increasing its efficiency by drafting men from regiments during the emergency, as frequently used to be done on similar occasions. It would appear that there having been no officer whose special duty it was to see where medical stores and equipment were stored away on board of ships leaving England, the inconvenience thus caused indicates the propriety of this duty being seen to on future occasions. These defects are the more distinctly brought out when contrasted with the efficiency of the medical department attached to the Indian portion of the force; and the circumstance is not a little strange that so little has hitherto been said or written to give the latter the credit justly due to it.

The question naturally arises, in what way are the defects above noted to be best guarded against or avoided in the future? No doubt it is very necessary that a liberal equipment be given to the hospital service, but it is fully as necessary that the distribution of that equipment should be such as to make it at any time available for the use of any portion of the force operating anywhere, including rapid advances and “brilliant successes,” for the latter are normal incidents of war in which British troops take part. In war, however, it is not by “independence” of one branch of the service over another that success in the working of a particular branch is best ensured. On the contrary, long experience has fully shown that the great essential to general success is harmony and good understanding between officers of the several branches of which the military establishment consists. Is it not therefore the case that instead of additional “independence” of any one portion of the army over another portion, what really is called for is greater homogeneity among all than it is to be feared exists at present. Unfortunately, one result

of the recent changes in the constitution of the Army Medical Department has been to foster a craving for “independence” which never can exist, and if it could arise, is, in the interests of the great body of the army, very undesirable.

Notes on Current Topics.

A New Surgical Dressing.

THE introduction of a new dressing material, consisting of peat-mould, is credited to Dr. Neuberg by the *Globe* newspaper. The idea is said to have been derived from a patient who came into hospital at Kiel with a double compound fracture of the forearm, and which had been temporarily treated by surrounding it with a thick paste of peat-mould, on which a rough wooden splint had been laid. Some time had elapsed between the occurrence of the accident and the patient's admission to hospital, at which time he was in good general health, while the wound was in a most promising condition and healing well. The success attending this case led Dr. Neuberg to investigate the quality of peat-mould as determining its fitness for the use to which it was put. His experiments show that the fine dust produced by the circular saw with which peat blocks are cut into shape is the most useful dressing material, and in employing it Dr. Neuberg uses two bags, one larger than the other, and both filled with the peat, the mould in the lesser bag containing $2\frac{1}{2}$ per cent. of iodoform, while that in the larger is saturated with a 5 per cent. solution of carbolic acid or other germicide. The smaller bag being on the wound, the larger is placed over it, and the whole bound in place by a gauze bandage. The advantages claimed for the method are these:—1. A given quantity of the mould takes up more fluid than jute, gauze, or cotton-wool. If it be slightly moistened its absorbent power is increased. 2. It has great power of absorbing products of decomposition of organic substances, and hence prevents these occurring. 3. The moistened mould is a very soft, but still elastic substance, and so is easily placed in the required position in the bags before applying them to the inequalities of the body. 4. It is the cheapest of known antiseptic dressings, one pennyworth being sufficient for one dressing, and still less if the preparation with an antiseptic be left out. 5. It makes a very suitable pad for all purposes when enclosed in gauze.

The Proposed Irish Academy of Medicine and Surgery.

THE movement to promote an amalgamation of all the Medical, Surgical, and Pathological Societies of Dublin into one Academy of Medicine, to which we referred three months ago, has been at a standstill during the summer recess, because of the inability of the Council of the Royal College of Surgeons to find time for discussing the proposed merging of the Surgical Society of Ireland in the Academy. The Surgical Society was originally established by the College, has been always accommodated in the collegiate buildings, and chiefly supported out of collegiate funds, and all changes in its arrangements have, therefore, the sanction of the College Council. The proposal to change the Society into a Surgical Section of the

Academy needed, therefore, to be approved first by the Council of the Society, then by the members at large, and finally by the Council of the College, and the almost unanimous assent of the Society having been obtained, the matter came before the College Council last week. It was resolved, therefore, "That the sanction of the Council be given, as requested, to the amalgamation of the Surgical Society with the proposed Academy of Medicine, on condition that, should such Academy be formed, a Surgical Section shall be maintained in the Academy, and that Surgery shall be adequately represented in the governing body of the institution; that the Council is disposed to afford to the Academy, as far as possible, such support and accommodation as has heretofore been given to the Surgical Society." The chief difficulty in the floating of the new Academy having been thus removed, a general meeting of the promoters was held on Saturday last, which was largely attended. A resolution was adopted appointing a Sub-Committee, consisting of the Presidents and Secretaries of the amalgamating Societies, together with Drs. Kidd, McDonnell, H. Kennedy, E. Hamilton, and A. H. Jacob, to finally revise the scheme of coalition and to report on Saturday, the 28th. The hope was expressed that the new Academy might be in a position to hold its first meeting within the month of November.

Another Case of Alleged Neglect at Guy's.

MR. W. J. PAYNE conducted an inquest at Guy's Hospital last week, on the body of a woman who, having sustained a Colles' fracture of both wrists, was attended to at Guy's hospital, and after the broken bones were set, was sent to her home. The next day, at her friends' request, the patient was admitted into the hospital, and some few days later amputation of one arm became necessary, soon after which death took place from exhaustion. It is not, of course, possible, in the absence of fuller details, to determine exactly the features of the case; but so far there does not appear the slightest reason why the jury should attach to their verdict of accidental death a rider declaring that the want of proper care and caution upon the part of the hospital authorities accelerated the fatal termination. We have already commented on the unfortunate alacrity exhibited by coroners' juries in placing the worst possible and most injurious construction on every occurrence that takes place at Guy's. We are glad, therefore, that the coroner promptly refused, as he has discretion to, to record more than the verdict of accidental death; especially as the rider added by the jurors was based mainly on the fact that the deceased woman had been sent away when her fractured arms had been set. As Dr. Steel, medical superintendent to the hospital insisted, the limited resources at their disposal necessitated that the medical authorities should detain only such persons as it was absolutely necessary to keep under constant supervision. The case referred to was not necessarily such a one, though we can readily imagine that it would have been kept for a time at any rate, at many similar institutions; this action would doubtless be regarded as excess of caution at Guy's, whose officers could not actually be accused of unscientific conduct when acting on their convictions to this effect.

In connection with a recent case of death occurring to a cabman soon after he was sent away from Guy's hospital on the house-surgeon's declaration that he might safely go home, and concerning which strong expressions of opinion adverse to the hospital were made by a jury, and repeated by the lay press, we are glad to know that a full inquiry has been demanded by the authorities of Guy's. We cannot too much deplore the unfortunate hostility of the public towards this ancient charity, nor, although gratified at the changed attitude of those who originated all its troubles, can we wholly forget the blame that is due to them. They cannot fail to see the consequences of their rash enthusiasm in current annoyances and the reduced popularity of the school at Guy's.

The Resignation of the Medical Officer of the Lismore Union.

WHEN the guardians of a union are encouraged by the supreme authority of the Local Government Board to get rid of a medical officer against whom no charge has ever been substantiated, we fear that there are many people who conceive, on the principle that there is "no smoke without fire," that there must be some underlying reason for such a course of conduct or some secret information before the Local Government Board to justify them in throwing their officer to the mercies of his enemies on the board of guardians. This is usually a very unjust suspicion, and, in the case of Dr. O'Reilly, lately victimised in this way, we can assert that it is entirely without foundation. When the Lismore guardians were manoeuvring to drive out Dr. O'Reilly because they did not care about him, the Catholic clergy of the locality, including the Abbot and Sub-Prior of Mount Melleray Abbey, the Lady Superioress of the Presentation Convent, the Superior of the Christian Brothers, and the Priest of the Parish, testified unanimously and warmly to Dr. O'Reilly's exemplary character, professional and moral. The committee of his dispensary, through their chairman and hon. sec., declared that Dr. O'Reilly had "performed his duties with care and zeal, and with satisfaction to the committee and benefit of the poor." This is the officer whom the Lismore guardians bullied into resigning. We are not surprised at that or any other act of petty tyranny by an Irish board of guardians, but we want to know how the Irish Local Government Board proposes to justify itself in encouraging the transaction as they did when every sense of justice and the faintest appreciation of the nature of their functions and prerogative should have induced them to protect an officer who for thirteen years had borne so high a character?

Lead Poisoning.

A GOOD deal of interest has recently been aroused by the occurrence of several cases of poisoning by lead, which at first presented many obscure features, but concerning the nature of which careful inquiry removes all possibility of doubt. Although some few of the apparently inexplicable cases of poisoning encountered may be attributable to contaminated water supply, as happened a short time back at Sheffield, yet there are unquestionably large numbers of deaths due each year to actual absorption of

lead from without during the working hours of each day. Very many of our national industries unfortunately entail on those who engage in them the dangers of plumbism in its worst forms; and we have on more than one occasion, insisted on the prime importance of placing all such manufactures under a system of supervision which shall minimise to the utmost possible extent the mischief arising out of them. A week never passes that more than a single case of death from this cause, and often under most distressing circumstances, is recorded. A good deal of the apathy with which this danger is viewed is undoubtedly due to the little interest taken in their own concerns by the ones most nearly affected, the labourers engaged in lead works. Since, however, they decline, or are careless, to help themselves, it is incumbent on others to see that they do not unduly suffer from their own supineness, and take steps for reducing, as far as possible, fatalities due to this particular form of manufacture.

The Annual Election at the Irish College of Physicians.

THE choice of the officers of the College took place on Wednesday last—St. Luke's Day—when the following officers were chosen:—*President*—William Moore, M.D. *Censors*—Francis Robert Cruise, M.D. (Vice-President); Arthur Wynne Foot, M.D.; Christopher J. Nixon, M.B.; and Fleetwood Churchill, F.K.Q.C.P. *Additional Examiners*—Drs. Churchill, Cruise, Foot, Nixon, Finny (in Medicine), Macan (in Midwifery), Purser (in Physiology), W. G. Smith (in Chemistry), and Duffey (in Materia Medica). *Examiners in Midwifery*—John Rutherford Kirkpatrick, M.B., King's Professor of Midwifery; and Stephen M. MacSwiney, M.D. *Registrar*—John William Moore, M.D. *Professor of Medical Jurisprudence*—Robert Travers, M.A., M.B. *Representative on the General Medical Council*—Aquila Smith, M.D. On the same occasion Dr. John H. Chapman, well known to our readers as the energetic Honorary Secretary and former President of the Irish Medical Association, was elected a Fellow by a majority of votes which approached unanimity.

Fees for Medical Certificates and Evidence.

IN our last issue we noticed a case which had arisen at Portsmouth, wherein the house-surgeon at the Royal Portsmouth Hospital had refused a certificate to the police, and was refused his fees when subsequently attending the police-court upon a verbal subpoena. We consider Mr. Williams was perfectly justified in his refusal, and the controversy which has since arisen in the town and the local papers fully confirms this view. The case may be thus briefly summarised:—Upon the police demanding of Mr. Williams a certificate of the condition of a woman detained under his charge (in consequence of injuries received at the hands of a man now in custody on the charge of attempting to murder her), he asked for the customary fee, which, being refused, he declined to give, maintaining that, although the medical profession is never backward in rendering a private service to a poor individual, the case is altered when professional assistance has to be given to a public department. The reports furnished to the police require skill and experience, and involve considerable responsibility, as well as the liability

to appear subsequently in the witness-box, and it is no part of the object of a hospital to furnish gratuitous medical advice to police or other authorities. Mr. Williams justifies his action by the medico-legal aphorism, that in all cases but those of coroners' inquests the medical witness, whether house-surgeon of a public hospital or not, is entitled to the usual fee, be it for attendance before a magistrate's court, the Sessions, or the Assizes; but in many cases (as in the present one) it is necessary for the medical man, in order to claim his right, to be assured, before he gives evidence, by some responsible person, that his fee will be paid. The local police have, it appears, been in the habit of summoning medical men merely by a verbal message. Hitherto it has been understood that such message should be delivered a reasonable time before the medical man's attendance at court was required, and upon that tacit understanding the medical man has undertaken, upon all such occasions, to attend to the notice as he would to a legal summons. Now this understanding has been broken by the police adopting the novel expedient of demanding gratuitous medical advice. When the prisoner was again brought up and further remanded on Saturday last, the 21st inst., Mr. Williams attended the court upon a subpoena. This, it is understood, he will do also in future cases, on the ground that a medical witness is not bound to attend as witness at a trial except on subpoena, which should be served a reasonable time before trial to enable him to put his affairs in such order that his attendance on the court may be as little detrimental as possible to his interests.

The Irish Medical Association.

THE first general meeting of the Council of the Association succeeding the recess was held at the Royal College of Surgeons in Ireland on Friday last. The Report of the Committee of Council, which we hope to print fully in our Poor-law Supplement, was presented. It was devoted chiefly to a *résumé* of the proceedings in connection with the Union Officers' Superannuation Bill, which, in the opinion of the Committee of Council, was in a very promising condition for final legislation in the next session of Parliament. The Committee also congratulated the Association on the prospect of medico-educational reform held out by the recent Report of the Royal Commission on the Medical Acts, but was of opinion that the projected Medical Acts Amendment Bill would not be satisfactory or effective unless it ensured uniformity of curriculum, standard of examination, and fee throughout the kingdom, such uniformity being the only safeguard against the underselling competition which has heretofore induced students to run from England and Ireland to Scotland to seek cheaper and easier diplomas. The Committee of Council also considered the recommendation of the Commission as to "quacks" clauses of the proposed Bill unsatisfactory, because they recognise the legality of unlicensed practice for gain.

The remainder of the Report of the Committee of Council was devoted to consideration of the scale of fees to medical witnesses recently promulgated by a committee of the Irish judges, which the Association considered little less than insulting to the profession. The pro-

ceedings of the Committee in reference to the much needed reform of the Irish muddle of vaccination were also reported, and a case was reported in which the fees due to a consultant of a board of guardians for aid afforded to a Poor-law medical officer were recovered by law by the Association on behalf of the practitioner who was entitled thereto. The Report of the Committee having been adopted, resolutions were brought forward by Dr. Bellew Kelly, of Drogheda, which declared unsatisfactory the existing system of electing Poor-law medical officers, and of holding sworn inquiries into charges made against medical officers. These subjects were remitted to the Committee of Council for their consideration.

Finally, the circumstances attending the resignation of Dr. O'Reilly of his surgeonry of the Lismore Workhouse were brought under notice, and it was ordered that a letter be addressed to the Local Government Board protesting against the course adopted by the Board in permitting Dr. O'Reilly to be sacrificed to the personal pique of a majority of the guardians, and asserting the principle that a Poor-Law medical officer shall not be deprived of his office for any other cause whatsoever than incapacity or unwillingness to perform his duty, as proved after public investigation of specific charges.

A Dentists' Bill for Australia.

A BILL for the regulation of the practice of dentistry in Victoria has been introduced into the colonial legislature. Like the British Act, it is based upon the reservation of the title of "dentist" to registered persons; but the Australian dentists have taken warning from the unhappy results of the British Dental Act, and the Bill, therefore, contains no provision for the registration of those who have *bona fide* practised it "in conjunction with the practice of medicine, surgery, and pharmacy," similar to that which was introduced into the British Act. The dental profession in Australia will, it seems, be deprived of association with the druggists' boys of the colony.

Sham Brandy.

THE *Chemist and Druggist* thus enlightens us in its last issue on the manufacture of "Rhenish Brandy" without the assistance of brandy spirit. Says our contemporary:—"It is well known that but a slight proportion of the wine sold and consumed as Bordeaux, Rhine, port, &c., is really what it pretends to be, and that a still less proportion of the brandy sold and consumed as genuine French eau-de-vie is really such. It is also equally well known that various methods are resorted to to produce liquors which are intended to resemble the true beverages as far as may be, some of which substitutes are really made from wine, and are perfectly potable and wholesome, while others are mixtures of various composition, ranging from those which are palatable and may be consumed without absolute danger to the human economy, down to those which are nauseous to the taste, and must be considered deleterious, if not worse. A German firm, calling itself "Export Compagnie für deutschen Cognac," has announced that it prepares a potable and wholesome "Rhenish brandy" from pure and genuine materials, and which it undertakes to

supply in any quantity. We have," says the Editor of the *Chemist and Druggist*, "received samples of their product, and have tested them chemically *without finding anything deleterious*. The brandy is possessed of an excellent taste and aroma, quite equal to the ordinary varieties of genuine eau-de-vie. The brandy is considerably cheaper than French brandy of equal quality."

The Belfast Guardians on Poor-law Superannuation.

THE generous gentlemen who save the pennies of the Belfast ratepayers, and who sent one of their number to London to inform the House of Commons that if a union officer was old, broken down, and poor, they would kick him out and let him starve, but on no account pension him, have been circulating amongst the boards of guardians throughout Ireland the following resolution:—

"That, in the opinion of the Belfast board of guardians, the present law vesting them with power to grant superannuation allowances to union officers who may from infirmity, incapacity, accident, or old age, be considered entitled thereto, is sufficient for all practical purposes, and has been hitherto found to work satisfactorily and well; and any legislation bearing on the subject which would be calculated to remove this power from the guardians (who are the direct representatives of the people, and who have personal knowledge of all the circumstances of the respective cases), and vest it in the Local Government Board exclusively, would be fraught with universal disadvantage and dissatisfaction to the Poor-law ratepayers of this union, and that a copy of the foregoing resolution be forwarded to all unions in Ireland, requesting co-operation."

As the only "practical purposes" which the Belfast guardians care about is the getting of the ultimate atom of work out of an officer for the very minutest possible pay, we are not surprised to hear that they consider the law which has starved several Poor-law doctors to death has worked "satisfactorily and well." It is, however, we think, nothing less than disgraceful to the Belfast guardians that they should seek to stir up opposition to the Superannuation Bill by means of a misrepresentation which may be deliberate or may be the result of culpable ignorance. If these guardians could bring themselves to expend 1s. 3d. of the rates on a copy of the Select Committee's report on the subject, they would learn that no one now proposes to "remove the pensioning power from the boards of guardians and vest it in the Local Government Board." On the contrary, the Bill, as recommended to the House of Commons, proposes to confide the consideration of all superannuation claims, in the first instance, to the boards of guardians; but it will, let us hope, put an effective check upon the contemptible meanness of boards constituted as is the Belfast board.

Compulsory Notification at Liverpool.

WE learn with much satisfaction that the effort to impose upon the profession the duty of notifying infectious disease to the sanitary authority was totally defeated last week, and the attempt may be looked upon as shelved, as far as Liverpool is concerned, for some time to come. The chairman of the Health Committee of the Town Council had, it seems, determined to carry dual notification whether the doctors liked it or not, and in his own committee he carried with difficulty a recommendation to

that effect by his own casting vote. This recommendation being brought to the Town Council for confirmation, was hotly contested by Dr. Hamilton and Dr. Marsh, members of the Council, and after a vigorous battle, its adoption was adjourned until the Greek Kalends.

The profession of Liverpool have their own energy, and especially that of their leaders, Dr. Carter, Dr. Hamilton, and Dr. Ewing Whittle, to thank for this victory, which ought to encourage all medical men threatened with the notification infliction to resist actively. They may be assured that, in doing so, they are fighting the battle of the public against sanitarian hobby-riders, and that if they succeed in defeating this notification crusade against the physician they will be doing good work for the community at large.

Soothing Syrups.

THE following editorial remarks upon the sale of patent medicines containing poisons appeared in the *Globe* of the 17th inst:—"The vices and virtues of soothing syrup as administered to infants were again discussed at an inquest held upon the body of a child which had been only too effectually soothed by a dose of it. This medicine, if it should so be called, is sold under a Government stamp, and is therefore naturally regarded by many persons who use it as having a sort of official certificate of harmlessness. Dr. Diplock, who has had some experience before of the fatal results produced by these syrups, explained that some of them contained ingredients which may be harmless to one child, but 'most fatal' to another; and the medical man who had conducted the post-mortem examination averred that the bottle out of which the dose was taken contained enough poison to destroy half-a-dozen children. The revenue is, of course, benefited by allowing such mixtures to be stamped and sold, and would suffer considerably if the stamp were refused to all medicines containing any poison. But the public will very generally agree with the coroner's jury in thinking that 'some restriction should be placed on the sale of medicines which can be used as poisons.' It is often difficult to ascertain whether an overdose has been given or not; but in the case investigated it seems that even an ordinary dose may have caused death."

The Medical Society of London.

At the opening meeting of the Medical Society of London, last week, the President, Mr. Francis Mason, in a few introductory remarks, made special reference to the extensive alterations that were being carried on in the Society's premises. The Fellows would remember that when he had the honour of taking the chair as President for the first time in March last, he hinted that the Council were contemplating taking additional premises, in order to provide increased accommodation for the library, as well as to add to the comfort and convenience of the Fellows. He was now happy to say that that project had been realised, and he believed that after the completion of the work the Society's rooms would be second to none in the metropolis. A lease had been secured for about 63 years at what was considered a fair rental; but the acquisition of

the new premises and their alteration and improvement involved a considerable outlay of money; but they were not without friends, for a most respected past president had lent them a sum of money to tide over temporary difficulties, and much consideration had been shown by the present tenants of the Society, who fully recognised the advantages that were likely to follow a temporary inconvenience. The President asked for the kind indulgence of the Fellows themselves, and assured them that during the alterations no effort should be spared to render the Society's rooms as comfortable as the circumstances would permit. After passing a well-merited tribute to the two hon. secs., Mr. Edmund Owen and Dr. Isambard Owen, for their unflagging zeal and interest in the Society the President concluded by asking the Fellows to commend the Society to the notice of their friends as one well worthy of support and encouragement on account of its historical antiquity, the character of its library, and the unquestionable vitality it possessed in diffusing to an unlimited extent increased knowledge of medicine, surgery, and the allied sciences.

The Native Guano Company.

On Thursday last a large number of scientific and literary gentlemen proceeded by special train from Paddington to Aylesbury, at the invitation of the chairman of the Native Guano Company. The object of the excursion was to witness the A B C process of converting sewage into manure, and also an exhibition of fruit and vegetables grown with the manure. The show was very successful, and fully demonstrated the value of the native guano for farming and gardening purposes. At the luncheon which followed, speeches were made by the Lord Mayor of London, the Hon. W. Massey Mainwaring (chairman), Mr. Sillar, and others.

Optimist Views of the Future of the Profession.

THE *Students' Journal*, referring to the address delivered at the recent annual meeting of the members of the North of Ireland Branch of the British Medical Association, by Dr. E. Thompson, of Omagh, remarks that he took a very hopeful view of the future of the profession, and expressed the opinion "that a day of social advancement is so quickly approaching for our profession, and it is so rapidly improving both in the tone and spirit of its members, that the time is not far distant when all medical men will understand in a truly practical manner the duty of being true to their profession and to each other."

The *Students' Journal* does not share this optimist view—indeed, cannot but think that he knows very little indeed about the present state of practitioners, or he would scarcely write so cheerfully on the subject:—

"During the past ten years we have watched the medical practice in London very closely, and we can truly say that, as regards general practice, it has been going from bad to worse, and from worse to still lower depths up to the present time. At no time has the outlook been worse than it is just now. Every department of practice is overcrowded, and a large proportion of practitioners have no notion whatever of professional honour and dignity. They act as if they were engaged in a trade, and do not care how small a fee they accept. There is scarcely a district in the metropolis but swarms with so-called 'dispensaries'

and open surgeries, where advice and medicine can be obtained for a shilling, and in the poor neighbourhoods qualified surgeons are content with a fee of sixpence, whilst some are even content with fourpence for each attendance, and we have known a qualified doctor advertise to give *advice and medicine for twopence!* And it is of no use to complain of those who so degrade the profession; their answer is that they must accept low fees or starve."

THE typhoid fever epidemic in Paris is increasing with alarming rapidity, 250 deaths having occurred there last week from this cause, against 134 of the previous week.

DR DAVAINX, the discoverer of the baccillus of charbon, has just died in France. His most important work, to which the Academy prize was awarded, is, "A Memoir on the Contagion of Charbon in Animals."

THE scarlet-fever epidemic at Accrington continues to be so alarming, and to spread so widely, that the Health Committee have decided that the schools must again be closed. It was stated at a meeting of the Health Committee, on the 18th inst., that since the commencement of the epidemic more than five hundred cases of scarlet fever had been reported, and the fatal cases had numbered between ninety and one hundred.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Plymouth 12; Brighton 14; Edinburgh, Wolverhampton, Bradford, Norwich 15; Bristol, Leicester 16; Nottingham 17; Birkenhead 18; Portsmouth, Birmingham, Halifax, Hull, London 20; Salford, Huddersfield, Sheffield 21; Derby 22; Blackburn, Glasgow 23; Dublin, Bolton 24; Manchester, Cardiff, Preston 25; Newcastle-on-Tyne 26; Leeds 27; Liverpool, Sunderland 28; Oldham 34.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 25, Bombay 23, Madras 39; Paris 27; Geneva 24; Brussels 19; Amsterdam 21; Rotterdam 18; The Hague 19; Stockholm 26; Christiania 17; St. Petersburg 39; Berlin 26; Hamburg 18; Dresden 21, Breslau 29, Munich 26, Vienna 22, Prague 26, Buda-Pesth 23, Trieste 19; Rome 21; Venice 22; New York 27, Brooklyn 23, Philadelphia 20, and Baltimore 29.

THE annual death-rates per 1,000 in the large towns last week, from diseases of the zymotic class, were:—From scarlet fever, 1.3 in Leeds, 1.4 in Sheffield, and 2.1 in Leicester; from measles, 1.8 in Cardiff and 6.6 in Sunderland; from whooping-cough, 1.2 both in Cardiff and Birkenhead, 1.5 in Blackburn; and from "fever," 1.7 in Leeds, 1.8 in Birkenhead, and 4.4 in Portsmouth. The 45 deaths from diphtheria included no fewer than 26 in London and 11 in Glasgow. Small-pox caused 4 deaths in London, 2 in Newcastle-upon-Tyne, and one in Manchester.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH ROYAL INFIRMARY.—At a meeting of the managers of this institution, held on the 16th inst., Dr. Byrom Bramwell was unanimously appointed Pathologist to the Infirmary in room of Dr J. D. Hamilton, now Professor of Pathology in Aberdeen University. Dr. MacGillivray, who has been acting as house-surgeon, was appointed assistant-surgeon to the hospital in room of Mr. Chiene, now Professor of Surgery.

GASTRIC FEVER IN BONHILL PARISH.—Gastric fever of a bad type prevails greatly in certain portions of this parish at present. In Bonhill village a few cases are reported, while in same town quite a number are known. In all, there are thirty cases. One death occurred on the 14th inst., and other patients are in a critical state at present. Bad water and contaminated milk are suspected as the cause, while the late close, wet weather has assisted to propagate the disease.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 14th inst., the Glasgow death-rate was 23 per 1,000 per annum. For the corresponding weeks in 1881, 1880, and 1879 the figures were 23, 24, and 18 respectively.

ABERDEEN UNIVERSITY STUDENTS.—The directors of the Aberdeen Music Hall Company have declined to let the Music Hall Buildings on the occasion of the delivery of the rectorial address by Dr. Alexander Bain to the students of the University. The directors complain that on a former occasion the building was much damaged in consequence of the disturbances that invariably took place on such occasions, and in particular the gentlemanly sport of throwing peameal.

MUNIFICENT GIFTS TO ABERDEEN CHARITIES.—Mr. Thompson, of Pitmedden, has sent the following sums to the treasurers of the undernamed charitable institutions in Aberdeen:—Royal Infirmary of Aberdeen, £1,000; Royal Lunatic Asylum, £500; Convalescent Hospital, £300; Incurables' Institution, £200; General Dispensary, £200; Deaf and Dumb Institution, £200; Oldmill Reformatory, £200; Sick Children's Hospital, £200; besides various sums to non-medical institutions.

SUPERINTENDENT OF STATISTICS FOR SCOTLAND.—We have reason to believe that Dr. Robert James Blair Cunynghame has been selected as Superintendent of Statistics in the Registrar-General's office, vice Dr. Robertson, deceased.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 14th inst., the mortality of Edinburgh was only 62, and the death-rate 14 per 1,000. The zymotic mortality consisted of 8 deaths, of which 6 were due to scarlatina. The intimations of this disease were 66, as compared with 99 in the previous week.

A PHYSIOLOGICAL CURIOSITY.—According to the *Scotsman*—an authority which in non-political matters is not to be questioned—there is being exhibited at present in one of the stalls of the Edinburgh Waverly Market, a Zulu boy whose body is so charged with electricity that, on touching him, what is understood to be an electric shock is experienced. He is about six and a-half years old, speaks English, and is a bright, happy, and characterist-looking little fellow. Kinkon's somewhat odd characteristic, which is stated to have distinguished him from infancy, is said to vary con-

siderably with the state of the atmosphere; but the act of shaking hands with him would seem to be generally attended with a quivering sensation like that produced by an electric current in the wrist and arm, while contact with his tongue gives a smarter shock.

HORSE-HAIR EELS.—Can any of our readers throw light on this interesting question? In Scotland, at least, the belief is a prevalent one that horse-hair plucked from the tail and mane, immersed in water, during the heat of summer, assumes the form of small living eels. Speaking from boyish experience, however much we may lay ourselves open to the charge of undue credulity, we are of those who believe they have seen this phenomenon. We do not venture on an explanation. The following contributions to the subject appeared last week in a widely-circulated Scotch newspaper. An Edinburgh correspondent writes:—"Kindly allow me space for a few words in corroboration of J. M'Donald's letter in your issue of 30th September regarding the 'Horse-hair Eel' question. I have frequently for amusement, when living in the country, put horse-hairs taken from the mane or tail into water, and always found that they came to life in from fourteen to twenty-one days, according to the heat of the weather. I will now describe the process as I witnessed it, having watched them daily. After being in the water for a few days, a white slimy matter began to cover the head, or thick end of the hair, which gradually extended downwards. After it had reached about the middle of the hair the head began to assume a darkish colour, while two small eyes became visible, and the head began to move backwards and forwards. In a few days more the white matter reached to the end of the hair, and in a day or two afterwards it had all assumed a dark colour, when it could be seen moving freely about in the water." "D. F., Inverness, also believes that horses' hair turns into eels. He says:—"I have often tried the experiment, and found it to be a complete success. I have tried it in ponds, and had I not gone further than that I might have had suspicion that the living animals (or insects) I observed a few days after I had cast in the horse's hair might be the insects referred to by your correspondent as the horse-hair worm. But to satisfy my curiosity I tried the experiment in a cask of water, where I was sure there were no other insects, and I watched them daily and saw for myself that every one of the horse's hairs I had cast in assumed life and made rapid progress in growth, and they swam about in the water like ordinary eels."

THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At the last meeting of the College, Professor Turner was elected President. The examiners, as is the custom of the College, unanimously re-elected themselves for the ensuing year.

PRACTICAL PHARMACY IN EDINBURGH.—As we have before stated, there is an attempt on the part of the Professors of *Materia Medica* to impose a so-called practical *materia medica* class on the already over-burdened student. The teaching in this class is, we understand, much as follows: The *Pharmacopœia* is taken as a text-book, and the student is informed of the names of the drugs, their habitat, and the preparations into which they enter; all of which he should be taught in the ordinary systematic course of lectures. These are, however, devoted, we understand, to the physiological and therapeutical action of drugs, which are so minutely dwelt upon that a student not long ago gravely proposed to inject a solution of pilocarpin into a baby six days old suffering from the not unusual jaundice which attacks infants a few days after birth. Having thus laid so valuable a basis of physiological and therapeutical knowledge, the student is

taught in the practical class to make a powder, perhaps a mixture, and to go through a supposed qualitative analysis of drugs, and then to emerge competent to take an assistantship in England and dispense medicines. Against this arrangement the dispensaries are of course indignant, for they have really for years taught the only practical pharmacy worth knowing. We have authority for stating that the University practical *materia medica* class is not accepted in lieu of the dispensary class for the double qualification of Edinburgh.

Literature.

THE USELESSNESS OF VIVISECTION UPON ANIMALS AS A METHOD OF SCIENTIFIC RESEARCH. (a)

AN attentive perusal of this *brochure* caused us to regard it rather in the light of one of those effusions which team from the social science pen; and we were rather inclined to regard the fixture of Mr. Lawson Tait's name to it as an elaborate but clumsy practical joke on the eminent surgeon on the part of some professional wag in Birmingham. We learn, however, that it is an authentic document, and are therefore obliged to notice some of its principal errors and omissions—to fully notice them all would be entirely beyond the space at our disposal.

In pages 124-5 the author speaks of the "alleged discovery of the circulation of the blood by Harvey," adding that "it is only our insular pride which has claimed for him the merit of the discovery." This amazes us; for we had always been under the impression that, although the *pulmonary* circulation was known previous to his time, Harvey was the discoverer of the systemic circulation, including even that of the capillaries. The chorus of incredulity with which the "exercitatio anatomica" was received by the Lawson Taits of the seventeenth century, home and Continental, would be sufficient evidence of this fact; to which it may be added that, although Harvey died at an advanced age, he can hardly be said to have lived to see his immortal discovery *universally* acknowledged. We were present at the great International gathering at Folkestone last year, and certainly their verdict was not that of our author. That Harvey owed no share of the discovery to experiments on living animals is certainly not a fact. A new department of scientific medicine—the therapeutical action of medicines—is now being erected, and is based largely upon experiments on living animals. Of this the author thus briefly disposes (p. 127):—"On the question of new drugs I can speak only with great reserve, for such a wholesome scepticism concerning drugs has been introduced by the medical schism of homœopathy, that I look upon all new drugs with suspicion." Further on: "I fear most new drugs do more harm than good; some of them, such as chloral, have certainly done so." All drugs, including chloral, can be abused; but does the author forget that tartar emetic, iodine, bark, quinine, and morphia were new and unknown drugs until within the memory of many living persons?

The author gives a long list (in most of which we cannot agree) of alleged inconclusive experiments upon animals with a view to medical and surgical research, and appears to be under the idea that such experiments should be confined to human subjects. We take issue with him on this point, and maintain that any such experiment performed with honest intention upon an animal is justifiable; and that, even if it prove inconclusive, it at least tends and contributes to justify the human experiment. With regard to transfusion of blood from one subject to another, the author's brief verdict is, "Personally, I have no confidence in the proceeding." Can this be merely ignorance?

We could multiply such quotations *usque ad nauseam*, but it is unnecessary. We will merely express our surprise that the author is silent upon the triumphs of vivisection in physiology. Nothing is said of the unravelling of nervous secrets by Sir Charles Bell, or the experiments of Majendie,

(a) "The Uselessness of Vivisection upon Animals as a Method of Scientific Research." By Lawson Tait, F.R.C.S., &c. Read before the Birmingham Philosophical Society, April 20, 1882, and reprinted by permission from the Society's Transactions. Birmingham, 1882.

Brown-Séquard, or Claude Bernard, which have established facts now the alphabet of the profession, and which could have been found out no other way—among them almost the only fact we know as to a producing cause of the important disease, diabetes. Koch's researches on the production of splenic fever or pyæmic poisoning are not alluded to; nor is his latest and greatest discovery of the phthical bacilli. From phthical sputa he cultivates in proper fluids successive generations of bacilli. A guinea-pig is inoculated with the bacillus and tuberculosis produced in the animal. We learn from current numbers of the journals that microscopic examination of the coloured bacilli is being used as a crucial clinical test in the diagnosis of the existence of consumption in human patients; and exact directions are given how to work the test, which we intend without delay to employ. Nay, more, the research gives some indications of a remote possibility of a phthical preventive, analogous to vaccinia, being discovered. Yet, according to our author, the lives of a few rabbits and guinea-pigs are too valuable to justify this human benefit. Either the author does not know all these facts, or knowing, does not mention them. A few days ago the *Times* recorded a pigeon-match between two noble swells as to who would kill in a limited time the larger number of 100 pigeons each. The winner conquered by four birds, and in the match over 180 of these hapless creatures died, very many in great agony. What would our author think of a crusade against this (to coin a new word) "vivifusillation!" We will gladly join him.

The paper was read by this eminent surgeon before a lay audience, and he himself (p. 131) notices and endeavours to explain the act on the *tu quoque* principle. We were present at the discussion on vivisection at the International Medical Congress last August. One member of the Congress (of course, a medical man) spoke against vivisection. He was most courteously listened to, got every latitude, was courteously argued with, and his remarks were accurately reported in the "Transactions." Would not that have been a more suitable theatre for Mr. Lawson Tait than the Birmingham Philosophical Society? It would have had, however, the disadvantage that his case would have been at once disposed of, and all his sophistries exposed, and that much more effectually than it is on the present occasion. Q.

DR. RALFE ON MORBID URINES. (a)

THERE can be no doubt that Dr. Ralfe's energetic protest against the neglect with which, during the last twenty years, physicians have treated urinary derangements resulting from chemical changes occurring within the body, is fully merited; and equally certain is it that he has conferred an inestimable boon on practitioners by the publication in a convenient and practical shape of the results derived from his own observations in this branch of scientific medicine. An accomplished chemist, he is peculiarly fitted to approach such a task as has been successfully accomplished in the little manual before us; its arrangement is so clear, concise, and comprehensible, and it is so replete with suggestions in respect to treatment, that it must prove a valuable assistant in many instances where, without the aid it affords, practitioners would be almost hopelessly puzzled "what to do next."

The book opens with a chapter on the "Formation and Removal of Acid from the Body," a chapter which is pregnant with suggestion, and which must necessarily excite regretful feelings in the mind of the reader when he reflects on the little importance he has been accustomed to attach to conditions whose first insignificance is not their least importance. The second and third chapters are devoted to dyspepsia, associated with an acid and with an alkaline condition of urine respectively. "For cases of flatulence and acidity," Dr. Ralfe writes, "I have found considerable benefit result from the use of turpentine in from ten to fifteen drop doses, taken shortly after food. By acting as a stimulant to the mucous membrane of the stomach and intestines, it increases the quantity and improves the quality of the secretion, and diminishes the catarrh of those organs. It checks the formation of sarcoma. In the majority of cases it has a laxative effect, and thus relieves constipation without recourse being had to other remedies. The best

mode of administering it is as follows:—Ten drops of spirits of turpentine are suspended in four drachms of acacia mixture; to this is added a drachm of glycerine, containing five drops of pure chloroform in solution, twenty grains of bicarbonate of soda, and cinnamon water to one ounce." For the relief of acidity he urges the administration of alkaline bicarbonates two or three hours after meals; and in place of purgative medicines, which must be avoided as much as possible, warm solutions of Carlsbad salt, &c., are recommended.

Chapter IV., on "Derangements Associated with Deposits of Uric Acid," contains a valuable summary of the pathological and clinical conditions under which the acid and its salts are deposited, and a criticism of the theories descriptive of the rôle played by uric acid is added. Dr. Ralfe dissents from the conclusion that an increased formation of uric acid results from liver derangements induced by excessive alcoholism, and adduces the fact that gouty subjects are not spirit drinkers. He ascribes the principal agency to wines containing the greater amount of saccharine matters, free acids, and salts, such as port, sherry, and burgundy. The frequency with which gout develops in drinkers of sugary beverages, such as London porter and heavy beers, is another proof to the same effect, while the comparative freedom from sugar and acids of spirits tends to a similar conclusion. Due importance is attached to the recognition gradually becoming general of a direct relation between the first steps in the production of gout and a chemical alteration in the quality of the blood, chiefly in the direction of diminished alkalinity; and that we may anticipate the impetus this has given to research and speculation will bear a rich harvest of fruit, Dr. Ralfe's work itself conclusively suggests. Under the head of "Treatment of Gouty Patients," many valuable hints are given respecting both diet and drugs, the careful employment of opium being insisted on.

The derangements attended with the presence of oxalic and phosphoric acids form the subjects of the concluding chapters, an appendix being added descriptive of the effect of bicarbonate of potash on the acidity of urine. In this numerous observations made to test the influence of the salt are described in detail, the result of all tending "to establish the fact that the administration of an alkaline bicarbonate on an empty stomach increases the acidity of the system, whilst its administration after a meal diminishes it."

We would strongly recommend every general practitioner to study Dr. Ralfe's work with the care and attention it so fully deserves; none can fail to profit by it; many will obtain from it an amount of practical information they will probably be surprised to find they have so long been content to do without.

LEPROSY IN BRITISH GUIANA. (a)

THIS is an extremely handsome book, the coloured plates with which it is illustrated of a more than usually elaborate and ornamental style. In the work itself the author gives a history of the three forms or varieties in which leprosy has been long recognised, namely, the tubercular, the anæsthetic, and the "mixed." He considers that the introduction of the malady into Guiana was due to the slaves from Africa. He is unable, however, to assign a date, except that in 1796 the presence of yaws and leucoderma in that colony was mentioned. With regard to the etiology of the affection, he cites (p. 140) several opinions, each of which differs from the rest. Thus, "it is hereditary, but not specific;" it is "not specific and not hereditary;" it is "specific, miasmatic, and not hereditary;" it is "specific, contagious, and hereditary." Adverting to the "parasitic theory," Mr. Hillis (p. 142) quotes the views of Hansen, Carter, Thinn, and Neisser in reference to the existence or otherwise of a specific bacillus; but adding his own opinion (p. 146) that "leprosy is essentially a contagious disease, and that it is propagated by means of its specific products," but without saying in what those "specific products" consist. That the affection is described as contagious appears to be the result of experiments in inoculating leprosy matter in animals. From these experiments, however, it appears that, whilst in man leprosy becomes a constitutional disease, in animals only a local leprosy was

(a) "On the Morbid Conditions of the Urine, dependent upon Derangements of the Digestion." By Charles Henry Ralfe, M.A., M.D. Cantab. London: J. and A. Churchill.

(a) "Leprosy in British Guiana." By John D. Hillis, F.R.C.S. M.B.I.A. London: J. and A. Churchill. 1881.

produced. As to climate, soil, race, and malaria, Mr. Hillis (p. 146) considers that little value can be attached to either in the causation of the disease. He does not attach much importance to diet (p. 148). He thinks (p. 150) that the theory of fish-eating as a cause "may be laid aside as obsolete;" that unfavourable hygienic conditions, although having a most important influence on the disease, once it is developed, "may also be eliminated from among the probable causes of leprosy" (p. 153). Opinions are quoted (pp. 154-6) in favour and adverse to a connection existing between syphilis and leprosy, and as to whether the latter does or does not originate spontaneously. Unfortunately, however, to neither is a reply given. After all that has been said, and notwithstanding the very beautiful illustrations already alluded to, what is the real and practical result obtained? It is thus described in the opening sentence of the chapter on treatment (p. 208): "The treatment of leprosy has hitherto been attended with such very poor results that the disease is now regarded as incurable." And that is all.

PROFESSOR TYNDALL'S ESSAYS. (a)

PROFESSOR TYNDALL'S many experiments on the nature of putrefactive changes have tended very considerably to help forward the progress of investigation in this and other countries, and have materially contributed towards the attainment of that knowledge on which the practical details of modern surgery are mainly based. In this volume of essays we have presented, in a form adapted to be understood by the general reader, descriptions of the experiments with which Professor Tyndall's name is inseparably associated, while the actual accounts are prefaced by a general dissertation on dust and disease. The researches of Pasteur in connection with parasitic disease of silk worms, the origin and propagation of contagious matter, the surgical application of the germ theory, and the results of examining air with the assistance of luminous beams are discussed in this section; and the concluding essays deal with fermentation in its bearings on medicine and surgery, and spontaneous generation.

It is of course with regard to the generation of contagia that this volume possesses its highest interest, and especially in that aspect of it involving a consideration of the mode of origin of the organisms found in putrefying solutions. Professor Tyndall's experiments are conclusive in refutation of the theory of spontaneity, and though he devotes considerable space to a defence of his deduction, describing the experiments from which they are drawn in ample detail, yet it is impossible to regard any part as superfluous.

The enthusiasm with which Professor Bastian has pursued his observations, and insisted on the proofs they yield of spontaneous generation, finds an echo in the earnest reasoning of Professor Tyndall, from whom, moreover, it would be difficult to dissent if the reality of his results is admitted. To whatever development this controversy as to the origin of germinal material is destined to proceed in the future, it is sufficiently certain that in the present the might of conviction is towards that side which insists on the truth of *omne vivum ex vivo*.

Professor Tyndall's writings always possess a charm for cultivated minds, in whatever shape they may be presented for perusal. These latter essays share this peculiarity in a pre-eminent degree, and will command the willing attention of every reader. The practitioner will find in them an invaluable fund of information and suggestion; and we would earnestly recommend all who share the interest with which recent discoveries in connection with infective diseases are surrounded, to avail themselves of Professor Tyndall's delightful introduction to the study of atmospheric particles and their influence in forwarding the multiple changes that form so serious an obstacle in surgical practice.

PROFESSOR HUXLEY'S SCIENCE AND CULTURE. (b)

We are so accustomed to look for occasional volumes of essays from the pen of Prof. Huxley that the reading scientific world would experience huge disappointment were they

(a) "Essays on the Floating Matter of the Air in Relation to Putrefaction and Infection." By John Tyndall, F.R.S. Longman, Green, & Co., London.

(b) "Science and Culture," and other Essays. By Thomas Henry Huxley, LL.D., F.R.S. London: Macmillan and Co.

not forthcoming at intervals. Through them, more than through any similar channel, has the study of science been popularised in this country, it being their author's proud distinction to rank second to no authority in the power of so presenting abstruse scientific problems as to make them not only comprehensible, but acceptable also, to the general reader.

The first essay in this collection, after the title of which the work is called, consists of the address delivered by Prof. Huxley on the occasion of opening the Josiah Mason Science College at Birmingham. It is throughout a defence of "Culture" as properly understood, and a denunciation of the narrow, prejudiced "practicality" of rule of thumb educators. It contains, moreover, the famous paragraph which has probably proved as troublesome an utterance to its author as the equally well-known reference years before to the corn which dies and lives again. We speak to the passage in which Prof. Huxley expressed the opinion that "for those who mean to make science their serious occupation; or who intend to follow the profession of medicine; or who have to enter early upon the business of life, classical education is a mistake," and he further went on for this reason to rejoice in the fact that "mere literary education" in the words of its founder was shut out from the curriculum of the College. The admirable exposition which was then given of Prof. Huxley's ideal of a genuine literary-scientific education, on which he warmly insists as being necessary to produce a cultivated scientific student, deserves to be read and attentively considered by every would-be educational theorist, medical as well as other. It is chiefly because Mr. Huxley has been persistently misrepresented that he is so often misquoted, for none more than he, who is himself a scientist of the highest intellectual culture, can more exactly appreciate the importance of a liberal education as an adjuvant to successful scientific labours.

With the first address in the book in the order of printing should be read the fifth, on Joseph Priestly, delivered at the unveiling of a statue of the great chemist in 1874, and the second, on Universities, actual and ideal, a rectorial oration before the University of Aberdeen in the same year. These offer an example of the telling style which Prof. Huxley adopts in his happiest flights, and serve also to lend an insight into the views which govern his thoughts on education and mental training. The majority of the remaining essays are on subjects of special scientific interest, such as "The Border Territory between the Animal and Vegetable Kingdoms," "Sensation and the Unity of Structure of the Sensiferous Organs," "Evolution in Biology," &c., &c. One of them "On Certain Errors respecting the Structure of the Heart attributed to Aristotle," is a learned and luminous defence of the ancient naturalist against the attacks made on his powers of observation; while repudiating the late J. H. Lewes' sweeping assertions, however, Mr. Huxley is careful to avoid unhesitating acceptance of Cuvier's "Exaggerated Panegyric," and offers a complete and judicial analysis of the achievements of the author he is dealing with.

The connection of the Biological Sciences with Medicine will possibly be read with more enjoyment and interest by professional students of the work, but it would be invidious to select any particular address as possessing merits not common to all. Mr. Huxley's work at all times commands attention from all men who are not wholly ignorant of the great labours he has prosecuted as a teacher of scientific truths to the masses. In these essays we have the well-considered opinions of a powerful thinker, and a prime agent in the intellectual progress of our time; for this reason, as much as for their intrinsic excellence, they are of enduring worth and priceless value.

PROFESSOR FLOWER ON FASHION IN DEFORMITY. (a)

THE object of Professor Flower's little volume is to expose the follies and dangers attendant on conformity with the exigencies of fashion respecting dress and appearance. Intended more especially as a means of instructing unprofessional readers, it is nevertheless a useful guide to medical men, who will derive many valuable hints from its perusal. Assuming that "the propensity to deform, or alter from the

(a) "Fashion in Deformity." By William Henry Flower, F.R.S., &c. Nature Series. London: Macmillan and Co.

natural form some parts of the body, is one which is common to human nature in every aspect in which we are familiar with it—the most primitive and barbarous, and the most civilised and refined,” Professor Flower first dwells on the modifications of form impressed by man on the lower animals for whatever purpose, and from this subject he proceeds to consider human deformities, classifying them according to the parts of the body affected. The work is embellished with a number of illustrations of the structural disfigurements referred to, and in its later portions deals particularly with the extravagances of modern fashion, which are productive of such intolerable mischief and suffering among women principally, but also among men as well. The slender waist and the small contracted and distorted foot are described and pictured, while the evils to which they give rise are faithfully and cogently urged in a way that must carry conviction to all but heedless followers of “fashion’s” commands. Such works as this are really wanted in our age, and we could desire to see Professor Flower’s admirable little volume published at a price and in a form which would ensure its being universally perused. Its precepts are sadly needed, as much among the less educated classes as among those whose habits and proceedings in relation to dress and appearance they are constantly striving to imitate.

LAWS RELATING TO MEDICAL MEN. (a)

ACCORDING to Blackstone, every man ought to know something of law, and the education of no one was held to be complete by the same authority unless he possessed such knowledge. Mr. Greenwood, in his very interesting work on “The Laws relating to Medical Men,” has supplied in a most ample manner a want long felt by the medical profession, no member of which can now excuse himself on the ground of the absence of correct information on the subject in a convenient form.

The first chapter gives a brief account of the early attempts at the regulation of the practice of surgery and medicine by practitioners of the healing art, so that the “King’s liege people” may “discern the learned from the unlearned,” together with the provisions made for the examination and approval of candidates by the Bishop of London or the Dean of St. Paul’s. The history of the rise of the College of Physicians under the fostering care of Thomas Linacre and the great Cardinal Wolsey is also given. In later times we come to the passing of the Medical Act of 1858, and the subsequent enactments made for the purpose of regulating medical practice and improving the status of medical men.

We have next the laws relating to registration; then those relating to physicians, surgeons, apothecaries, and dentists; then the Universities come in for their share of attention; and last, but by no means the least important part of the book, are chapters 9, 10, and 11, which deal with the law relating to medical witnesses, the law relating to malpractice, and the law affecting lunacy practice.

The weakest part of this useful volume is that which deals with the subject last mentioned; and here we look in vain for guidance as to the receiving of lunatic patients by medical men, the civil rights of lunatics, the procedure necessary to obtain a licence for a private asylum, &c., all of which might have been given in a few lines. With the rectification of this omission in a future edition, and the correction of a few verbal statements, this book will be invaluable, and should not only find a place on the shelves of the library of every medical man, but should also be carefully studied by him.

PROFESSOR MORCELLI ON SUICIDE. (b)

THE author of this book, which is an abridged edition of his larger treatise, originally published in Italy, is Professor of Psychological Medicine in the Royal University of Turin, and Physician-in-Chief to the Royal Asylum for the Insane. As

(a) “Laws relating to Medical Men.” By James Greenwood, Barrister-at-Law. With a Chapter on the “Law relating to Lunacy Practice.” By L. S. Forbes Winslow, M.B., D.C.L. Oxon., &c. London: Baillière, Tindall, & Cox.

(b) “Suicide: an Essay on Comparative Moral Statistics.” By Henry Morcelli, M.D. International Scientific Series. London: Kegan Paul and Co.

an accomplished observer he is without a rival; as a theorist he shows himself an able student of sociological problems and an earnest follower of the great masters of modern thought and of the school of Evolution.

The work consists of an introduction and two parts—I. Analysis; II. Synthesis. Under “analysis,” Dr. Morcelli discusses the increase and regularity of suicide in civilised countries, and the various influences which seem to affect its commission. To the reader who enters, with this book in hand, for the first time on a study of the subject, it will probably be a surprise to learn the almost absolute perfection to which so complicated a subject can be brought; equally astonished also will he be to discover that facts indubitably show that “in the aggregate of the civilised states of Europe and America, the frequency of suicide shows a growing and uniform increase, so that, generally, voluntary death since the beginning of the century has increased and goes on increasing more rapidly than the geometrical augmentation of the population and of the general mortality.” Statistics naturally form the basis of this conclusion, and it is to a consideration of the causes, natural, social, and individual, which influence such increase that the principal part of Dr. Morcelli’s book is devoted.

We cannot help expressing admiration at the admirable manner in which this task has been fulfilled. The pages breathe forth the spirit of research, and reflect the scientific observer in every line we read, even the lengthy and numerous tables being so compiled as to offer every inducement to the student to peruse their veriest details. Much curious information is likewise afforded as to the conditions on which exceptional death-rates from suicide are dependent; an exhaustive criticism of which is, however, impossible in this place. Of the laborious nature of the task accomplished, in this connection we can form some idea from the information contained in an appendix, descriptive of the method by which statistical data of suicides are obtained.

Part II., dealing with the synthetical aspect of the problem, considers the laws of evolution in civilised society, and develops the conclusions that suicide is the effect of the struggle for life and human selection, and that the formation of character is the cure of suicide. It is easy to discover from these chapters how deep a hold scientific evolution has taken on the mind of our author; and it is highly instructive also to observe the vast assistance he has derived from these principles in formulating the conclusions to which his investigations have directed him.

Judged by its intrinsic importance, this volume of the International Scientific Series ranks among the best of these well-known manuals. To the psychologist and the physician it will be a fascinating study, while the information it affords is indescribably valuable to every student of social problems.

Correspondence.

THE RISKS OF HEROIC DOSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On reading your comments (Oct. 11th) on the unfortunate occurrence at Colombo, where an overdose of *Felicitas Maris* administered for tape-worm caused the death of the patient, I was reminded of a somewhat similar accident that befel an able and conscientious medical officer some years ago in India. Captain D., who had been in the habit of taking morphia occasionally for some neuralgic pain, wrote one night about 11 o’clock to the civil surgeon and begged him, as he was suffering excessive agony, to send at once two grains of morphia. Captain D. took what was brought back, and on the following morning was found dead in his bed.

At the inquest the civil surgeon stated that, considering two grains of morphia an unnecessarily large dose, he prescribed one grain. The apothecary who prepared the prescription put up ten grains. The medical officer was exonerated from all blame; but how was the marvellous stupidity of the apothecary to be accounted for? Some one suggested that the paper was folded *when wet*, an X being thus produced. But granting the correctness of this surmise, where was the man’s common sense? Being evidently unfit for his post he was removed. The unhappy medical officer—overpowered with vexation at the catastrophe—gave up the practice of his profession and took to one of the scientific branches.

The case illustrates, in a forcible manner, the necessity for carefully blotting a prescription, whether the explanation offered of the accident were true or not. At any rate it might have been.

I am, &c.,

CHAS. R. FRANCIS, M.B.,
Clapham Common, S.W., Surgeon-General.
Oct. 16th, 1882.

THE INFLUENCE OF LIGHT ON VARIOLA AND VACCINIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some years since I conducted a series of experiments (the results of which were recorded in your journal at the time) under the impression that the development of variculous pustules was favoured by cold, and retarded or prevented by heat, which further experience has convinced me has little or nothing to do in the matter, while light plays a most important rôle, as any one desirous of testing my assertion can readily ascertain for himself by comparing the results in two cases of vaccination, in one of which the arm is left bare, while in the other it is covered by some tissue capable of excluding the actinic rays of the sun; absolute darkness is unnecessary and undesirable, and the object desired can be attained without interfering with ventilation.

Prevention being preferable to cure, I shall continue to exclude the actinic rays of the sun from the rooms of such of my patients as chance to contract small-pox, and do not fear to compare results with those obtained from canterisation by carbolic or any other acid.

I remain, &c.,

W. T. GREENE, M.A., M.D.

Moirs House, Peckham,
Oct. 22nd.

MEDICAL PRACTICE IN CYPRUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having just heard that two or three surgeons are required for the island of Cyprus, I think it right to warn my younger brethren not to be tempted too hastily into consenting to go there, at least, until more liberal terms are offered. The utmost he can now expect there is about £200 a year, and without I believe any prospect of increase, and he cannot reckon on private practice, even if he could speak both Greek and Turkish. Now, the post of assistant-surgeon in a convict prison, at home, is worth at first £175 a year, besides free quarters and the privilege of having rations at contract price, while the salary increases £10 a year up to £250, whilst he will secure £450 on becoming senior surgeon. The duties of a D.M.O. in Cyprus are quite enough to absorb all his time in visiting the prison and attending dispensary daily, with long rides into the district, and then all the monthly reports. The salary ought I think to begin at £250, and increase yearly by £10 up to £300.

Yours, &c.,

ONE WHO HAS BEEN THERE.

October, 1882.

QUEEN'S COLLEGES IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Might I ask through your columns what is the meaning of the matriculation examinations as advertised at the Queen's Colleges? Are they accepted by all, and if not, by any; and if so, by what centres of final professional examination as a sufficient guarantee of the educational acquirements of the student?

The matriculation standard of the Queen's Colleges was low enough in all conscience before, but if their object is merely to qualify to enable those who "pass" to compete for the prizes, then good-bye to anything approaching a test as to a man's primary education.

Yours, &c.,

T. V. H.

Two New Antiseptics.

M. G. LE BON has just presented to the Academy of Sciences two new and very effective antiseptics—the glyceroborate of calcium and the glyceroborate of sodium. Both of

these compounds have the advantages of being very soluble, destitute of odour, and free from all toxic action. When exposed to the air, they both deliquesce with great rapidity, absorbing from the air an equivalent weight of moisture. Both alcohol and water dissolve twice their own weight of these salts. They are powerful antiseptic agents even in very dilute solution; the most effective in a therapeutic point of view appears to be the calcic salt. It is absolutely innocuous and it can be applied in strong solution to so delicate an organ as the eye without bad results. In a hygienic sense, both can be employed with advantage as disinfectants and as preservers of meat and other alimentary products. M. Le Bon has transmitted meat simply coated with a varnish of the glyceroborate to La Plata, and it has arrived in a perfectly fresh and sound condition. He thinks both salts will prove very useful as antiseptics in Lister's mode of dressing wounds.

Royal College of Surgeons, Edinburgh.—The following gentlemen having passed the Final Examination, were admitted L.R.C.S.E. during October:—

Clark, John Robert	Logan, John
Fletcher, Howard Bennett	Robertson, John Mair
Gettings, John Salter	Schmidt, Arthur Edwin
Hutchinson, Creighton	Snell, Walter Stannes
Kirkham, Frederick William	Wilson, William, M.B. and C.M.

King and Queen's College of Physicians in Ireland.—At the examinations for the Licences of this College, held on Monday, Tuesday, Wednesday, and Thursday, October 9, 10, 11, and 12, the following candidates were successful:—

For the Licence to practise Medicine—

Adcock, Henry, Liverpool	Jones, John Henry, Liverpool.
Harrington, John Mary, Tralee.	O'Donel, Claudius, Castlebar.
Hitchen, Thomas, Bradford.	White, John William, London.
Wright, William Henry, Liverpool.	

For the Licence to practise Midwifery—

Adcock, Henry, Liverpool.	O'Donel, C., Castlebar.
Bennett, W. Halloran, Dublin.	White, John William, London.
Harrington, John Mary, Tralee.	

At a special examination, held on Tuesday, September 19, the Licence to practise Midwifery was granted to—

Williams, John William, M.D., R.M.I., Dungarvan, co. Waterford.

The following Licentiates in Medicine of the College, having complied with the by-laws, have been elected Members:—

Burney, Walter C. S., Greenwich.	O'Meara, William H., Carlou.
Dyas, William, London.	Scott, John A., Freshwater.
Ffolliott, Frederick, London.	

French Hospital, London.—We are requested to announce that Mr. Henry de Mério has resigned his appointment as surgeon to the above institution.

Society for Relief of Widows and Orphans of Medical Men.—A Quarterly Court of the Directors of this Society was held on Wednesday, October 11, under the chairmanship of the President, Sir George Burrows, Bart. Two new members were elected. The death of one widow was reported, and two orphans had ceased to be eligible for further grants. Applications for grants were received from sixty-one widows, five orphans, and three orphans on the Copeland Fund, and it was resolved that a sum of £1,259 10s. be recommended for distribution at the next quarterly meeting. The quarterly expenses amounted to £34 17s. The state of the funds permitting, it was resolved, on the motion of the Acting Treasurer, to make a Christmas present to the widows and orphans in December next. The report of the Committee on the Revision of the By-laws was considered, and it was resolved that many important alterations should be submitted for approval to a general meeting of the Society.

Royal College of Surgeons, Edinburgh.—At the annual meeting of the College on the 18th inst. the following office-bearers were elected for the ensuing year:—President—William Turner, M.B. Secretary and Treasurer—Joseph Bell. Librarian—Archibald Dickson, M.D. President's Council—Henry D. Littlejohn, M.D., Patrick Heron Watson, M.D., David Wilson, M.D., Francis Brodie Imlach, John Smith, M.D., Douglas Argyll Robertson, M.D., Joseph Bell. Examiners—James D. Gillespie, M.D., Henry D. Littlejohn, M.D., Patrick H. Watson, M.D., David Wilson, M.D., John Smith, M.D., Joseph Bell, John Duncan, M.D., Robert J. Blair Cunynghame, M.D., Alexander G. Miller, M.D., Peter H. MacLaren, M.D., Johnston Symington, Robert Macnair, M.D. Dental Examiners—Patrick H. Watson, M.D., Francis B. Imlach, Henry D. Littlejohn, M.D., John Smith, M.D., Andrew Wilson, L.D.S., George

W. Watson, L.D.S. *Assessors to Examiners*—William Brown, James S. Combe, M.D., Benjamin Bell, William Walker. *Conservator of Museum*—Robert J. Blair Cunyng-hame, M.D. *Clerk*—James Robertson. *Officer*—Colin Mackenzie. *Assistant to Conservator*—George Reid.

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ARMY MEDICAL EXAMINATIONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I should feel grateful to any of your readers who could—through the medium of your paper—supply me with the questions set at any one of the recent examinations for entrance into the Army and Naval Medical Services, finding that the authorities at Whitehall are unable to comply with the request.

I am, yours, &c., J. L. T.

Beaumaris, Oct. 23, 1882.

AN ABSENT MEMBER.—The reading of the paper was deferred till next meeting, the time having expired on the conclusion of discussion of previous papers.

MR. WALTERS (Leeds).—We do not prescribe; consult a qualified practitioner in your own neighbourhood.

AN ARMY MEDICAL OFFICER.—Thanks for the information; we referred to the matter in our last, and took occasion to draw the attention of an authority at head-quarters thereto.

ONE OF THE PUBLIC.—We do not care, as a rule, to reply to such questions; but in the present case there seems a reason why we should do so. We therefore assure you that you are entirely misinformed, and that absolutely no grounds exist to justify the insinuation you have brought. At the time when we unflinchingly exposed what we were convinced was a vicious state of things, there was, in our judgment, ample reason for the course we pursued. Since then better counsels have prevailed within the hospital, and it is no longer the scene of mismanagement and ruin it had for a season become. Under the restored *regime* order and submission reign in place of disorder and aggression, and all matters medical are rightly directed by the medical staff. You can accept our assurance on these points, and will probably, therefore, see the uselessness of proceeding any further with your scheme.

MANCHESTER.—The proposal is a very commendable one, and has our best wishes. We cannot, however, lend much assistance in the matter, since we had but a slight direct acquaintance with the deceased surgeon. That his friends will welcome the suggestion there can be no doubt, and from many you will certainly obtain valuable assistance in your labours.

A DOCTOR IN DISTRESS.—Unfortunately your case is not unique; several gentlemen like yourself, omitting to give the notice demanded, simply through being unaware of its having been demanded, have suddenly found themselves off the Register at a time when they particularly desired to be on it. You can put the matter straight again by entering on the Register.

A. W.—The letter shall be forwarded to the writer of the articles, who will judge of its contents.

MR. COURAYNE.—The case, judging from your description, is one of locomotor ataxy. The treatment is fairly good.

MR. ENGELS (Glasgow) is thanked for the very interesting cases to hand, which will appear shortly.

HOW INFECTIOUS DISEASES ARE SPREAD.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Whilst waiting to-day to see the troopers on their return from the war I looked round to examine the crowd, and was horrified to see a young fellow, probably of about seventeen or eighteen, with the skin all peeling from his hands, and with every appearance of having just got over the acute stage of scarlet fever. I lost sight of him before I could speak to him. Now, he was just in the condition to spread the disease. If I only saw this one case, how many more might not there have been about doing the same thing?

I am, Sir, your obedient servant,

October 20th.

A DOCTOR IN THE CROWD.

J. B. (Londonderry).—In a work of such magnitude it is impossible to avoid errors absolutely. The prescription in which Lij. quinine occurs is undoubtedly a misprint. We will draw the author's attention thereto, who will doubtless be glad to make the necessary correction in subsequent editions.

ANOTHER PHASE OF QUACKERY.—The manager of "The Blue Ribbon Army Brain Restorative Depot," Norwich, sends our publisher a long advertisement for insertion in our columns, with a request for terms for twelve months' insertions. We will make the manager a present of this notice, and at the same time would call the attention of the Public Prosecutor to the matter in order to stop the obtaining of money under false pretences. Many of those who join "Salvation" and other so-called "Armies," are not blessed with an overplus of brain power, and such catchpenny rubbish as "The Blue Ribbon Army Brain Restorative," at 11s. a bottle, may tempt these to part with their money in the hope of achieving greatness; for we are told in the said advertisement that "this Restorative has cured cases where men have afterwards risen to great eminence." Now, as the Blue Ribbon Army boasts of only a few months' existence, it follows that eminence can be very rapidly attained by sending 11s. to a cer-

tain individual at Norwich. But so happens that other wonderful things have come recently from that city of hallowed memories; it is therefore, time some official recognition were taken of those who thus generously seek to increase the brain power of the public for so modest a consideration.

DR. HERMAN (Finsbury) is thanked for his note.

DR. D. (London).—Report received; will appear as soon as space permits.

At the late "Primary" examination a "Bart's" man was asked by one of the examiners what structure he saw under the microscope. After looking for some time with great attention, the student brightened up, and as by an inspiration, replied, "Blood, sir!" "Blood, sir," said the examiner; "and how do you know that it is blood?" After some confusion the student said that a man who had just come out prompted him. "Quite right, Mr. —," smiled the examiner, "what he saw was blood, but you are now looking at a section of cartilage."

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This evening, at 8 p.m., Dr. Charlewood Turner will show a Heart of Two Chambers.—Dr. Herman, "On the Clinical Classifications of Backward Displacements of the Uterus."

QUEKETT MICROSCOPICAL CLUB.—Friday, Oct. 27th, at 8 p.m. Mr. T. W. Morris, "On the Fibro-vascular Bundles in Ferns, and their value in Determining Generic Affinities."

CLINICAL SOCIETY OF LONDON.—Friday, Oct. 27th, at 8 p.m. Mr. W. Asham, "On a Case of Gunshot Injury of the Lower Jaw."—Dr. Mahomed and Mr. Pepper, "On a Case of Ligature of the Common Carotid Artery for Hemorrhage from the Throat, due to Ulceration after Scarlet Fever."—Dr. Crocker, "On a Case of Haematuria from Bilharzia Hematobia" (specimens of the parasite will be shown).—Mr. Golding Bird, "On a Case of Removal of the Uterus for Fibroid Disease."

HARVEIAN SOCIETY OF LONDON.—Thursday, Nov. 2nd, at 8.30 p.m. Mr. Malcolm Morris, "On Chronic Ringworm."—Dr. Broadbent, "On Some Points relating to the Sounds of the Heart."

Vacancies.

Dental Hospital of London, Leicester Square.—Dental House Surgeon. Salary, £40. Applications to be sent to the Hon. Sec. on or before Nov. 13th.

Great Northern Hospital, Caledonian Road, N.—Ophthalmic Surgeon. Applications to be addressed to the Secretary not later than Oct. 31st.

London Fever Hospital.—Resident Medical Officer. Salary, £200, with residence. Applications to be sent to the Secretary on or before Oct. 31.

Magherafelt Union, Bellaghy Dispensary.—Medical Officer. Salary, £130, and £ 5 as Medical Officer of Health. Election, Nov. 6th.

Royal London Ophthalmic Hospital.—House Surgeon. Applications to be sent to the Secretary on or before Oct. 30th.

Appointments.

BARLING, H. G., M.B. Lond., M.R.C.S., Resident Surgical Officer to the General Hospital, Birmingham.

BUCHAN, W. A., M.B. Edin., House-Surgeon to the Clinical Hospital, Manchester.

CARLESS, G. N., M.B., Medical Officer to Her Majesty's Prison, Devon.

HALL, B., M.B. Lond., M.R.C.S., Assistant Medical Officer at Earlswood Asylum.

MACGILLIVRAY, C. W., M.D., Assistant Surgeon to Royal Infirmary, Edinburgh.

NEWCOMBE, F., M.R.C.S., Medical Officer for the Clifton District of the Newark Union.

SCOTT, C. C., M.B., C.M. Edin., House Surgeon to the Ayr New Hospital, and Surgeon to the Dispensary.

SPENCE, W. J., L.R.C.P. Ed., L.R.C.S. Ed., Resident Physician to the Bradford Infirmary and Dispensary.

STRAVENSON, W. E., M.B. Cantab., M.R.C.S., S.So. Cert. Camb., Electrician to St. Bartholomew's Hospital, London.

THOMSON, A. G., L.R.C.P. Ed., Medical Officer to the Hornsdown District of the Tonbridge Union.

Births.

BEVERIDGE.—Oct. 16, at Totnes, the wife of H. T. S. Beveridge, M.D. Edin., Staff Surgeon, R.N., of a daughter.

JONES.—Oct. 14, at North Park House, Harrogate, the wife of A. O. Jones, M.D., of a son.

RAVEN.—Oct. 19, at Broadstairs, the wife of Thomas F. Raven, L.R.C.P., of a daughter.

Marriages.

KENNEDY-HAYLE.—Oct. 17, at St. Mary's, Rochdale, William A. Kennedy, M.B., L.R.C.P., of Newcastle-on-Tyne, to Sarah, third daughter of Thomas Hayle, M.D. Edin., of Rochdale.

ROONEY-GERAGHTY.—Oct. 10, James Rooney, L.K.Q.C.P.I., Athboy, to Kate, only daughter of the late Laurence Geraghty, of Dublin.

Deaths.

COOPER.—Oct. 13, at Shelburne Road, Holloway, Charles Cooper, L.S.A. Lond., aged 70.

EDWARDS.—Oct. 13, at his residence, Colebrookdale, Shropshire, Benjamin Edwards, M.R.C.S., aged 67.

JOHNSTON.—Oct. 17, at Southsea, James Wingate Johnston, M.D., Inspector-General, R.N., Honorary Surgeon to the Queen.

RHODES.—Oct. 17, at Weymouth, Charles Rhodes, M.D., aged 41.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 1, 1882.

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THE CAPACITIES AND FACILITIES OF EDINBURGH UNIVERSITY FOR MEDICAL AND SCIENTIFIC EDUCATION AND RESEARCH.

By WILLIAM RUTHERFORD, M.D., F.R.S.,

Professor of the Institutes of Medicine in the University of Edinburgh;
President of the Edinburgh Royal Medical Society, &c.

THE introductory lecture at the opening of the Edinburgh School of Medicine last week was attended by an overflowing audience of the profession and students.

The Teaching of Physiology.—At the outset, the Professor said that this being the first lecture delivered in the Physiological Department of these magnificent new buildings, it seemed to be his first duty to recall, in brief review, the efforts of those who so greatly assisted them in reaching this new era in the progress of the Edinburgh Medical School. An interesting historical retrospect was then entered into with regard to the early development of the Medical School of Edinburgh, the early efforts that were made in reference to the Chair of the Institutes of Medicine being particularly singled out and dwelt upon. He showed that, for nearly two centuries before a medical school was established in the University, medical education was given under the auspices of the College of Surgeons, and that the Town Council, about 1727, at the urgent request of four distinguished Scotch doctors who had returned from studying at Leyden under Boerhaave, founded the Chairs of the Theory and the Practice of Physic and of Chemistry, and of Medicine, Anatomy, and Surgery, Botany and Materia Medica, and Midwifery. With these branches of instruction a school was formed in which a regular system of medical instruction was for the first time carried out in Edinburgh. It was, then, to Leyden and the educational system of Boerhaave that they owed the titles of two of their chairs—Institutes of Medicine and

Practice of Physic. The institution of professorships of pathology and clinical medicine rendered both titles obsolete, and they would doubtless one day be changed for the simpler appellations, physiology and medicine. Touching next upon the former professors of the Institutes of Medicine, from Dr. St. Clair to Hughes Bennett, he showed, by quotations from their manuscript lectures, preserved in the library, that on many points their teaching was in accord with the explanations of modern physiology. To Dr. John Hughes Bennett, who occupied that chair from 1848 to 1874, he said the development of the physiological department in that School was largely owing to his energy. He was the first in this country to institute a course of practical physiology. He induced the Senatus to provide him with a collection of physiological apparatus, together with the laboratory in the old buildings, which, until a few years ago, was sufficient for the wants of the School. And no one need question that what was done in that laboratory under his superintendence contributed not a little to the growth of their School, which eventually rendered the old laboratory and lecture-room altogether inadequate. During the past few years, owing to deficient accommodation, their teaching had been carried on under difficulties which have seriously tested the endurance of everyone engaged in it.

New University Buildings.—The Professor then continued—But now at last we are nearly all housed in this palatial edifice, which everyone acknowledges to be worthy of our fair city. We know that the people of Scotland look with an eager eye at every institution destined for an educational purpose. We know that they look with pride at the success of their Universities because they bring the advantages of all their elaborate machinery of education in science and letters within reach of those whose means may be small. And we know that those more immediately interested in this University are gratified at witnessing the remarkable development which has of late years taken place in her Medical Department, and which has rendered these

new buildings necessary. We thank the public and the Government or the generous manner in which they have contributed the funds required for our new Medical School. We have to thank the Principal of the University and the other members of the Building Committee for their unwearied efforts to ensure success in this great undertaking, and we have to thank the able architect, Mr. Anderson, for the great beauty of his design, and for the skill with which he has met the demands for accommodation—often elaborate and complicated—made by the Professors for their several departments. I have, indeed, special reason for thankfulness to the Building Committee for the liberal manner in which they permitted my elaborate designs for this extensive department to be fully carried into effect. Some, I dare say, felt disposed to question the need for a Physiological Department so extensive, but they generously gave me the benefit of the doubt, and allowed me to be the judge of what was requisite.

New Physiological Department.—I am confident that when you have become practically acquainted with this department, you will testify that it is well adapted to enable you to gain a knowledge of physiology, and equally well adapted to enable research to be prosecuted in all the varied branches of physiology. On the ground floor stands this capacious lecture-room, with museums for apparatus, diagrams, and other teaching appliances. On the floor immediately above this you will find the laboratory and retiring rooms. The laboratory consists of three divisions:—The first comprises five apartments adapted for microscopical study and research. The largest room is used by the Histological Section of the Class of Practical Physiology. In that room you will be trained to prepare and examine with the microscope the several tissues and organs of the body in their normal condition. The second apartment is a laboratory for microscopical research; a third is intended for the increasingly important subject of microphotography; a fourth is for microscopical demonstrations; and the fifth is to be used as a students' common room, for reading, and for work connected with microscopy. The second division of the laboratory is intended for study and research in physiological, and what is sometimes termed pathological, chemistry. It comprises four apartments. The largest is intended for the Chemical Section of the Class of Practical Physiology. You will find there all the appliances needed to enable you to gain a practical acquaintance with the main facts of physiological and pathological chemistry, chiefly those facts and those chemical methods which are of service in medical practice; a second room is equipped as a laboratory for special research in physiological and pathological chemistry; a third is a room for gas analysis, such as is needed in physiological chemistry; the fourth is a general chemical preparation room. The third division consists of rooms devoted to practical teaching and research in physiological physics and allied subjects. One room is intended for experiments on muscle and nerve, on the circulation and respiration, animal heat, and other subjects. A second is intended for optical and other studies, which you can at any time prosecute individually, such as the practice of the ophthalmoscope and laryngoscope, the sphygmograph, cardiograph, and other instruments. The museum for apparatus has also been specially adapted for experiments on animal electricity, and also as a room for giving practical instruction on the electrical apparatus used in medicine and in other subjects to the Class of Practical Physiology. Some, who appear to labour under the delusion that the word physiology signifies experimenting on living animals, have indicated their astonishment that so much space should be devoted to such a purpose, and have inferred that the great extent of this laboratory must imply a great increase in the number of experiments on living animals performed in this school. That is an altogether erroneous idea. Experimenting on living animals is but a small part of the

work of the practical physiologist. He has the wide fields of microscopy, of physiological chemistry, of physiological mechanics, hydraulics, optics, acoustics, thermo- and electro-dynamics. When experiments have to be done on living animals, many can be performed in a state of insensibility. Only a few require the animal to be sensible. No painful experiments for teaching you the already ascertained facts of physiology are ever performed in this class. The experiments on animals not anaesthetised have—taking the average of the past eight years—been few—indeed, too few—in number, and they have only been performed by fully-qualified medical men for the sole purpose of original research. I, therefore, think that the public may safely leave this matter in our hands, to be dealt with as the necessities of the case may from time to time appear to demand.

The Endowment of Research.—But, gentlemen, our laboratory is not yet complete; we are in need of endowments for skilled assistants, to undertake and to assist in superintending research in physiological chemistry, physiological physics, and microscopy. Three such men are to be found in the physiological laboratories of Leipzig and Berlin, where they are supported by Government; and they are necessary in any fully-appointed physiological laboratory. Endowments are also needed for fellowships, to be held by those willing to devote their time and talents to the unselfish object of scientific research; and endowment is also needed to provide the materials required to carry out the work. Scientific investigators receive some assistance from the yearly grant given by the Government to the Royal Society of London for distribution to a few of those who are desirous of undertaking expensive research; but the sum is altogether inadequate. Considerable assistance has also been rendered by the British Association and British Medical Association, who have generously helped scientific workers from their limited funds subscribed by medical men, and by those who work at science, or are interested in its progress. But from none of these sources can assistance be obtained to do more than pay for the materials used in a comparatively small number of investigations. The investigator must always do the work for nothing; and too often it happens, and it is especially apt to happen at the outset of life, that a man cannot afford to spend months, and it may be years, in toiling arduously without earning the bare means of subsistence. The only satisfactory way in which the difficulty can be surmounted, the only really practicable manner in which research can be endowed, is to give to universities and similar institutions adequate sums of money to be allotted to such men, and for the attainment of such objects as the authorities in the several centres may deem worthy. What we so much require in all our laboratories, and, indeed, in relation to all our chairs, are working fellowships, each with a small annual salary sufficient to support the holder while he devotes his time and strength to research. That would enable the University authorities, not only to produce far more research than is now possible, but also to encourage young graduates who have given proof of earnestness, of exceptional ability, and of a desire to prosecute original inquiry. Our University has no funds available for that object, and we must, therefore, await the liberality of those who know that research signifies a search for the truth in everything, who are aware of the arduous nature of the undertaking, its unselfish objects, and the unspeakable blessings it has conferred, and will ever confer, on the whole human race. Already the first step towards the realisation of this wide scheme has been taken by a liberal gentleman, who, while he withholds his name, generously gives five hundred a year for three years—(applause)—as a preliminary experiment to endow for that time five working fellowships, each with the moderate salary of one hundred a year. These appointments have just been made for the first time, and we are all sanguine that the

results will be such as we anticipate. But while it is so important to give support to those anxious to do research, it must not be forgotten that it is equally necessary to support the laboratories in which their work is to be done with the aid of costly apparatus and costly materials. Ere we can hope, however, to see, in the several laboratories of these new buildings, a band of investigators, supported by endowments, it will be necessary first of all to procure the large sum yet required to finish the buildings. It is, I fear, only too true, that contributions to these far from completed buildings have been lost, in consequence of the tumult regarding experiments on animals. We were offered by a lady the bribe of a great contribution which possibly might have completed the buildings, if we would only consent to abandon experiments on living animals. We declined the offer to sell our independence. We conceive it to be our duty to advance the science and art of medicine by every legitimate means. We will never renounce that duty. But, gentlemen, I need not detain you further on this question, for our learned Principal, who has always striven so successfully and so unselfishly on behalf of the University, will lay this important matter ere long before the community. The Professor proceeded to impress upon the students that the great object of these new buildings with their elaborate appliances for giving systematic and practical instruction in medical science, was to enable them more easily than hitherto in that school to become "reasoning practitioners of medicine." The great object was to educate pupils to become not rule-of-thumb empirics, but reasoning practitioners; men whose minds had been trained to analyse complicated phenomena, who had learned how to appreciate their importance, who should be able to give a clear, well-balanced, cautious judgment regarding their significance and the manner in which they should be treated. Scientific medicine altogether differs from a trade, or a merely mechanical art. There was only one scientific method of learning it. They must study the theory before they could understand the practice. They must begin at the foundation with anatomy, chemistry, physics, and general biology. They must then study physiology, pathology, the nature of remedies, with their actions in physiological and pathological conditions of the organism. All these were needed to furnish the theory or institutes of medicine. Then they would be able to understand the practical aspects of surgery, medicine, and so to become reasoning practitioners and independent thinkers. The lecturer then gave a brief account of the mechanism of the organs of sensation. He showed why the physiologist maintains that sensation results from the activity of nerve cells; and how our knowledge of the telephone is calculated to alter existing theories regarding the action of the organ of hearing.

A DEFENCE OF VIVISECTION. (a)

By JOHN CLELAND, M.D., F.R.S.;

Professor of Anatomy in the University of Glasgow, formerly Professor of Anatomy in Queen's College, Galway.

PROFESSOR CLELAND said that the study of experimental philosophy in this country was eminently unpopular. It could not be expected to have much sympathy from the public, for the simple reason that the general public cared nothing for any truth or science for its own sake, but only for the so-called practical benefits to be derived therefrom, while Science refused to smile on those who loved her merely for her fortune. It was perfectly well known to the more experienced members of his audience that without experiment the information which they were able to turn to account for the cure of suffering either in domestic animals or man, could not exist. Whatever might be the pain to the victims of

physiological experiment—and that had been grossly exaggerated—those experiments were never performed but with the view of obtaining and spreading a more accurate and complete knowledge of the processes of life. Now, he wished to point out that those who had legislated against experiment—the members of the two Houses of Parliament—were the great majority of them sporting men. He had no feeling against sport, at least in some of its forms. He could not help remarking, however, that the more innocent forms of amusement of our legislators not only involved that kind of cruelty which their legislation professed to wish to put down, but required for their enjoyment an utter carelessness for the fate and feelings of their victims. What, for instance, could be said of fox hunting and hare coursing? He wanted to know how in the face of those things the legislators who passed the Act for the curbing of physiological experiment could reasonably object to the charge of hypocrisy. The highly-wrought pictures often drawn of the sufferings of animals from experiment and otherwise were full of exaggerations depending on the ignorance or want of consideration of those who drew them. He would only say that a large number of so-called vivisections were, so far as the sensations of the animals were concerned, the mere infliction of death in the most painless manner possible. If the matter was critically looked at, it would be found that the evidence was distinctly to the effect that their capability of feeling pain was, even in the higher domestic animals, far less than in man. In the first place the skin was very different from that of man. It was well known that in operations on the human subject the skin was the structure whose injury gave most pain. The mere division of the deep structures with a sharp instrument would appear to cause little or no pain, except in the case of nerves. When there was much pulling or violent tearing there might be great pain; but that muscles, vessels, and connective tissue might be handled and divided without causing any suffering comparable with what was occasioned by division of the skin was a recognised fact. When, however, they came to consider the integument of domestic animals it was not difficult to make sure that one had a much less sensitive structure to deal with. Its microscopic as well as its obvious appearance warranted one in expecting that it would be so; and while neither a horse, nor a dog, nor a rabbit was at all slow to make people distinctly understand when it was hurt, it became evident from the absence of signs of pain when skin wounds had to be made on them, that they suffered from them very little indeed. When, in various experiments which had greatly advanced physiological knowledge, the pneumogastric nerve of a rabbit was cut down on, supposing the animal not to have been chloroformed, it would be seen to suffer little inconvenience from the skin wound, and none from the search among the structures underneath; in fact, obviously much less annoyance than it would suffer from the administration of chloroform, which, strange as it might seem to some ladies, it abominated. But when the nerve was divided a sharp cry of agony at once told not only the moment of agony, but how far the animal had previously been from anything of the sort. Happily it ceased on the instant, and the rabbit showed no further discomposure. He said people must guard against estimating the pain by the outcry made. Speaking of the pain itself, apart from the power of bearing it, he did not think there could be any serious doubt that the pain occasioned by a given amount of lesion varied according to the fineness of the impressibility of the nervous system, and that civilisation and education, as well as certain alterations of nutrition in disease, did greatly enlarge the capacity for feeling pain. The amount of intelligence had an important bearing on the character of the pain possible to an animal. The actual pain produced at the moment by a physical lesion constituted but a small portion of the idea of pain as it presented itself to the mind of man. The accessories of anticipation, memory, and associations

(a) An Address delivered Oct. 24th, in the Royal Veterinary College, Glasgow.

played an important part, and it was the effect of the images presented by these to the mind which gave rise to all the suffering termed horror. Doubtless the more intelligent mammals had both memory and association of ideas largely developed. But as to anticipation, they had no chance of such a thing in a properly-regulated laboratory; and his contention was that, in the brutes, anticipation, memory, and association had a so much less amount of mind than in man for their origin and operation, that the images which they produced must be both much fewer and much less wrought up into horrible phantoms; in fact that we cannot well estimate how much of the complex machinery of pain, as we know it, the lower animals were altogether free from. At the same time, it was perfectly evident that large capacity for pain was left to such animals as the horse and the dog, that it might be safely affirmed that no one, at least no physiologist, would choose those animals for an experiment which could equally well be performed on a less highly organised animal. However, no one could doubt that the mental constitution of a rabbit was so limited that it was quite incapable of the suffering of which a horse or a dog was capable. Turning to the cold-blooded animals, the line of argument which he had pursued became enormously more important. The consciousness of a frog was something so far removed from that of a human being that it was impossible to imagine any condition of our minds to liken to it. That might be taken as certain from the imperfect development of its brain as compared with the brains of higher animals. The organisation of fishes was even lower. He was not an experimenter on animals, and had no personal interest to serve in the remarks which he had made, but it was certainly the duty of those who were thus free, and who, from the nature of their pursuits, were familiar with the magnitude of the debt which humanity owed to experiment, to aid in opposing, so far as they could, the spirit of persecution against experimenters. In the economy of the world pain had its place. But if it were in all circumstances wrong to inflict it, it could not have existed under the domination of an all-merciful God. The comparative importance of ends must be constantly kept in view; and surely those whose science, founded on experiment, had spread its beneficent influence over man and beast, and gained for them all the alleviation of suffering which had been gained, might be held to endorse, more effectually than the president of the Anti-Vivisection Society, the sentiment toward the close of his illustrious relative's immortal poem directed against the senseless slaughter of birds for mere amusement.

FUNICULUS SCLEROTICÆ: A VESTIGE OF THE FŒTAL FISSURE IN THE HUMAN EYE.

By ADOLPHE HANNOVER, M.D.,

Professor of Anatomy in the University of Copenhagen.

Translated by J. F. KNOTT, M.K.Q.C.P.I.,

Fellow and Senior Demonstrator of Anatomy, Royal College of Surgeons, Ireland.

In a memoir on Coloboma oculi I have represented this condition as a formation resulting from an arrest of development, and due to incomplete closure of the fissure which, during fœtal life, exists in all the ocular membranes, as well as in the vitreous body, ciliary body, and iris. On this account I have designated Coloboma as a great fœtal eye, in which the embryonic type persists in all its details. In the normal eye of adult life but one constant trace of the fissure alluded to has hitherto been recognised—the *macula lutea* with the *fovea cæca*—and in my memoir on the retina of man and vertebrate animals, I have also arrived at the conclusion that the *fovea cæca* is not only a formation due to an arrest of development, but is also the most defective part of the whole retina.

Since this date I have succeeded in discovering in the human eye another vestige of the fœtal fissure, to which

I have given the name of *Funiculus scleroticæ*. In making a vertical section of the sclerotic exactly behind the *fovea cæca*, we find in its interior a solid cord, which passes through the fibres of the sclerotic; sometimes at right angles, sometimes with a slight obliquity. On examination with the naked eye, its limits are found to be pretty well-defined, and when viewed with a slight magnifying power we find that the fibres of the sclerotic pass in rounded bundles to be attached to its outer surface. Their course is, however, abruptly interrupted in this situation, so that the same bundle cannot be continuously traced on both sides of the cord. The thickness of the latter varies a little; it is usually that of a fine sewing thread. The anterior extremity of the cord, which is placed towards the interior of the eye, is usually somewhat thicker, and adheres pretty closely to the external surface of the tunica choroidea by a trumpet-shaped expansion. Sometimes it presents a hemispherical elevation, and we may find some free filaments in this situation, which are detached from the choroid. The posterior extremity of the cord also presents an enlargement, especially towards its inferior aspect, and after a course of greater or less length it is lost in the cellular tissue which covers the outer surface of the sclerotic coat. We sometimes find this extremity hanging free from the outside of the latter. The greater thickness of the anterior and posterior extremities may increase to such an extent as to give to the whole cord the form of an hour-glass, when it is markedly constricted at the middle of its course. The sclerotic, at the place where it is traversed by this cord, is usually concave, both on its anterior and posterior surfaces, so that the total thickness of the tunic is diminished in this situation. Sometimes the position of the anterior extremity of the cord is indicated by a flattened depression, or a small plaque on the inner surface of the sclerotic, or by a variation of the colour of the pigment more or less slight. We rarely can distinguish in this situation a depression on the outer surface of the sclerotic; the depression is sometimes flocculent or rough, while the surrounding surface is uniform in appearance.

When more highly magnified, we find that the cord is finely striated in a longitudinal direction, and is made up of fibres which decussate with those of the sclerotic. The fibres are very fine and soft, and describe slight sinuosities, or are united in bundles, and are covered by a considerable number of small angular nuclei. They are easily distinguished from the thicker and stiffer fibres of the sclerotic, and are imbedded in a compact homogeneous mass of greyish-white colour. There are no meshes similar to those of the sclerotic fibres, and they are very hard to separate from one another.

The funiculus scleroticæ is constant; I have examined 50 to 60 human eyes, both of adults and of infants, in none of which it was absent. Eyes with thick sclerotic coats should be chosen in preference, and it is well to harden them in chromic acid diluted with water, because it is then easier to make thin sections. On account of the frequency with which the funiculus takes an oblique or undulatory course, it often happens that we cannot succeed in exposing the whole by a single section; a portion remaining covered by the fibres of the sclerotic, between which it appears to be lost.

The funiculus scleroticæ cannot be confounded with any other structure in the sclerotic, notably with the vessels and nerves which traverse this tunic. The canals which transmit the latter appear, on transverse section, as openings of round or oval form, and are covered on their inner surface by sinuous fibres of cellular tissue. They do not interrupt the course of the fibres of the sclerotic, they merely pierce through the latter, and transmit but vessels and nerves. We never find there a solid cord like the funiculus.

Although the funiculus scleroticæ is not absent, it nevertheless presents, even in the eyes of the same subject, variations in form, in size, and in course. We have already mentioned the hour-glass form. It is sometimes directed horizontally forwards, sometimes

more obliquely, or describes an S or a convex arc. It may bifurcate near the inner surface of the sclerotic. In some very rare cases two or three thinner bundles are found, which appear to be rudimentary cords, and are placed at the side of, or above, or below, the normal cord. Instead of the solid cord I have in one case met with a group of fibres in the form of a vortex, which seemed to come from two or three irregular cords. Lastly, in adult life, we may even find an indication of the formation of vessels in the interior of the funiculus. The funiculus was, in fact, at its origin permeable, and contained one or two vessels. The proof of this is, that at first, in some adult eyes, I have, in very thin sections of the funiculus, been able to see by transmitted light the remains of a vessel, which was recognisable by the double contour of its walls, and a very delicate, serrated, transverse striation; the vessel itself was closed. Besides, we are able (and also in case of adults), separately from the funiculus, to determine the existence of two or three true vessels at the outer surface of the sclerotic, where a fissure may also be found, which, however, does not in any case penetrate more deeply. In the eyes of newly-born infants I have often been able to detect an opening at the extremities of the funiculus, which was closed in the rest of its course, and we may similarly find, as in cases of adults, open vessels in this situation placed beside the impervious funiculus. Finally, in some eyes of newly-born children I have found the whole canal open and covered with fibres of cellular tissue, as is the case with other openings which give passage to vessels and nerves in the sclerotic. Apart from this particular, the funiculus in newly-born children is similar to that of adult life, excepting that it is sometimes harder to observe, when the sclerotic is thinner in its entirety. All these differences in the new-born, and, to a certain extent, in the adult also, must be referred to a different point of arrest in the development of the funiculus, of which the primitive cavity becomes closed sooner or later, but is as a rule obliterated at the time of birth.

We are also able to find traces of the ocular fissure in other parts of the sclerotic which lie in the neighbourhood of the funiculus. We have already said that the internal surface of the sclerotic in adults may present a slight concavity just behind the fovea; and, that the posterior surface of the funiculus, in some rarer cases, is also indicated by a depression on the outer surface of the sclerotic. Those characters are still more strongly pronounced in the eyes of the new-born. Not only do we then meet with similar depressions, but the whole region from the entrance of the optic nerve and horizontally outwards to a point beyond the entrance of the funiculus, may be marked by a furrow, as well on the internal surface of the sclerotic as on the external, and the sclerotic may be appreciably thinner in the whole extent of the region formerly occupied by the foetal fissure, which is not the case in the eyes of adults. In *Coloboma oculi*, I have shown that the very prominent protuberantia scleroticalis which on the inner surface of the sclerotic appears as a deep oval fossa, and the thinness of the membrane in this situation, are the result of an arrest in the closure of the ocular fissure (*Über den fötalen Zustand des Auges bei der Form des Coloboma*; *das Auge*, 1852, p. 99, Pl. III. fig. 23).

The choroid which is fixed to the internal extremity of the funiculus, presents in its own substance but little trace of the formation of a cicatrix or raphe; it is usually a little thicker in the direction of the macula as well in adults as in the new-born. On the other hand, we may often be able to determine the existence of traces of a raphe in the distribution of the vessels.

As the anterior extremity of the funiculus is firmly bound to the choroid, it is probable that, before birth, one or two vessels passed at this point into the choroid, where the latter has, in all likelihood, been also fissured; and having regard to the close adhesion of the choroid to the fovea caeca, it is even probable that the vessel penetrated completely through the continuity of the fissure

in the fovea caeca, and possibly into the vitreous body beyond.

In monkeys I have had the opportunity of examining the eyes of only three individuals—*Cercopithecus fuliginosus*, *Macacus cynomolgus*, and *Macacus nemestrinus*. In all I have found distinct traces of the fissure of the sclerotic, for in an extent of 4.5 mm. horizontally outwards from the optic nerve, on the internal or external surface of the sclerotic, or on both, there was a furrow where the sclerotic was found to be thinner and more transparent when held before the light. At the external extremity of the furrow, or a little to one side, was found the opening of a vessel of considerable size, which traversed the sclerotic very obliquely, so that its opening at the external surface of the sclerotic was 1.15 mm. nearer the optic nerve than the opening at its internal surface. Many smaller vessels may also be present in the furrow, or beside it. The vessels were open and filled with coagulated blood; the great vessel was not yet transformed into a solid cord.

AORTIC ANEURISM OPENING INTO THE ŒSOPHAGUS.

By Surgeon-General C. R. FRANCIS, M.B. Univ. Lond., M.R.C.P. Lond.

MR. C. was my immediate neighbour at a village in Surrey in 1878. He was a patient of mine, but his wife had her London physician. She was a confirmed invalid, though able to walk about occasionally and enjoy the pure country air. Mrs. C. was said to be suffering from "enlarged heart," and was accordingly very careful of herself. It was generally believed that she made the most of her ailments, and that there was a strong infusion of the hysterical element in the case. The "spinal irritation" of which Mrs. C. also complained was attributed to the same cause. She was in her 50th year, twenty-five years married, but without family. The temperament was markedly lymphatic. Her health had always been good, until about seven years previously, when she began to ail. There were no very tangible symptoms for two or three years, nothing beyond a feeling of *malaise* and a sense of indescribable discomfort. Her friends pooh-poohed the idea of there being any disease, and urged her to rouse herself. Then dyspeptic troubles began. Now anorexia, now uneasiness after eating, now cardialgia, with occasional flatulence, were the prominent symptoms. About a year before I saw her, or six years after the commencement of her ailments, Mrs. C. had been recommended to go through a modified course of gymnastic exercises. She did so, but was decidedly worse afterwards.

One Sunday afternoon Mrs. C.—having hitherto resisted her husband's wish that I should be consulted—consented to see me, and I went over and had a long chat with her. She had been in bed for some days complaining of weakness and increased palpitation; latterly she had suffered somewhat from this, but not much. In addition there was now a new symptom—a sense of constriction of the gullet, which almost prevented the food from passing through into the stomach. It being my first visit, I did not, from motives of delicacy, make any manual examination. I accepted, for the time, the diagnosis already made by others, intending to make one for myself the following day. Believing with the medical men who had already seen her that there was a good deal of nervous irritability in the case, and attributing the spasmodic constriction of the œsophagus to the same cause, I prescribed full doses of hypophosphite of lime, and left Mrs. C. very much cheered by my visit, so much so that she actually, to the surprise and delight of everybody, came down stairs for two or three hours in the evening into the drawing-room. I had to go to London early the following morning. Mrs. C. had passed a fair night, and was feeling somewhat better. On returning home in the afternoon my wife met me at the door with a very blank face. Mrs. C. was dead;

she had died suddenly about 3 p.m. She had remained in bed all the morning, and everything had gone on as usual. Between 1 and 2 p.m. she had rung for her lunch, and had it placed on a table by her side, saying that when anything more was wanted she would ring again. A considerable time having elapsed without any signal coming from the sick-room, Mrs. C.'s niece went in to see, and to her horror saw that all was over.

On going over myself, I met another medical practitioner who, in the emergency, and during my absence, had been summoned. On arrival he found that life must have been extinct for some little time. A little blood and mucus were on the night-dress and the side of the bed, towards which Mrs. C. had evidently turned, in view, doubtless, to vomit, as she must have felt sick.

Clearly there was internal hemorrhage. A post-mortem examination was made in my presence the following morning by the gentleman above-mentioned and his partner. An aneurism of the arch of the aorta had burst into the œsophagus. Unfortunately, the vessels were not examined beyond the seat of the aneurism. There were, however, no indications of disease. *The heart was small, with more fat than usual.* The body generally was well nourished. The cause of death being ascertained, it was unnecessary to make any further examination.

Remarks.—The sudden death naturally took every one by surprise, and no one more so than the poor husband, who, though he quite felt that the case was hopeless, would have been thankful to be prepared for the event. After all, there was no hysteria whatever, but all the symptoms, objective and subjective, were due to the growing aneurism pressing upon and causing the "spinal irritation," pushing forward the heart, and, by increasing the impulse, conveying the idea of enlargement. It is probable that the ear was never applied to the seat of the spinal irritation, as towards the last, certainly, if not earlier, a bruit must have been very audible. Does not the case teach us never to take anything for granted, but to bring every faculty we possess to our aid in the investigation of disease? In this connection I may mention a case that came under my notice in India. A gentleman in Government employ consulted the civil surgeon of his station for "indigestion." After he had been under treatment for some weeks without any manifest improvement, the civil surgeon determined to have a thorough physical examination. On taking off his coat and waistcoat and appearing down to the waist *in puris naturalibus*, mitral disease was discovered; there was a powerful impulse, with some displacement; but the patient was cognisant of nothing abnormal, and became naturally, and with good cause, very much concerned when his true condition was pointed out to him. He had been, and was then, a very active racket-player; and he expressed his great unwillingness to abandon this, his favourite pursuit, even though continuing to play might cost him his life. He was now taken under treatment for disease of the heart. I am not acquainted with his ultimate fate, as I soon after left the station.

Clinical Records.

GLASGOW ROYAL INFIRMARY.

Case of Sebaceous Cysts of the Prepuce resembling Epithelioma.

Under the care of Dr. DUNLOP.

Reported by A. J. ENGELS, House-Surgeon.

H. G., æt. 50, tailor, was admitted on the 28th September, 1882, into Dr. Dunlop's ward. Two years ago (shortly after his wife's death), patient noticed two pimples on the prepuce close to the corona, which gradually increased without pain. He sought medical advice and the growths were removed by the knife. He states that afterwards various lotions were applied. For a short time he was relieved, but the growths re-appeared. On admission into the hospital these were the size of small nuts, hard and horny to the touch,

and on pressure the one on the right side discharged pus. Slight enlargement of a gland, midway between the superior spine of the ilium, and the symphysis pubis of the right side. No history of syphilis. Family history satisfactory.

Sept. 28th.—Patient being under the influence of ether, Dr. Dunlop applied the thermo-cautère round the edges and base of each growth and removed them, and the part was dressed with carbolic oil.

On examination, after removal, the tumours were seen to be cysts containing sebaceous matter undergoing change.

Tramway-Car Accident—Smash of Elbow-joint—Fracture of Base of Skull—Amputation of Arm—Recovery.

Under the care of Dr. DUNLOP.

Reported by A. J. ENGELS, House-Surgeon.

J. McL., æt. 17, strapper, was admitted on September 4th, 1882, into Dr. Dunlop's wards, suffering from a fracture of the lower end of the humerus, displacement of both bones of the forearm, with separation of the periosteum from the bones, extensive bruises and laceration of the soft tissues. There had also been some hæmorrhage from the left ear before admission into the hospital. On examination of the head a swelling was found over the occiput, and the patient seemed to feel pain when the hand was placed over the left side of the frontal bone. Pupils were equal on admission. Patient was in a semi-comatose condition, but gave incoherent answers when loudly spoken to. His friends state, that he met with his accident by jumping from the front of a car when in motion, and was knocked down by another one coming in the opposite direction, the guard of the wheel striking his head, and the wheel itself passing over the elbow. Dr. Dunlop being sent for, decided to amputate the arm in the middle third; the operation was performed with antiseptic precautions, patient being under the influence of chloroform.

Sept. 5th.—Temperature, morning, 100·8; evening, 101·8. Patient passed his fæces and urine in bed. Left pupil slightly contracted.

From September 6th to the 21st, the temperature varied from 102·2 to 99·2, after that it came down to normal, the highest being on the morning of September 6th, namely, 102·2. A laxative always brought down the temperature.

9th.—The dressings were changed for the first time, and the stump was looking well. Very little discharge; very slight sloughing of the flap in the neighbourhood of the drainage tube.

17th.—At the third dressing the drainage-tube, and the stitches were removed, and the slough had separated, leaving a small, healthy, granulating surface.

20th.—Patient became more conscious of his surroundings, and began to give more sensible answers when questions were put to him.

24th.—At the fifth dressing the antiseptic treatment was changed to boracic lint dressing, which was continued every second day.

29th.—Up to this date patient had no control over his bowels or bladder, but to-day he asked when he required to micturate or pass a motion.

Oct. 7th.—Patient was allowed up for the first time, and is now doing very well. Stump almost whole.

16th.—Dismissed, well.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 27, 1882.

The President, Professor LISTER, F.R.S., in the chair.

Mr. W. J. WALSHAM on a

CASE OF GUNSHOT INJURY OF THE LOWER JAW.

H. W., a woman, æt. 20, was admitted into the Metropolitan Free Hospital, under Mr. Walsham's care, on July 16th, having been shot at with a revolver. The wound was situated about an inch above the angle of the jaw, and passed in a direction backwards, inwards, and upwards. The wound was enlarged, and the jaw was found perforated. The finger could be passed as far as the first inter-phalangeal joint, but neither with it nor with a probe could the

bullet be felt. On examining the mouth a slight fulness above the right tonsil was seen, but there was no wound or definite indication of the bullet. Considering the importance of the structures amongst which the bullet was evidently embedded, it was not deemed prudent to endeavour to extract it. The patient was quieted by opiates, and water dressings were applied to the wound. Considerable swelling about the angle of the jaw in the region of the tonsil supervened, accompanied by a constant dribbling of saliva from the mouth. On the 25th a spiculum of bone, accompanied by a small portion of the crown of the wisdom tooth, and on the 26th the bullet, with the remainder of the wisdom tooth embedded in it, were discharged. The patient progressed satisfactorily, and left the hospital on August 16th, with the wound nearly healed. Mr. Walsham remembered that, in addition to other points of interest, the chief lay in the question of treatment. Three distinct courses presented themselves—to attempt the extraction of the ball through the external wound, to cut down upon it and remove it through the mouth, or to leave it in the hope that it might escape spontaneously or become encysted. The objections to the first were that a large portion of the jaw would have to be cut away to obtain room for the necessary manipulations, that the exact situation of the bullet was not known, and that there would have been considerable risk of wounding some of the large vessels and nerves through which the bullet had evidently passed. Against the plan of removing it through the mouth the fulness about the tonsil did not seem to point sufficiently clearly to that being the situation of the bullet to justify an incision in such a dangerous situation. The course pursued in face of these considerations was to leave the bullet to come away spontaneously.

The PRESIDENT remarked that the case afforded a remarkably interesting example of perforation of this bone without fracture, which was most unusual. He thought the treatment pursued was appropriate, for it was true that less danger might be apprehended from the presence of a bullet in such cases than from the disturbances set up by searching for it, this course of proceeding being inexpedient when the situation of the missile was a doubtful matter. He thought the case was a very favourable one for the adoption of antiseptic measures of treatment, whereby risk of secondary hæmorrhage would have been much reduced.

Mr. WALSHAM said the difficulties in the way of pursuing such treatment had deterred him from the attempt.

Dr. MAHOMED read the notes of a case in which Mr. A. J. Pepper had

SUCCESSFULLY TIED THE COMMON CAROTID ARTERY FOR SEVERE BLEEDING FROM THE THROAT AFTER AN ATTACK OF SCARLET FEVER.

C. W., æt. 30, was admitted under the care of Dr. Mahomed on Jan. 2nd, 1882, suffering from scarlet fever, which ran a simple course with ordinary convalescence until Feb 22nd, when the patient shivered and complained of sore throat. Temp., 101.6° F. On morning of 23rd the uvula was large and translucent, and there was redness and swelling of the soft palate. On 24th he complained of great difficulty in swallowing, and throbbing of left side of throat. Two hæmorrhagic patches had appeared at the junction of the hard and soft palates, with a large gelatinous bleb on the left side. Three hours later the throat, especially on left side, became rapidly swollen, accompanied by a feeling of suffocation; soon after patient brought up a considerable quantity of blood; the swelling and difficulty of breathing subsided; at the same time the hoarseness passed quite suddenly into complete aphonia, which persisted. The alternate enlargement of the neck, hæmorrhage and subsidence of the swelling, were repeated several times until the morning of the 27th, when the patient's condition became critical, he having lost 40 ozs. of blood in all, and there was no sign of arrest of hæmorrhage. There was a considerable bulging of the left side of the pharynx, marked dyspnoea, and aphonia. At a consultation between Dr. Mahomed and Mr. Pepper it was decided to ligature the left common carotid artery, as it was thought dangerous to cut into the post-pharyngeal abscess. The patient was put under chloroform, and the artery tied by Mr. Pepper at the upper border of the omo-hyoid muscle, considerable difficulty being caused by the greatly distended state of the veins; carbolic catgut was used, and the operation per-

formed antiseptically. For a time respiration threatened to fail, but he rallied completely in three or four hours. Soon after the operation he brought up 6 ozs. of pus, and there was a corresponding diminution of the swelling. The temperature at once became normal, and the wound healed readily. April 7th.—Numbness of skin corresponding to distribution of superficial cervical nerve. Aphonia only partially recovered from. Fixation of left vocal cord. General health good.

Remarks by Dr. Mahomed.—Examination of the throat at the end of March showed that swelling and puckering of the mucous membrane at the entrance to the larynx were still present, both cords were normal in appearance, the right moving freely, but the left was fixed in a position of partial abduction. Secondary sore throat after scarlatina is not uncommon; it has occurred in 57 out of the 3,957 cases treated at the Fever Hospital during the last 10 years; it resembles the condition of the throat seen in the primary attack, but has never proved fatal in our cases; its occurrence depends upon the concentration of the poison, being more frequent when the wards are overcrowded or badly ventilated; they are, I believe, modified second attacks of the disease. Complete second attacks (with rash, sore throat, and fever) have occurred in 29 cases out of the 3,957; all recovered, except one, who died from other complications; these second attacks also depend upon concentration of the poison. Hæmorrhage from the throat is a rare but most dangerous complication, and may occur during the primary or secondary throat affection. It results either from sloughing of soft palate or (as in this case) from opening of a vessel into an abscess cavity. There have been 6 cases at the Fever Hospital during the last 10 years, and all the severe ones, with the exception of the present, have been fatal. The ligature of the artery appeared to exert a very beneficial influence over the inflammatory action, for it recovered most rapidly and completely.

Mr. HOWARD MARSH said that every hospital surgeon would be familiar with instances of large arteries opened into through ulceration of their walls. At St. Bartholomew's Hospital recently a man was admitted with a large psoas abscess associated with diseased lumbar vertebra. Post-mortem examination of the case showed that the aorta had given way into the abscess cavity. In another patient, Mr. Morratt Baker tied the common iliac for hæmorrhage into a gluteal abscess which had been opened. In a further case of ischio-rectal abscess, bleeding freely occurred when it was opened, from the internal pudic artery, but was overcome by compression. An example of bleeding maintained through the collateral circulation after tying the common carotid was cited, and the importance of determining the extent to which this might be anticipated insisted on. In a case at St. George's Hospital, that of a child who had fallen on a skewer which penetrated the neck, ligature of the carotid was performed and recovery ensued; but the operation gave rise to a discussion respecting its surgical justification. Mr. Marsh concluded by commenting on the great difficulties presented by all such cases.

Dr. DYCE DUCKWORTH defended the application of the ligature.

Mr. HARRISON CRIPPS questioned the propriety of tying the common carotid artery in such cases, and cited the results obtained from a study of 50 cases in which the operation had been performed. A mortality of 56 per cent. was recorded, and Mr. Cripps thought the dangers to be overcome were imperfectly appreciated, especially since a large proportion (30 per cent.) of the fatalities were attributable to brain complications, while in another 30 per cent. the operation was from the first useless. Even as a final resource, however, the operation was not justified, the external carotid alone offering a suitable site for applying the ligature. After tying it the circulation of the brain remained unimpeded, while collateral sources would suffice for the necessary nutrition of surrounding parts; and, moreover, it was extremely rare to find any branch of the internal carotid affected, some branch of the external being almost invariably implicated; and consequently the better surgical proceeding would be to ligature that vessel rather than the common trunk. In 30 examples of this proceeding only one instance of secondary hæmorrhage occurred, and the difficulty of finding the vessel should be no insuperable obstacle in the way of the operation. He could not help thinking

the wrong vessel had been tied in the case recorded, not withstanding the success attending it.

Mr. GODLEE narrated a case of psoas abscess due to disease of the last dorsal vertebra. Communicating with it were two sinuses, by inserting the fingers in which it was possible to feel the common iliac artery, and this vessel on subsequent post-mortem examination was found to have undergone ulceration.

Mr. BLAKE mentioned that in a patient in St. Thomas's hospital, after the common carotid had been ligatured, secondary hæmorrhage occurred from the internal carotid, which was found to have undergone sloughing.

Mr. BARKER inquired whether Mr. Pepper had been able to find any bleeding points?

The PRESIDENT observed that it was universally understood to be better to apply hæmostatic agents to bleeding points when discoverable rather than to arterial trunks; but in the case in question this course had not been possible. The branch from which the hæmorrhage arose was probably, but not certainly, small. He had noticed the power possessed, under certain circumstances, by blood clots, to maintain a hæmorrhage by the tension they induced, and in such cases perfect drainage might be depended on to reduce the bleeding. Mr. Cripps' suggestion to tie the external carotid was an important one. In reference to Mr. Marsh's narratives, Mr. Lister remarked that it was rare for an artery to open into an abscess before the latter had been opened externally, but the existence of such cases had now been placed beyond doubt.

Mr. PEPPER said the course he pursued was determined on after careful consideration and consultation, and notwithstanding Mr. Cripps' warning, he still preferred to ligature the common carotid before the external. The suppuration would be somewhere in the neighbourhood of the tonsil, and the ascending pharyngeal artery was most commonly affected, and as this artery arose, as a rule, from the bifurcation of the common carotid, ligature of the external branch would be useless for the purpose of controlling hæmorrhage from it. Moreover, had he followed the plan recommended by Mr. Cripps in his own case, he would have penetrated the sloughing cavity. The amount of blood lost, 40 ounces, in this case, showed that a large vessel had been opened. No bleeding point was visible, and the hæmorrhage was much more likely to have arisen from a vessel than from granulations, as suggested by Mr. Lister.

Dr. MAHOMED hinted at the greater frequency with which ulcerating arteries were encountered in surgical, as compared with medical practice, and proceeded to warn surgeons against committing the error of opening into fluctuating tumours under the impression that they were collections of pus; and he instanced a case of splenic leucæmia in which an apparent gluteal abscess when cut into proved to be a hæmorrhagic mass, the loss of blood occasioned being with much difficulty controlled.

Dr. RADCLIFFE CROCKER showed the ova and embryos of Bilharzia hæmatobia, and related

A CASE OF HÆMATURIA PRODUCED BY THAT PARASITE, which came under the care of Dr. George Bird at the beginning of the year. The patient was a boy at school, æt. 13, and was born in the Orange Free State, but appeared to have caught the disease in Natal, where he passed blood both by the urethra and bowel, and had been treated for dysentery. A few months after his arrival in England hæmaturia recurred in considerable quantity and produced so much dysuria as to necessitate the use of the catheter, and a small clot of blood which clung to the eye of the instrument having been examined by Dr. Crocker, the characteristic ova of Bilharzia hæmatobia were discovered. All troublesome symptoms soon disappeared, and with the exception of slight æmæmia, the boy seemed to be in good health; nevertheless the parasites are still present, and ova, and a little blood, were found in all three specimens of urine passed at different times in the day on October 4th. The spine on the ovum was always terminal, as is usual in those discharged from the veins of the bladder, and the head of the embryo showed no special preference for the spine end of the ovum. As the disease usually gets well spontaneously after puberty, no local treatment for the destruction of the parent Distoma had been employed. In blood taken at night from the finger no filariæ were discovered.

Mr. PEPPER asked how the parasite could be killed under the circumstances?

Dr. CROCKER replied that the accessibility of the parasite in the bladder would suffice to explain the reason.

Department of Lunacy.

SUPERANNUATION ALLOWANCES IN ENGLISH LUNATIC ASYLUMS.

At the Gloucestershire Quarter Sessions, held a few days since, considerable opposition was raised to a recommendation of the Visiting Justices of the County Lunatic Asylum, that a retiring pension of £550 per annum should be granted to Mr. Toller, the Medical Superintendent of that institution, on his retiring from office on account of ill-health. The intimation that this proposal would be made, which had been published in the advertisement of the business of the Sessions, had led to discussion at the meetings of a number of boards of guardians in the county, and memorials deprecating the amount of the pension proposed were presented at the Sessions from six large and important unions. The general tenour of the memorials, and of the remarks of the speakers who supported them, was to the effect that Mr. Toller ought to have been able to make ample provision for his own old age and for his family out of the emoluments of his office, which were calculated to have amounted latterly to £1,200 per annum, and that it was unreasonable to grant to any public official who was only fifty-nine years of age so large a pension as that named. No doubt some ungenerous hints were thrown out that Mr. Toller's management of the County Asylum had not been so successful as to justify a liberal superannuation, and that he had resigned in order to avoid dismissal, but such insinuations, which ought never to have been made in view of the fact that the pension is recommended by the Committee of Visitors of the Asylum, a body of gentlemen who have supervised Mr. Toller throughout his official career, were effectually disposed of by Dr. Ancrum, one of the Visiting Justices, who distinctly stated that an indisposition against which he had bravely contended, but which had finally overcome him, was the cause of Mr. Toller's retirement, and the sole ground of objection to the pension which therefore remained was that it was excessive in amount. But an equally valid objection to it, nay, a much more valid objection, would have been that it was deficient in amount, and much smaller than Mr. Toller might have reasonably expected that it would have been, for it ought to be borne in mind that Mr. Toller accepted the office of Medical Superintendent of the Gloucester County Asylum twenty years ago on the faith of expectations held out to him by an Act of Parliament that he would when disabled receive an ample pension than that now proposed, and that he has lived and served all these years in the same anticipation. By the 16 & 17 Vict. c. 97, sec. 57, and 25 & 26 Vict. c. 3, sec. 12, it is provided that it shall be lawful for a Committee of Visitors of any Asylum, if in their discretion they see fit, to grant, with the sanction of Quarter Sessions, to any medical superintendent who is fifty years of age, and has served for fifteen years, an annuity by way of superannuation not exceeding two-thirds of the salary payable at the time of his retirement, and of the lodgings, rations, or other allowances enjoyed by him. It would therefore have been competent to the Committee of Visitors of the Gloucester County Asylum to have recommended Mr. Toller for a pension of £800 per annum, instead of £550, an amount which they arrived at by calculating what he would have been entitled to had he been in the Civil Service of the country. But it was obviously the intention of the Legislature that Asylum

medical officers should be dealt with on a more liberal scale than ordinary civil servants, for in the Report of the Select Committee of the House of Commons of 1860, on which the enactment now in force and regulating pensions is founded, it is pointed out that the duties of lunatic asylum officers are of a peculiar character; that painful consequences result from intercourse with the various classes of lunatics when prolonged for many years; and that generous consideration in the matter of superannuation allowances ought therefore to be shown to all who undertake such distressing and hazardous duties. On a reasonable interpretation of the sections of the Acts of Parliament which we have quoted, and in view of the manner in which the provisions of these sections have been carried out in other counties, Mr. Toller might have looked forward to a larger allowance than is now proposed for him, when he is by reason of infirmity incapable of discharging any longer the onerous duty of his office, and it is to be hoped that the grumbling of a few guardians accustomed to dole out relief to paupers will not be allowed to interfere with the fair and honourable treatment of a professional man who has for twenty years filled an arduous and responsible post, and is now incapacitated for further work. The question of Mr. Toller's pension was allowed to stand over until the Easter Sessions, on the understanding that it would be reconsidered by the Committee of Visitors in the meantime. We confidently anticipate, however, that the Committee, having regard to the equity of the case and the interests of the institution committed to their charge, will adhere to their original recommendation and sanction no reduction of the moderate pension which they have already proposed. Should it be proclaimed that no retiring pensions, or only very meagre and insufficient ones, are to be granted in the Gloucester County Asylum, then a very rapid deterioration may be predicted in the character of the officers of that establishment, unless the salaries of the staff be increased in such a way as to compensate for the loss of all prospect of superannuation allowances. But this would be an expensive process for the country, for it ought not to require demonstration that moderate salaries with the prospect of a pension are more economical than large salaries and no such prospect. If the Gloucester County Asylum is to be well and economically managed it must have able and contented officers, and the way to secure these is certainly not to yield to popular clamour, and break faith, as it were, with one who has broken down in the service.

Special.

MORE ABOUT "TYPHOID" FEVER IN INDIA.

THE newspapers received from India give some information with regard to further inquiry now taking place into the causes of enteric (typhoid) fever at certain stations occupied by British troops in the Bombay Presidency. According to the accounts given of that inquiry, "there was a good deal of controversy as to the causes of the fever, and still more as to its precise character. It was a matter in dispute amongst medical authorities whether the fever was enteric (typhoid) or simply remittent. A good deal turned upon this question of diagnosis. Typhoid fever is generally considered to result from defective sewers and drains. The sources of remittent fever are more occult. The importance of establishing the exact nature of the fever is, therefore, self-evident." An inquiry is accordingly being made "as to the character of the fever and its supposed causes." We further learn that "post-mortem examinations have, in almost every instance, conclusively established that presumed remittent fever was really

typhoid, and for some time back the bills of mortality at the European Hospital at Bombay show cases of typhoid, and none of remittent, fever."

Taking the remarks extracted as above, there are certain points to which it seems well to direct attention. For example, is it not the case that the controversy alluded to in regard to the causes and character of the particular form of fever in question has arisen from the want, in the first instance, of a well-defined standpoint from which the affection was to be considered, alike by those who assigned its manifestations to climatic and other local conditions acting upon foreigners of particular ages, diathesis, and habits, and those who considered the disease to be in its nature specific, and due to one set of causes only, these causes affecting the body from without? What is the precise difference between "a simply remittent fever," in which a typhoid condition occurs, and "specific" typhoid, with remittent exacerbations? At the great majority of Indian stations neither drains nor sewers exist, nor is the condition of the locality such that they could be established even were they otherwise desirable. Yet at these stations particular types of fever prevail, according to season; the general form of the disease modified in one year as compared with another, the symptoms *sthenic* in the more robust and plethoric, *asthenic*, low, or *typhoid* in the physically weak; in the one class attended by cerebral, pulmonic, or hepatic complication; in the other, and in the young, by enteric complication. Would it, therefore, be appropriate to designate those of the one set as cases of the "cerebral," "pulmonic," or "hepatic" fever on the same principle that the latter is called "enteric"? Inasmuch as sewers and drains exist in places which for years remain free from "enteric" fever, and again, after the locality has been swept over by an epidemic. If the disease still remain while the population continues perfectly healthy, is not the conclusion evident that neither drains nor sewers are by themselves capable of producing in men near them the particular disease here alluded to? Was not the character of fever well and practically appreciated by medical officers in former days? Is it, or is it not, the case that a particular theory is constrained so as to force it to apply to conditions in India to which, as a matter of fact, it is not naturally suited or suitable? If post-mortem appearances are the same in "typhoid" and in "remittent" fever, wherein lies the difference between the absolute nature of the disease thus differently named? The actual *result* of morbid action being alike in both, the mere application of a name does not destroy that identity. When, therefore, the papers record the circumstance that bills of mortality show cases of typhoid and none of remittent fever, the question naturally occurs,—Inasmuch as prior to the introduction of the specific name "typhoid" the nature of the prevailing form of fever was well indicated and understood from the term "remittent" as applied to it, so now does not the same old form prevail precisely as in bygone times, but that, with changing nomenclature, the disease itself unchanged, the name alone has given way to one more modern?

France.

[FROM OUR SPECIAL CORRESPONDENT.]

ARTIFICIAL NURSING.—At the last meeting of the Académie de Médecine a discussion arose upon artificial nursing and the respective qualities of the different kinds of milk proposed. M. Devilliers criticised the idea proposed of erecting a regular establishment, under the control of the town, where the

quality of the milk of different animals—cows, goats, asses, &c.—could be accurately tested, and where the pureness of the liquid could be guaranteed. He considered that if proper care were taken of the children, and that the mothers were intelligent enough to take heed to the advice of the doctor, many of the evils attendant on artificial nursing would disappear.

TREATMENT OF TETANUS.—At the Société de Chirurgie M. Berger opened the meeting with some observations on the treatment of tetanus, and cited a case which occurred in his own practice. A man received a gun-shot wound, carrying away half of the hand and smashing the wrist. As the radial side was intact, M. Berger thought to preserve the limb, and placed it in an apparatus. Towards the fifth day the patient had spasms, and on the eighth tetanus fully declared itself. The contractions were very violent and prolonged. Disarticulation of the elbow was immediately performed, and the patient was put under the chloral treatment, of which, through the mouth and in enemas, three drachms daily. Immediately the operation was performed the spasms diminished in intensity, and in a week all symptoms of tetanus disappeared. M. Berger believed that chloral alone is not sufficient to arrest traumatic tetanus, but combined with the amputation of the member it succeeds very well. M. Anger, replying, said he had five cases of tetanus last year; and recently a child was treated by him for the same affection, produced by a crushing of the little finger. Chloral by the rectum was given, and in large doses, but it did not prevent the child from succumbing. M. Despres attributed the production of tetanus to the effect of cold air, and especially damp air. When he was at Sedan in 1870 he had a good number of wounded attacked with tetanus; but afterwards he served with the Armée de la Loire, and although the cold was much more intense, he had no case of this disease, although he attended a great many wounded.

TREATMENT OF FISTULA OF THE RECTUM BY THE ELASTIC LIGATURE.—M. Championnière read a communication made by a *confrère* at Marseilles on the treatment of fistula of the rectum by the elastic ligature, in which the author endeavoured to show that the elastic ligature was exempt from all danger, even in the gravest cases, and that it is a bloodless operation, never attended with inflammation, and causes no pain, permitting the patients to go about as usual the same day even of the operation. M. Championnière, although not so sanguine as to the results attributed by his learned colleague, declared himself ready to recognise that the elastic ligature did possess some very real advantages. M. Vernueil, on the contrary, opposed formally this method of treating fistulae, save in very small fistulae, where anything else would succeed as well. He has been in the habit of employing the thermo-cautery, and it has never disappointed him. M. Marc Sée used the ligature in a great number of cases, and although it could not be said that it was applicable to all kinds of fistulae, yet he considered it had an advantage over the thermo-cautery in that it could be applied during the time the patient was being examined. He also considered it preferable to the *écraseur*. M. Desprès could not understand why the *écraseur* should be rejected. He used the bistoury in 240 cases, and never had a case of hæmorrhage.

WHOOPIING-COUGH AS A CATARRHAL AFFECTION OF THE EPIGLOTTIS.—Dr. Bouchut, of the Children's Hospital, regards whooping-cough as a catarrhal affection of the epiglottis, and directs his treatment accordingly to that part when the disease is fully declared. As one of the

most important symptoms, besides the cough, he gives the presence of a little yellowish vesicle, formed by the elevated and thickened epidermis, which by its rupture gives place to an ulcer which persists as long as the malady. This ulcer is to be found near the frenum linguae. For treatment he canterises every day the pharynx and the epiglottis with a grain solution of nitrate of silver, while he orders an emetic—generally hippo twice a week, and ten to twenty grains of chloral in a mixture daily, or powder of oxide of zinc, twenty to thirty grains in the twenty-four hours.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, NOVEMBER 1, 1882.

TYPHOID EPIDEMICS.

As records of careful, painstaking inquiry, the reports submitted to the Local Government Board from time to time by various medical officers of health on the subject of outbreak of disease are instructive in the highest degree. We are, moreover, indebted to no inconsiderable extent to these reports for our present exactitude of knowledge respecting the natural history of many specific fevers, the ingenuity with which the causes leading to epidemics at different times have been sought for being one of the most important agencies for influencing universal knowledge of disease. In many instances, the indefatigable perseverance shown in ferreting out and following up a seeming clue to causation have led to most important discoveries; and so much do we now admittedly owe to this method of investigation, that it has obtained recognition as a legitimate—and even as the only reliable—mode of

searching after such details of information as shall effectively determine the etiological relations of particular outbreaks.

Two reports of this description have been recently issued, which exactly illustrate both the method and the value of the inquisitorial system of investigation in cases of infectious epidemics. One of these is by Dr. Parsons, and deals with an outbreak of typhoid fever at Clapham; the other, by Dr. Barry, is concerned with a similar epidemic at Bangor. In Dr. Parson's inquiry the starting point was taken at the milk supply, the significant fact being early apparent that all the affected houses drew their supply of milk from the same dairyman. The report then goes on to detail the direction of further observations, and affords an admirable example of the care and labour which are now bestowed on such works. From the dairy at Clapham the inquiry was extended to the farm in Devonshire, whence the milk sold by the suburban dealer was daily forwarded, and every circumstance connected with the administration of the farm implicated most minutely examined into. The result showed that in general arrangements and cleanliness these were fairly satisfactory, and offered no material danger for comment. The water supply, however, on one of the two farms concerned, was found, on analysis by Dr. Dupré, to be entirely unfitted for drinking or culinary purposes, but, notwithstanding, half the milk daily forwarded to London was placed in tin pails in a trough filled with this water to cool, and by pumping further supplies in during the time the milk remained, it was more than possible that the latter should be occasionally contaminated. Moreover, cases of fever had occurred in the village of Musbury, where the farm referred to is situated, as lately as March last, and the conformation of the ground admits the percolation of sewage from the dwellings of the villagers to the farm water-supply, only 150 yards distant.

This array of facts, when once collected and compared, is amply sufficient to offer an explanation of the occurrence of a typhoid epidemic among the customers of the Clapham milk purveyor; but one other circumstance, at once curious and significant, deserves to be mentioned, both on account of its intrinsic importance in its bearing on the inquiry, and also because it exhibits the extreme carefulness with which this has been conducted. The dairyman referred to, in addition to the milk obtained from the Devonshire farms, sold also a certain smaller quantity each day, derived from cows kept in his own establishment, and for which, as "nursery" milk, a somewhat higher price was charged. In no single instance was there a case of fever reported among the families supplied with this milk alone; the affection was noticed chiefly among large consumers of the fluid, and especially in those cases where it seemed to have been imbibed *au naturel*.

Not so many years ago it would have been deemed an absurdity to suggest any such demonstration of connection between cause and effect as the narrative just outlined indicates; and it is by no means one of the least of the triumphs of modern medicine that the "craze," as some choose to term it, for preventive

measures is fast perfecting a science that will serve as a basis, at least, for future productive researches in the realms of etiology.

The Bangor outbreak was traceable to other causes than those conducing to the epidemic at Clapham; and in a lengthy report Dr. Barry exhaustively details the measures pursued with a view to tracking and counter-acting the influences at work. We cannot follow the history of these proceedings now; suffice it to say that the spread of the fever was incontestably shown to be due to drainage and other building defects, and that amelioration of the distress occasioned by it followed the adoption of appropriate prevention. The value of the report, apart from its scientific interest, is extremely great, for it offers an instance of the patient, consecutive inquiries of which so many are being constantly conducted at present in the interests of the public health.

It is with typhoid and scarlet fevers more than with any other zymotic that we have derived important information from the intelligent labours of health officers; and that still greater stores of information will be forthcoming as a result of their work we cannot venture to doubt. The scanty knowledge that guides all preventive measures needs to be improved and increased by every available means, and it is by such agencies as those alluded to above that the surest advance in this direction is to be anticipated.

PERSISTENT VOMITING OF PREGNANCY.

We are indebted to Dr. Rubinstein, of St. Petersburg, for a considerable amount of information concerning medical matters in Russia, and for his efforts generally to make known to the rest of the civilised world some of the excellent work done in the great empire of the north. A recent labour of this kind is a tolerably exhaustive notice of a monograph by Professor Horwitz, of St. Petersburg, on the "Persistent Vomiting of Pregnancy," which has lately appeared in the *Deutsche Medicinal Zeitung*. Professor Horwitz commences by finding fault with the name by which the affection in question is known—"persistent vomiting"—and says that it does not correspond to the pathological condition. He proposes to call it "pernicious vomiting of pregnancy" (*vomitus gravidarum perniciosus*), and understands by the term a condition that from the first exercises a grave influence upon its subject, gradually becomes worse, and finally passes into one in which the stomach rejects all nourishment, both fluid and solid, until either improvement or the death of the patient takes place. On consulting the records of his private practice, he found that 112 pregnant women (83 primiparæ and 29 multiparæ), out of a total of 186, suffered more or less from vomiting. His remarks on what may be called the ordinary vomiting of pregnancy call for no special notice. He carefully describes 12 cases of pernicious vomiting, the number including one case of extra-uterine pregnancy. He recognises two stages or periods. In the first stage, when the affection has existed but a moderate length of time and the appetite is still undisturbed, the vomit-

ing occurs several times a day, each time, however, immediately or soon after taking food. An early consequence of this is a certain degree of anorexia, with possibly a craving for indigestible articles of food. Occasionally, more or less thirst is present, but more frequently a troublesome pyalism; diarrhoea is rarely observed. In the majority of cases a peculiar mental disposition is observable, even when the loss of strength is not great. Many patients complain of a disagreeable smell, either of things about them or from their own persons (hyperosmia)—a symptom of grave prognostic significance. A similar hyperosmia has often been noticed by Horwitz in pregnant women, and in diseases of females; whilst other pregnant women, on the other hand, have a great fancy for certain odours. In the second stage of the disease the attacks of vomiting are more frequent, and they come on without the previous reception of food. They are the more burdensome from the fact that the stomach is empty. The ejected contents of the stomach consist of mucus, mostly of a greenish colour, not unfrequently with blood intermixed. Loss of flesh and strength soon follows the exertions made in vomiting, and from hunger and loss of sleep. A tormenting thirst is now present, with a dread of both food and drink. Constipation comes on (though Rosenthal is of opinion that this is not so). The urine is diminished in quantity, and contains albumen. Symptoms of fever are not observed in the first period; later, however, an inconsiderable increase of temperature manifests itself irregularly, whilst often the temperature is below the normal. The pulse, on the other hand, changes very rapidly, becoming more frequent—110 to 120—the pulse wave being small and compressible, and easily changing its character. After vomiting it becomes fuller. The consciousness remains unaffected, notwithstanding the universal weakness. Two or three days before death, however, a peaceful delirium, coming on at intervals, makes its appearance. All these clinical expressions may be looked upon as consequences of the starvation.

With regard to etiology, Professor Horwitz looks upon the disease in question as peculiar especially to the richer classes. In support of this opinion, he adduces the fact that of the twelve cases observed by him only two were afforded by his clinique; and the further one, that during his twelve years' connection with the Marien-Gebärhaus not a single case was observed. Some of his other conclusions are as follows:—1. That primiparae are attacked more frequently than multiparae. 2. That in a number of cases, relatively small, however, the vomiting is a simple reflex action. 3. That in the majority of the cases the reflex vomiting is a potential pathological condition, a consequence of antecedent changes in the sexual organs, more especially of the uterus. 4. That displacements of the uterus have not the grave pathological importance claimed for them by some authors—Graily, Hewitt (*sic*) and others; that they only play a part in so far as they indicate certain pathological changes in the parenchyma of the uterus. 5. That these changes really centre themselves in inflammation of the womb; inflammation of the lower segment, especially of the

neck (H. Bennet), is not so important as inflammations of the body and fundus. (Most probably this explains the vomiting of extra-uterine pregnancy.) 7. That the hyperemesis comes on in some cases in connection with more or less deep pathological changes in the stomach or intestines. 8. That the greater the disturbance is in the digestive apparatus the more likely is the vomiting to take on the character of uncontrollable hyperemesis. The prognosis takes its form according to the duration of the vomiting and the stage of the pregnancy. Hyperemesis runs a chronic course; is not uncontrollable from the first, but develops this character later on, when it presents a condition grave indeed, and even fatal. The prognosis is worse the earlier in the pregnancy the vomiting sets in, and also in primiparae. The following are of unfavourable import from a prognostic point of view:—Steady diminution in the quantity of urine excreted; presence of albumen in the urine; progressive wasting; dry, black tongue; violent cephalalgia; increase in frequency, and diminution in strength in the pulse; and finally, apathy. Death takes place from marasmus or peritonitis. Cases, however, have been noted in which, notwithstanding the above train of appearances, recovery has taken place, but—after abortion. Horwitz observed two cases in which improvement set in after death of the foetus *in utero*, and looks upon these as exceedingly valuable indications of the line of treatment to be adopted when all other means have failed. The death-rate has not been ascertained with any degree of certainty. Joullan has given it at 44 per cent., but the difficulty of fixing absolutely the class of cases that ought to be taken to make up the returns renders all figures given as death-rates uncertain and delusive. Braun, Hausmann, and Ahlfeld consider the prognosis favourable. In seven out of the twelve cases observed by Professor Horwitz the pregnancy was not interrupted. Of this number three died. In five artificial abortion was induced, and of these two died. So that of the twelve cases observed five died. Our author's experience leads him to the following conclusion:—That uncontrollable vomiting is one of the gravest pathological conditions with which pregnancy can be complicated, and very frequently (in 44 per cent. of the cases) leads to a fatal termination. We may here mention the views of a still more recent writer—Privatdozent W. W. Sutugin, also a Russian. He considers the term "uncontrollable" a misnomer, as the affection is capable of cure, and proposes the name "excessive vomiting of pregnancy" in lieu thereof. The hyperemesis he looks upon as a reflex stomach neurosis, having its origin in the genitals. In the second stage the temperature in the cases observed by him was always below normal; in one, however, the temperature was raised, but this was due to peritonitis; and he considers that in Professor Horwitz's cases in which the temperature was raised, that the elevation was due to complications. The pulse was rapid and weak; the respiration accelerated. Constipation was most frequent. The urine was diminished in quantity, contained albumen, mucin, and even tube casts. He could not fix upon any pathological condition as the cause. Sutugin observed five cases: one died after

artificial abortion, and a second from hemiplegia, the result of embolism. This case was complicated by pelvi-peritonitis. Two cases recovered, under treatment mainly dietetic; and one, in which this treatment failed, recovered after artificial abortion. Although he considers the disease curable, his results do not differ greatly from those of Professor Horwitz.

Treatment.—The legion of drugs recommended is the best proof of their worthlessness—alkalies, alkaline waters, bismuth, laudanum, cerii oxalas, sinapisms, blisters, chloroform or ether spray over epigastrium and back, ice-pills, iodide of potassium, bromide of potassium, nitrate of silver, electricity, &c. Besides this, they can only be employed in the early stages of the affection. Prof. Horwitz recommends absolute rest in the horizontal posture, and in a darkened room, the diet to be nourishing and carefully regulated. Nutrient enemata are counselled under the following regulations:—1. One or two hours before their employment the colon should be washed out with warm water; 2. Only small quantities should be injected at once (about three ounces at a time); 3. Frequent repetitions of them should be avoided, in order that irritation may not be set up; 4. In case of great prostration, 2 to 3 spoonfuls of good wine (*Xeres* or port) should be added; 5. In those cases in which the enemata are not retained a few drops of tincture of opium should be added. He considers the "gynæcological" treatment as of great importance. Should there be inflammation, depletion will be useful. Scarification is recommended rather than leeches. Nitrate of silver to the portio vaginalis he does not consider very useful, and on this point he differs from Prof. C. Braun, of Vienna. Mayer's method of redression by means of laminaria he recommends. He has twice employed Copeman's method without effect. He looks upon artificial abortion as the only resort in some cases, and speaks of it as follows:—In a case of uncontrollable vomiting in which all means of treatment have been employed in vain, whilst the disease grows gradually worse and threatens the life of the patient, then the only "chance" of saving her is the interruption of the pregnancy—i.e., artificial abortion must be induced, and, indeed, naturally in view of the clinical symptoms, and of the height of the danger, the timelier this is done the more rational is the doing of it. Artificial abortion is thus carried out:—After preparation of the genital organs by carbolised injections and dilation of the cervix, he separates the ovum from the uterine walls by means of the uterine sound. He only ruptures the membranes, when the process of abortion is delayed. In eight cases in which he has practised this method he has never seen portions of the placenta retained, whilst the loss of blood has been but slight, in fact, less than in spontaneous abortion. Transfusion he looks upon as an open question.

CHANGES OF CLIMATE IN RELATION TO HEALTH.

By means of the rapid and frequent communication which now exists between this country and the East, officers and other persons whose duty, business, or plea-

sure leads to India or China, are able to revisit England at short intervals. Many persons take what they call "a run home" at intervals of two or three years. In doing so, transition of climate is sudden and great. There is the excitement, and very often discomfort, of travel; then the flurry of business or of pleasure during their necessarily brief stay in England; and then the return to their former station or settlement, too often fagged and distressed rather than set up by the changes they had undergone during the past few months. What is the result of all this upon health? There is much reason to believe that it is by no means beneficial, at least in a great number of instances, and that it frequently tends to permanent ill-health. Whatever be the explanation of the circumstance, the fact remains that in not a few instances men who had remained completely free from intermittent fever, liver, or other endemic disease, so long as they continued to reside in India or China (and the remark applies to the tropics), generally become attacked by one or other of such affections on, or shortly after, their return "home." There is also the additional fact, which is becoming more and more recognised, that in a good many instances men who return to their several positions in our Eastern possessions from short leave in England become attacked by illness, from which those who have continued at their posts, even through the trying periods of the year, remain free. In like manner, the instances are numerous in which short leave to hill stations in India is followed by similar results to those just mentioned, so that the pleasures attending a brief residence at those extremely favourite and most agreeable sanatoria are by no means free from risk to health of those who indulge in it from year to year. In former years, when the chief communication with the East was by long sea voyage round "the Cape," Anglo-Indians visited England at long intervals, and when they did return to their native country in impaired health, remained sufficiently long for their complete recovery. Now all this is changed. Men *rush*, as it were, home and out again almost as a matter of course; so it happens that their bodily system no sooner has begun to accommodate itself to the local conditions, climatic and others, to which they are exposed, than the sudden changes already alluded to are undergone, and with the result mentioned. The custom appears to be growing up among men engaged in business in China to visit England during the "slack" season of the year, returning for the "busy" time. The expenses attending the maintenance of an establishment at our Treaty Ports renders it more economical for them to leave their families at home, and return to them for two or three months each year, than to have them out at those places. But it is to be feared that in many instances the pecuniary saving by this arrangement is far more than counterbalanced by the risks and actual injury to health involved in it.

SIXTY-ONE new students have entered at the University of Durham College of Medicine for the present year, viz., thirty-one for the full curriculum, and thirty for part of it. The latter, with one or two exceptions, are candidates for the medical degrees of the Durham University, and have entered in accordance with the regulations requiring them to fulfil a year of residence here.

Notes on Current Topics.

The late Professor Balfour.

It is a striking testimony to the influence which the late Mr. Balfour, though a young man, exerted on all who were brought into relation with him that a meeting, convened for the purpose of raising a testimonial to him, should have been attended and addressed by the eminent leaders of British science, who assembled with that object at Cambridge recently. Among those present on the occasion were Professors Huxley, H. T. Smith, A. W. Williamson, Ray Lankester, A. M. Marshall, W. K. Parker, Moseley, and Newton; and the tone of the addresses delivered sufficiently indicated the personal interest taken in the movement, as well as the keen grief felt by these friends of the late Professor, while considering his merits on the scene of his frequent labours. Professor Newton especially recalled the loss each one had experienced, and with visible emotion dwelt, in touching and eloquent strains on the subject of their thoughts. Mr. Huxley, too, referred to Balfour and his work in a way that demonstrated the poignancy of his own affliction, and at the same time showed a lofty appreciation of the late Professor's powers and attainments. The result of the meeting was the establishment of a fund, the proceeds of which are to be applied—(1) to establish a studentship, the holder of which shall devote himself to original research in biology, especially animal morphology; (2) to further, by occasional grants of money, original research in the same subject. A sum of £5,000 is already available for these purposes, the family of the late Professor having contributed £3,000 to the fund. A further sum of £1,000 was left to Professor Michael Foster by Professor Balfour's will, and will be devoted to the purposes held in view in creating the fund; and a sum of over £1,000 was collected at and immediately after the recent meeting. The value of the new studentship will be £200 per annum, this sum being fixed to enable the holder to devote his whole time, unfettered, to the pursuit of original research.

The Medico-Chirurgical Society.

THE Royal Medico-Chirurgical Society has for some time past exhibited symptoms of decadence which have excited a feeling of concern among the well-wishers to this, the oldest, of the medical societies. Endeavours are now apparently being made in earnest by the executive of the Society to recover it from the position to which it has fast been drifting, and at the first meeting for the winter session, held last week, the President, Mr. John Marshall, F.R.S., announced certain changes as having been carried out. These include the abolition of that objectionable rule by which authors were prohibited from reading their own papers, the practice having been for these to be communicated to the meetings by the secretaries. It is reasonable to expect that the writer of a paper would feel himself the most proper person to read the manuscript, and we can well understand that the prevalence of so unpopular a practice at the Medico-Chirurgical Society has seriously influenced the supply of papers in the past. Another improvement is the decision to make complete reports of discussions which take place for publication

in the Society's "Transactions." This cannot fail to prove a valuable innovation, and is one that might advantageously be adopted by other societies also. It will certainly lend increased interest to the proceedings, and additional stimulus to speakers to put upon record the views to which they may give expression, and which are not unfrequently of value little inferior to that of the paper which evokes them. The Medico-Chirurgical is to be congratulated on the advance it has inaugurated, and it is to be hoped that success equivalent to its deserts will attend it under the brighter auspices attending its entry on a new year of work.

"Thanks."

A VOTE of thanks to the Forces which have taken part in the late war in Egypt has just been passed by both Houses of Parliament. It is no more than right that full acknowledgments of services performed by the members of those services should in this manner be publicly made. The fact that it is so is gratifying to those who are named or included in the vote, and no doubt encourages zeal on the part of the younger men in the several ranks specified, in the hope that they too may some day be similarly honoured. But let us examine the phraseology employed in connection with this vote of thanks. That of paragraph 3 runs thus: After the enumeration by name of particular officers to whom it was resolved "that the thanks of this House be given," it is added "and to the other officers and warrant officers of the Navy, Army, and Royal Marines, including Her Majesty's Indian Forces, both European and native," &c. Considering the importance of the medical branch of the service to the success of an army, and to the well being of individual members composing that army, we feel that it would have been a well-deserved compliment to that department to have included the name of its "chief" in Egypt in the list of those specially given. "Precedent," we know, has been quoted on a former occasion against this. But "precedents" have to be broken through, or established from time to time. So therefore we had hoped that a distinction, at all times looked upon by those who are most directly concerned as most invidious and unfair, would on this occasion have been done away with. Very far from this being so, we are astounded to find as we continue our perusal of the published reports on the occasion, that to all intents and purposes the medical department is with some others cut away altogether from the "Army, Navy, Royal Marines, and Indian Forces." Here are the words of the Prime Minister, as reported:—"I am bound to say that on this happy occasion we owe a debt of gratitude to the civil departments under the Admiralty and under the authorities of the War Office. Yet the thanks we owe to them are only second to those which we owe to the military and naval services." Therefore, clearly, the departments alluded to are indicated thus officially as not only "civil," but as not being part and parcel of "the military and naval services." It is well that our brethren, whom heretofore we considered to be in, and of the Army and Navy, should be aware of the light in which they are looked upon, at least by the proposers of the vote of thanks in question. Over and over again we have endeavoured to advocate the cause of medical officers who

devote themselves to the service of their country. We would express a hope that the committee which is about to meet at the War Office may be induced to see that justice as well as public interests demand that the position in the military hierarchy which is their proper right be accorded to these officers.

Preserving Dead Bodies.

SOME time ago it was announced that Dr. Tonnietti, of Verona, had discovered a liquid preparation by means of which animal bodies might be preserved in a state of freshness for practically unlimited periods. The early experiments in connection with the new invention have now been completed; the efficiency of the preservative has been abundantly proved, and we may anticipate that it will ere long be available for general use. So far, however, the composition of the fluid has been kept a secret, and it is as yet not announced whether it is to be converted into a commercial success or proffered for scientific utilisation. If we may accept the accounts to hand as accurate, there can be no question of the invaluable nature of the fluid, by means of which animal bodies may be preserved supple, fresh, and in all respects like those just recently dead for any required length of time. The fluid is injected from twenty-four to thirty-six hours *post mortem*, and does not in any way alter the structural character of the tissues, either to sight, touch, taste, or smell, so that it is regarded as offering an important means of preserving alimentary substances. For dissecting and other purposes, also, it offers advantages such as no preservative in use at the present time possesses, that is supposing all that is reported concerning it proves to be verified by experience. In any case, however, the promise of successful employment in biological experiments, &c., suffices to make the new fluid a subject of much interest to scientific inquirers.

Drugs for Paupers.

THE *Pharmaceutical Journal* says that the occasional bad quality of drugs offered in the drug market is notorious among those who have to buy them wholesale. This month, no less than one and a-half ton of ipecacuanha was put up for sale, which was so covered with mildew that very little else was to be seen except the contour of the root. The question which naturally occurs to those concerned is, what will become of all this? Will it be washed and offered for sale again, or will it be exported to India, where the drug is used as a sheet-anchor in dysentery, or will it find its way into the army and navy stores after it has been cleaned and "polished up equal to new?" The variable quality of the wine made from this drug indicates the probable correctness of the supposition that damaged drugs are not destroyed in this country, but actually enter into commerce. This is a matter into which Government should look. It would have nothing to lose and much to gain by the appointment of an inspector whose duty it would be to examine imported drugs and to condemn and see that those unfit for use are destroyed. It is a matter no less important than the inspection of food. At the present moment it is said that spent hops which have been used in brewing in this country are being dried and exported to the Continent.

Hypodermic Injection of Iodoform in Syphilis.

DR. ED. THOMANN, in Graz, has made a number of experiments to detect the value of hypodermic injections in syphilis, and gives a preliminary statement of the results gained, so far, in an article published in the *Centrbl. f. d. Med. Wissenschaften*.

He made use of a solution of 20 parts glycerine and 6 parts iodoform. He began with 0.30 iodoform and the dose increased to 0.75. He employed also a solution of 0.30 iodoform in 6 ctm. sweet almond oil. He took cases in whom, with decided induration, the inguinal gland had also commenced to enlarge greatly. After he had made 10 to 12 injections on different parts of the body, he observed, in all his cases, a gradual disappearance of all signs. He found the experiments of Binz and Högyes confirmed. They had made theirs on animals. The injections produced almost no pain, or very little only, and the local symptoms were very moderate and by no means as severe as those following injections of corrosive sublimate. None of his patients complained of these hypodermic injections of iodoform.

Within two hours the remedy could be demonstrated in the urine. No disturbance of the general health, no increase of temperature or of rapidity of pulse followed, and the breath did not have the odour of iodoform.

The Typhoid Epidemic in Paris.

THERE were two hundred and forty-four deaths in Paris last week from typhoid fever, against two hundred and fifty the previous week. The number of persons known to be suffering from this malady on Saturday last was two thousand one hundred and forty-five. The epidemic would, therefore, appear to be nearly stationary for the time, as both the number attacked and the deaths correspond very closely with the statistics of the previous week.

Poor-law Medical Elections in Ireland.

THE following report of an election which took place last week at Listowel is an appropriate illustration of the way in which medical officers are usually selected. We suppose we need hardly remind our readers that professional competency or fitness for public duty has nothing whatever to do with Irish Poor-law medical elections:—

The proceedings of the Listowel Board of Guardians today were marked by a scene of unusual uproar and confusion. There was a large meeting, and this was occasioned by the appointment of an apothecary to the workhouse and Listowel Dispensary, rendered vacant by the death of Dr. Roche. There were two local candidates—Messrs. P. J. Wolfe and John Francis M'Guire—and owing to the great influence possessed by each candidate among the guardians, a very tight contest was anticipated. With the members of the committee of management rested the appointment of the dispensary apothecary, while the board of guardians had the disposal of the appointment of workhouse apothecary; thus those two bodies, independent of each other, assembled at the same time and place to proceed with the two distinct appointments. This gave rise to a question of priority, some of the guardians insisting on proceeding with their share of the business, while several members of the Dispensary Committee seemed determined to go to business. There was much warm discussion and confusion. Ultimately, some

members of the committee retired to the clerk's office, and having formed a meeting, proceeded to the appointment of the apothecary. Meanwhile several members of the committee remained in the board-room with the other guardians, amongst them the hon. secretary to the Dispensary Committee, who remarked, as his brother members were retiring to the clerk's office, "Let them hold their meeting, but I doubt if they can go on without me, as I hold the applications and diplomas, which must be produced" (laughter). After a few minutes the members of the committee re-appeared in the board room in time to vote for Mr. Woulfe, who was being elected by a majority of 20 against 16. A strong protest was written by Mr. G. P. Brown, J.P., and signed by several other members of the Dispensary Committee, against what they called the illegal and irregular election which took place in the clerk's office, and a requisition was signed requesting the hon. secretary to call another meeting of the committee at an early day for the purpose of proceeding with a new appointment.

Resorption in the Stomach.

DR. TAPPEINER has communicated to the *Zeitsch. f. Biolog.*, the result of his experiments on dogs, &c., regarding the power of resorption exercised by the stomach. He put a ligature around the pylorus, and introduced through an œsophagus-tube solutions, the contents of which quantitatively and qualitatively were known. He found that of watery solutions of glucose, sulphate of sodium, taurin, peptone, and strychnia very little was resorbed.

But if he took alcoholic solutions, the result was quite a different one. Far more was absorbed than left in the stomach, and while, for instance, the effect of a watery solution of strychnia became only very gradually apparent, and in a mild degree, the same quantity of strychnia in an alcoholic solution, caused, within ten minutes, the death of the animal.

The effect was, however, not uniform, and he observed that the rapidity and the quantity in these absorption processes depended, to a great degree, upon the quantity of fluid previously in the stomach. With the pylorus closed, watery solutions of chloral had very little effect, while alcoholic solution caused sleep within a few minutes. Of the alcohol, always three-fourths was absorbed.

This gives us an indication for the diet of persons suffering from cancer of the pylorus, or of induration and narrowing of this orifice, due to other morbid lesions. The nutritive material should be given in alcoholic solutions, and very little at a time, so that there is never much fluid at any one time in the stomach, and, for that matter, very little solid material also. All medicines, in such cases, should be administered, dissolved in alcohol.

False Death Certificates.

ELIZA MORRISH, an elderly woman, described as a midwife, has been fined £5 and a guinea costs, under the Births and Deaths Registration Act, for unlawfully giving a false certificate of the death of a child. The child had lived nine days, and defendant gave a certificate that it was still-born. The defendant's respectability, and the fact that no charge had been brought against her during the eighteen years she had been a midwife, were urged on her behalf.

A Strike against a Doctor.

SEVERAL hundred colliers have gone out on strike in the Ogmore Valley district, as a protest against the medical nomination of the management. The men are resolved not to go on with work unless the proprietors appoint a medical man of their choice.

The Study of Histology.

AT the recent annual meeting of the Dublin College of Physicians, the third reading of an amendment of by-law was adopted, by which it was resolved, "That, in accordance with the recommendation of the Inspection Committee, which was approved by the College on March 31st, 1882, histology be one of the subjects of examination for the first professional examination." Dr. Purser, King's Professor of the Institutes of Medicine, was appointed Examiner in Histology.

The Royal College of Surgeons of England.

AT the first meeting of the Council of the Royal College of Surgeons for the present session, on the 19th ult., Mr. Thomas Bryant, Surgeon to Guy's Hospital, and a member of the Council, was elected a Member of the Court of Examiners, in the vacancy occasioned by the resignation of Mr. John Birkett; and Mr. John Cooper Forster, Vice-President of the College, was elected Mr. Birkett's successor on the Dental Board. Sir James Paget, Bart., was nominated "Bradshaw Lecturer"—a lectureship founded in memory of Dr. William Woods Bradshaw, a Fellow of the College, and sometime Mayor of Reading. No date is yet fixed for the delivery of the lecture, but it is understood that it will be given before the close of the year. At the same meeting of the Council, Dr. William Joseph Lunn, L.S.A., of Hull, elected a Fellow at a previous meeting of the Council, was admitted as such, his diploma of membership of the College bearing date May 14, 1838.

Locomotor Ataxy of Syphilitic Origin.

WHEN M. Vulpian asserted that almost one-half (40 per cent.) of the cases of locomotor ataxy were of syphilitic origin the proportion was considered to be much exaggerated; but since that period the researches and observations of M. Fournier have demonstrated that M. Vulpian's affirmation was correct, and that the proportion given was rather under than above the actual number of cases. According to M. Fournier, in almost all cases syphilis has a part in the production of locomotor ataxy, and he gives the following rules regarding the management of the case:—1st. Always seek for any manifestations of syphilis in cases of locomotor ataxy. 2nd. If such exist institute immediately prolonged and severe anti-syphilitic treatment. 3rd. Syphilis should be energetically treated from the *debut*, so as to prevent the occurrence of such serious accidents later on.

THE Abbeyleix Guardians have passed a resolution reducing the salaries of their medical officers of health, as they consider that the duties to be performed are too highly remunerated. The Local Government Board have refused to sanction the proposed reduction.

Sir Thomas Watson.

THE profession will learn with sincere regret that the veteran and beloved author of the most brilliant treatise on Medicine in our language is in a state of health to excite the most anxious feelings. Although ninety-one years of age, Sir Thomas Watson has enjoyed almost wonderful health, until a few days ago he was suddenly seized with a slight paralysis. He is being carefully and assiduously attended by Dr. Walters, of Reigate, and Dr. George Johnson, who are of opinion that arterial obstruction has been set up in the neighbourhood of the right corpus striatum.

Foreign Meat.

THE frozen meat trade, according to the correspondent of the *Times* in Victoria, seems to be gathering strength with each successive shipment. The *Chimborazo*, which has lately arrived in London, took 1,900 carcasses of sheep of large size and prime quality. They were frozen and packed with great care at the Maryburnong Company's works. At Sydney the same vessel shipped 2,700 carcasses of mutton, of equal quality, but smaller than those shipped here. The retail butchers in Melbourne must be making enormous profits, for while this frozen meat company are exporting at a profit on sales in London, at 6½d., per lb., after paying freight and expenses, we are paying 8d. per lb. for prime joints in Melbourne.

THE munificent legacy of £20,000 has been bequeathed to the Salop Infirmary by the late Mr. Henry Spence, merchant of Shrewsbury, who died on Oct. 18th.

At a meeting of the Royal College of Surgeons of Edinburgh, held on the 18th October, Professor William Turner was unanimously elected President for the ensuing year.

DR. FRANZ RUBINSTEIN, of St. Petersburg, the well-known contributor to the *Deutsche Med. Zeitung*, has been invited to accept the office of Physician to a gynaecological hospital at Warsaw.

WE hear that Sir Hardinge Giffard, Dr. Abrath's leading counsel in the Sunderland conspiracy case, will move for a new trial on the first day of term, and the case will then be removed to London in any future proceedings.

THE first meeting of the Council of the Parkes Museum of Hygiene was held in the newly-acquired premises on Saturday last, when H.R.H. Prince Leopold was elected to the Presidency, and Sir Joseph Fayrer and Professors Tyndall, and Huxley were elected Vice-Presidents of the institution.

THE prize of £150 offered by the German Empress to the writer of the best handbook of instructions to the German societies of the Red Cross, how to keep themselves in a state of preparation for emergencies, has been awarded to Dr. von Criegern-Thumitz, of Dresden, a member of the Saxon privy council.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Bombay 27, Madras 40; Paris 25; Geneva 14; Brussels 20; Amsterdam 21; Rotterdam 22; The Hague 24; Stockholm 20; Christiania 15; St. Petersburg 41; Berlin 25; Hamburg 19; Dresden 18, Breslau 28, Munich 25, Vienna 25, Prague 25, Trieste 22; Rome 21; Venice 20; New York 29, Brooklyn 24, Philadelphia 20, and Baltimore 29.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Bolton 13; Norwich 14; Nottingham 15; Bristol, Salford 16; Leicester, Edinburgh 17; Birmingham, Blackburn, Derby, Wolverhampton 18; London, Brighton, Bradford 19; Halifax, Sheffield 20; Plymouth, Leeds, Portsmouth 21; Dublin, Glasgow, Manchester, Hull 22; Newcastle-on-Tyne 23; Huddersfield, Liverpool, Oldham, Birkenhead 25; Cardiff 28; Preston 31; Sunderland 34.

THE annual death-rates per 1,000 in the large towns last week, from diseases of the zymotic class, were:—From scarlet fever, 1.3 in Sunderland, and 1.4 in Sheffield; from measles, 2.0 in Wolverhampton, and 5.7 in Sunderland; and from fever, 1.5 in Leeds and Blackburn 1.6 in Portsmouth and Liverpool, and 2.1 in Preston. The mortality from whooping-cough was generally below the average. The 47 deaths from diphtheria included 28 in London, 8 in Glasgow, 4 in Edinburgh, and but 7 in the other large towns, of which 2 occurred in Birmingham. Small-pox caused 3 deaths in London, 2 in Newcastle-upon-Tyne, and one in Manchester.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

OPENING OF THE SCOTCH SCHOOLS.—The opening of the various medical colleges last week took place with the customary formalities, and with the usual horse-play amongst the students. At the Introductory of Professor Chiene in the Edinburgh University, they were unusually demonstrative, for, not content with a prolonged outburst of cheering on his entrance, they insisted upon a running accompaniment to his address with repeated stanzas of "When Johnny comes marching Home." Professor Rutherford and Professor Greenfield also received very flattering demonstrations in the Physiological and Pathological Sections; as did also Professor Cleland for his "Defence of Vivisection" at Glasgow. Two of these addresses we give in our present issue, as they are of considerable interest; the rest we hope to refer to in our next.

JOHNSTONE.—FEVER EPIDEMIC.—The fever epidemic which has been prevalent in Johnstone for the past six weeks is still exciting considerable alarm, as there is some uncertainty as to whether the fever is even yet showing any signs of abatement. Dr. Taylor's published statement for last month showed the mortality from scarlet fever to have been 12, while up to the 20th of this month there are 19 cases of death from the same cause, which shows about double the mortality for the present month in proportion to time.

Many causes are assigned for the epidemic continuing to assert itself in spite of all the preventive measures which have been adopted by the authorities. It is said that the ventilators of the various drains in the district, which were meant to purify the drains, are all more or less choked up, thus preventing to a considerable extent the egress of the gases. Meanwhile, the Commissioners intend to adopt more stringent measures than heretofore, with a view to stamping out the disease, and it is said a meeting has been arranged between the Commissioners and the School Board to discuss the present position of the town in connection with the epidemic.

ABERDEEN UNIVERSITY.—The competition for the chair of Surgery at this University has been decided in favour of Dr. Alexander Ogston, vice Dr. Pirrie, resigned.

THE COUPAR FEVER EPIDEMIC.—Dr. William Whitelaw, in his weekly report to the Sanitary Committee, states that six fresh cases of fever have occurred during the week, and the severity of the epidemic is shown by the occurrence of four deaths.

FEVER EPIDEMIC AT KILBIRNIE.—Typhoid fever is epidemic at Kilbirnie, there being more than 30 cases. The disease has spread rapidly in the past few weeks, and several deaths have already occurred.

LEITH.—THE QUESTION OF FEVER ACCOMMODATION.—The directors of the Leith Hospital lately agreed to request an annual payment of £500 from the Town Council for treating fever patients. At present the Council contributes £100 a year to the funds of the hospital, on condition that such patients should be received into the hospital when fever is not epidemic. When it assumes the latter phase, the hospital belonging to the Local Authority in King Street is opened; but this building has seldom been required for the past few years, and consequently there is no staff attached to it. The Public Health Committee have considered the application, and, while willing to increase the amount of the donation from the town, could not see their way to recommend the sum asked for. It was also pointed out that if a tax were to be imposed upon the ratepayers to raise the sum demanded by the directors the subscriptions to the hospital might show a corresponding falling off.

A GLASGOW DOCTOR AND HIS PATIENT.—It is no doubt disagreeable to take legal proceedings for the recovery of medical fees, but unfortunately the contemptuous estimate in which medical services are held by so many is such that vindication of our calling often renders the step a duty. It is notorious that, compared with other professions, there is a sad want of *esprit de corps* in the medical, and that the public are only too glad to avail themselves of this want of corporate coherency. In the Paisley Sheriff Court, on the 25th ult., Sheriff Cowan gave judgment, with £1 11s. 6d. of expenses, in favour of Dr. Ross, of Dumbarton Road, Glasgow. It was contended, on behalf of defender, that the treatment adopted by pursuer was not proper treatment; but after hearing the counsel for both sides, and reviewing the evidence, his Lordship found the charge of malpractice and want of proper care and skill on the part of the pursuer utterly unfounded. All the evidence clearly established that the pursuer gave the patient the best care and skill that could be devised. A wholesome lesson might now be taught the public by a counter-action of Dr. Ross against his pseudo-patient for defamation of character.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 21st ult., the mortality in Edinburgh was 75, and the death-rate 17 per 1000. Sixteen deaths occurred under 1 year, and 16 over 60. Diseases of the chest accounted for 38,

and zymotic causes for 12 deaths, of which 3 were due to diphtheria and 8 to scarlatina, the intimations of these diseases being respectively 10 and 56.

THE EDINBURGH HEALTH SOCIETY.—This Society, which has already achieved for itself considerable reputation by the admirable series of health lectures delivered last winter under its auspices, has issued another programme of similar lectures for the ensuing session. The course includes ten lectures, commencing on November 18th; and the lectures, with the exception of two, are all by well-known local medical men on subjects pertaining to the health of the body, and the disorders incident to its more important members, in which the public may be expected to take some wholesome interest.

THE PRACTICAL CLASSES OF PHYSIOLOGY, PATHOLOGY, AND MATERIA MEDICA IN EDINBURGH UNIVERSITY.—No further action of a definite character has been intimated by the University authorities, says the *Scotsman*, in reference to the recommendation of the Faculty of Medicine, published in September of last year, to include the subjects of practical physiology, practical pathology, and practical *materia medica* among the subjects required to be attended by candidates for degrees in medicine. This recommendation was at the time accompanied by explanatory statements signed by Professor T. R. Fraser as Dean of the Medical Faculty. In these statements the proposals in regard to physiology and pathology were submitted together, whilst that relating to *materia medica* was dealt with separately. Against the proposed change, so far as regarded the teaching of *materia medica*, memorials were addressed to the University Court by the Royal Public, the New Town, the Edinburgh Medical Missionary, and the Edinburgh Provident Dispensaries, and by the Chemists and Druggists' Trade Association (Scottish Branch). These memorials were remitted to the Medical Faculty by the Senatus, and the Faculty, on 28th June last, gave in a statement in reply. To this statement, again, answers were subsequently drawn up and sent in to the University Court by the Edinburgh Medical Missionary Society's Dispensary and the Edinburgh Provident Dispensary, with a view to their consideration by the Court at its late meeting. Before the meeting, however, Mr. Christison, the secretary of the Court, wrote to the Dispensary representatives to the effect that further consideration of the proposal of the Faculty of Medicine in regard to the class of practical *materia medica* had been for the time delayed. By the Medical Faculty it was contended in their statements that the proposal to transfer the class of practical *materia medica* from the list of voluntary to that of compulsory classes was in no true sense to add a new class to those required for graduation, inasmuch as practical *materia medica*, in some shape, was already compulsory on all candidates for graduation in medicine. It was rather a proposal to ensure, in the simplest manner that suggested itself, that certain desirable conditions should in future be present in the extra-academical courses which candidates for graduation were permitted to attend in place of the University class of practical *materia medica*. It was also stated that the teaching of practical pharmacy in the dispensaries was not satisfactory. For the objecting dispensaries, on the other hand, it was contended that, whilst they were, if required, willing to apply for recognition as teachers of practical pharmacy, there was no good reason shown for the proposed change, and they asked that matters should be allowed to remain as they were, until such time at least as the Scottish Universities Executive Commission should have sat and considered the whole question of alterations in University procedure and education. The effect of the proposed change would be, in their view, seriously to cripple the resources of the dispensaries by depriving them

of the students' fees for these classes, and also seriously to affect their power to relieve the sick poor who came to them for advice and treatment. They further urged that the students who attended the systematic course of the Professor of *materia medica* were entitled to receive from him all the teaching they required except such as was better taught in the course of the work of a dispensary than it could be in a University class-room. In support of the superiority claimed for the dispensary teaching of practical pharmacy, the memorialists stated, amongst other things, that the following Licensing Boards had declined to accept the certificate granted for regular attendance at the University class of practical *materia medica*:—The Royal Colleges of Physicians and Surgeons of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, the Royal College of Surgeons of England, the Royal College of Surgeons of Ireland, and the Apothecaries' Company of London. In reply to the answer of the Medical Faculty that students might attend either an academical or extra-academical class of *materia medica*, the memorialists objected that the change would practically curtail the liberty at present possessed by the student of taking extra-mural classes. Out of fifteen classes (not including practical pharmacy, out-door dispensary work, practical midwifery, and vaccination), the student must now attend eleven at least within the University. The proposed alterations, if adopted, would add three classes to the other fifteen, but only one to the classes which might be taken outside. This, the memorialists submitted, made it obvious that the existing proportion between intra-mural and extra-mural classes was not to be preserved, and that the small amount of liberty of choice which students at present possessed would be restricted.

OPENING OF THE NEW SCHOOL OF THE IRISH COLLEGE OF SURGEONS.

THE Medical Session of the College, and the School, the reconstruction of which has been just completed, was opened, on Monday last, in the presence of the President, Council, Examiners, and Professors of the College, and of numerous visitors, including the President of the College of Physicians, the Medical Commissioner of the Local Government Board, the principal Medical Officer for the Army in Ireland, and other heads of departments. An address was delivered by Dr. Jacob, Professor of Ophthalmic and Aural Surgery in the College, who took for his theme the past history of the College (now entering on its hundredth session), the New Scheme of Education and Examination, and the improvements in the College School. We hope to give an abstract of the address in our next issue.

The alterations in the College School are such as to make it almost perfect. The dissecting-rooms and preparation-rooms have been thoroughly reconstructed, and newly lighted, fitted, and heated; a bone-room, in which every bone is displayed, marked with all its anatomical points, in order to facilitate the study of osteology, and a handsome new physiological laboratory have been added to the School; reading-rooms and additional lavatories have been built, and the lecture-theatre improved. On the whole, the School, when completed, as it will be in a couple of weeks, will be one of the most perfect in the kingdom.

In the House of Commons on Monday, the Secretary for War denied that Surgeon-General Hanbury had demanded a court of inquiry into the charges made against the Army Medical Department in Egypt.

Medico-Legal Intelligence.

IMPORTANT DECISION TO POOR-LAW MEDICAL OFFICERS.

At the Cambridge County Court, on Friday last, the judge, Mr. Bagshawe, Q.C., gave his judgment in the case of *Grubb v. The Chesterton Board of Guardians*. The plaintiff, Mr. J. S. Grubb, resides at Waterbeach, Cambridgeshire, and is one of the medical officers of the union. He brought an action against the guardians for the recovery of £3 3s. 6d., being 3s. 6d. for the supply of a truss to a pauper named Brewer, and £3 for the setting of the leg of a pauper, an old woman named Pearson. As the old woman was a permanent pauper, and the case, in the opinion of the guardians, not an urgent one, the claim was resisted. The leg, it appeared, had been set temporarily by Mr. Bridger, surgeon, Cottenham, and was a case, it was said, for the hospital. His Honour dealt with the larger claim—£3, for treating the woman Pearson for a fractured leg. The pauper had a ticket for permanent relief, and while that ticket was running the woman broke her leg. This was at Cottenham, and the woman was temporarily attended to by Mr. Bridger. On her way in a cart to Landbeach, her home, they met Dr. Grubb. His Honour was satisfied that the woman was not intercepted on her way to the hospital. Dr. Grubb attended the woman and re-set the leg. He sent in his claim for such attendance, but it was suggested that he could not recover, as he did not get a further order as required. The terms of the existing order, being without qualification, he took to be sufficient. He relied upon Article 76 of the Consolidated Orders, which stated that upon the exhibition of a ticket such person was entitled to receive relief in sickness. He also quoted Article 206, defining the duties of medical officers, and amongst them, which stated that upon application made on behalf of the party to whom a ticket was given, the medical officer would be bound to supply, as if he had received an order from the guardians. In that there was not a word suggesting that the plaintiff was bound to get any further order. The guardians could not make the woman go to the hospital. It was not the duty of the medical officer to provide extra facilities. Article 177 of the General Consolidated Orders settled the point as to plaintiff's remuneration—namely, £3 for setting the leg. His Honour was at a loss to discover any reason why plaintiff should not be paid; and allowed the £3 and costs, the 3s. 6d. being abandoned.

Correspondence.

A MEDICAL VIEW OF MEDICAL MEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your rather acrimonious critique of the address I had the honour to deliver to the members of the North of Ireland Branch of the British Medical Association, and which was not circulated by me, as you assert, but by the Council of the Branch, you take me severely to task for my strictures on the medical profession in this country, more especially in Dublin.

I am glad you have thus honoured my paper with a reference in your widely read and influential journal, as it enables me to explain a passage in it which, I am very sorry to hear, has given offence to some of the leading members of the profession in Dublin. Such certainly was not my intention; no one could for a moment believe that I would willingly say anything to insult the name of Banks, my late father's oldest friend, and one from whom I have always received the greatest kindness; or Colles, the son of my father's much-loved tutor, or indeed any of the other gentlemen mentioned in your list, which might with advantage have been much extended by the addition of such other names as Bennett, M'Dowel, Corley, Fitzgerald, W. Stokes, &c. In the paragraph of my address to which you refer, I intended merely to direct the attention of my hearers to the absence in this country of an Irish living author of importance in any of the various branches of medical and surgical science. I know full well we have plenty of first-rate practitioners in these various branches of medical knowledge, but I repeat,

"Ireland at present is not represented by an authority of weight in our libraries," with the single exception of Atthill's admirable work on the diseases of women.

I think few will disagree with my remarks on the important questions of medical education and examination; anyone who has the opportunity, as I frequently have, of testing the clinical knowledge of recently-qualified students, must know the entire rottenness of their practical training. I have heard of young men who passed their final examinations, and did not know the difference between paronychia and onychia; I have frequently seen those who could not bandage a limb, apply the commonest splint, take a temperature, distinguish the character of an ulcer, write an ordinary prescription, or even know how to go properly about the examination of a sick or injured patient; and yet I am accused of *mala fides*, and a desire to injure the profession which I love, because, forsooth! I dare to draw attention to the absurdity of an examination system which annually lets loose crowds of untrained youths to ply their vocation upon the unfortunate public, until by practical experience—probably acquired by a considerable increase in the mortality of their district—they have learned for themselves what was denied them as students. I assert once again that, as medical education is conducted now-a-days, everything is done to exalt the theory without even a proper attempt being made to elevate into a higher grade the clinical knowledge and application of theory by a sound and well-understood system of practical instruction. The Irish College of Surgeons and other examining bodies, in this country and elsewhere, with the fear of Government before their eyes, have recently been engaged in framing elaborate rules for the education of their students, but it is labour lost, so long as they permit, as they unquestionably do at present, the grossest clinical ignorance to pass unchallenged from their halls. It is indeed time that the jealousies and divided interests of our nineteen licensing and competing colleges were put an end to by the establishment, in each division of the United Kingdom, of an independent examination board, under the control and in the pay of the Government, through whose portals alone access could be gained to the medical profession. It is only by such means, and the consequent elevation of the educational standard of the student, both on his entrance into and his exit from his professional studies, that the rush of badly-educated youths into our profession will be stopped, and the overcrowded condition of our ranks put an end to. Let us take a familiar example of the method now adopted in training our students. Let us grant, by way of argument, that they have every opportunity of attending hospital, which they have not—their time being so fully occupied with lectures, &c.—I assert that, in consequence of the large number of students, and the small number of really large, well-equipped, and supported hospitals, not ten per cent. of the young men attending these institutions ever obtain even a dressership, or have any chance afforded them of becoming practically acquainted with their business. What would be said of a carpenter, blacksmith, mason, &c., if they adopted this plan of instructing their apprentices. I fancy there would be very little use in a young blacksmith knowing all about the anatomy of a horse's hoof, or the microscopical appearances of its ligaments, &c., if he had never been taught practically to apply his knowledge during his apprenticeship; and yet in the medical profession, the apprentices endeavouring to master its intricate problems are almost entirely ignorant of the most elementary practical knowledge.

If any words of mine can strengthen, even in a small way, the hands and arguments of those who so urgently demand the intervention of the Government in our professional examinations, they will not have been spoken in vain, notwithstanding the strictures of the *Medical Press and Circular*.

You, Sir, have taken me severely to task for my remarks upon the want of education among medical men, and because I complained of their want of cohesion and *esprit de corps*. I certainly did refer in very plain terms to these, and many other questions touching our profession, but I had no intention of crying it down, or saying one word to injure the reputation of medical men generally in the eyes of the public; indeed, the editor of another medical journal considers I have taken far too hopeful a view of the present and future of our profession, which, in his opinion, is becoming so much overcrowded by the laxity of examination and

curriculum, and the scramble for the students' money of most of our nineteen competing colleges, that instead of improving, the tone, &c., of our profession is every day getting worse. This I do not for a moment believe; but if we desire to advance the profession of medicine to that position of influence and dignity to which its disinterested national services so justly entitle it, we must be prepared to look sternly in the face our own shortcomings and those of our colleges, and not adorn ourselves in peacocks' feathers (as you, Mr. Editor, seem so much inclined to do), and looking at ourselves as we strut before our pier-glasses, exclaim what fine fellows we are. I would be the last to wish to insult anyone; I stated so at the opening and close of my address.

I have, however, strong opinions, and as a young man, I am in the habit of expressing openly my convictions; surely, then, no one will think the worse of me if I ventured to state some truths which the numerous letters of approval I have received from all quarters of England, Ireland, and Scotland, amply demonstrate to have had, at any rate, some foundation.

I pass over without notice your other strictures, which I suppose were only intended as fringes to adorn a well-known sarcastic style of composition, merely remarking, in conclusion, that in "that seat of learning, Omagh," there resided, not many years ago, a provincial surgeon who was second to none in Dublin or elsewhere, and who has left behind him a name which is treasured still by many an old friend and companion in that ancient city.

Yours, &c.,

EDWARD THOMPSON, M.B.
Surgeon Tyrone County Infirmary, &c.

Omagh, Oct. 21st, 1882.

"IRISH ACADEMY OF MEDICINE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I will feel obliged if you will kindly insert the following extract from the *Dublin Quarterly Journal of Medicine* of August, 1851, in which I proposed the formation of an Irish Academy of Medicine. I am truly glad to see the project now take such practical form, and I will be happy to lend it all the aid in my power, should it be thought desirable to give it permanent form and legalised status under Royal Charter. I trust it may find a home with our scientific institutions in the new Central Buildings to be erected on the Leinster House premises.

Faithfully yours,

R. D. LYONS.

Oct. 29th, 1882.

"The establishment of an Irish Academy of Medicine has long and anxiously occupied our thoughts, and we feel convinced of the feasibility of such a project. The present constitution of our National Academy offers great facilities for the incorporation with it of scientific sections, precisely similar in all respects to the 'Academies des Sciences, Médecine,' &c., of the Institut de France. We need only in fact, transform our committees of 'science,' 'antiquities,' &c., into 'sections' (the term 'Academy' being restricted to the general body). Admission to the Academy at large, we suppose, must always, for cogent reasons, remain on its present footing; but the 'sections' could assume all the functions and dignities of the 'Academies'; and admission to them should only be allowed to the most tried merit, and from the general body of the Academy, by a rigorous system of election. We indulge hopes that such a scheme may be carried into execution before many years; and we make no doubt that an Irish Academy of Medicine, if wisely directed, would have the most happy influence on the progress of our science."—*Dublin Quarterly Journal of Medicine*, August, 1851, page 110.

Royal College of Surgeons of England.—The following candidates, having passed the required examination, received the Diploma in Dental Surgery at a meeting of the Board of Examiners on Wednesday, Oct. 25th—

Aiskand, John M'K., Exeter.
Albert, Henry Louis, London.
Andrew, James, Belfast.
Bate, Frederick William, London.
Cornelius, W. F., Teignmouth.
Edwards, Richard, Pontdolgoch.

Gould, John Horace, Exeter.
Hughes, Morgan, Redhill.
Kassak, Frank Hill, Douglas.
Boyston, Jonathan, Douglas.
Patterson, Wm. T., Kilmarnock.
Tester, Alfred Horace, Brighton.

Literature.

THE PREVENTION OF STRICTURE AND OF PROSTATIC OBSTRUCTION. (a)

This interesting little book is a republication of an article by Mr. Harrison, which originally appeared in the *Lancet* of May 15th, 1880, entitled "*The Prevention of Stricture*," coupled with an additional paper on "*The Prevention of Prostatic Obstruction*." The author energetically combats the view recently advanced by some surgeons that the presence of a gleet is necessarily due to a strictured urethra, instead of being, as most of us have hitherto believed, rather an indication of an inflammatory process antecedent to the formation of stricture, and consequently of a state generally curable by more simple means than the use of dilating urethrotomes, &c. Mr. Harrison also questions whether any injection, as used with the ordinary glass syringe, ever succeeds in reaching the deeper portion of the urethra, which is commonly the seat of the inflammation causing the gleet; and he therefore asserts that the failure of ordinary treatment by injections, &c., is due to the fact that the remedies are either insufficiently applied to the diseased tract, or do not reach it at all. In order to secure a complete and satisfactory medication of the diseased parts, he recommends a very simple apparatus, specially constructed for the purpose, which consists of an ordinary Higginson's syringe, with a vulcanised rubber catheter of suitable size and construction. The catheter is passed up, or near to the diseased part, and is then attached to the nozzle of the syringe, which is already filled with the injection. The author tells us that he has obtained the most satisfactory results by this means.

Whilst advocating this method of treatment for gleet, he lays stress on the importance of making a physical examination of the urethra after all attacks of gonorrhoea, with a view to finding out whether a stricture actually exists or not; but he omits to state what line of action should, in his opinion, be taken, when a slight but unmistakable stricture does exist. We think that Mr. Harrison has done good service by his denunciation of a reckless and improper use of cutting instruments in urethral surgery; but, at the same time, we think, he should have reminded his readers that, although his plan of treatment may prevent a stricture, it cannot be of any avail when once this disease has definitely appeared. With regard to the author's remarks on the prevention of prostatic obstruction, we have not much to say. The mechanical treatment principally recommended by him consists of the constant and regular use of the catheter, at least once a day from the earliest beginning of the symptoms. He believes that the constantly repeated pressure of the instrument so moulds the enlarging prostate that the channel, is, as it were, kept free and open. Whether this be so or not, the practice of frequent catheterisation is very generally recommended in our best text-books, with the object of removing the residual urine; and we cannot see any great difference between the author's treatment and that usually practised, unless it be that in the former case the instrument is used at a somewhat earlier period than in the latter. We might add that, in our opinion, something should have been also said as to the very great importance of cleanliness in the use of the catheter, as it not uncommonly happens that the patient's troubles are enormously aggravated by the use of unclean instruments.

Medical News.

Royal College of Physicians of London.—The following candidates, having passed the required examinations, were admitted Members on October 26th—

Bonham, Frederick Lucas (M.D. Lond.), Notting Hill, W.
Edwards, Edward Joshua (M.B. Lond.), 55 York Street, W.
Oliver, Thomas (M.D. Glasgow), Newcastle-on-Tyne.
Orxley, Alfred James Rice, M.B. Dub., Oxford and Camb. Club, S.W.

The following candidates, having passed the required examinations, were admitted Licentiates on October 26th—
Abrath, Gustav Adolph, (M.D. Heidelberg), Sanderland.

(a) "*The Prevention of Stricture and of Prostatic Obstruction*." By Reginald Harrison, F.R.C.S. London: J. & A. Churchill. 1881.

Adkins, George, London Hospital, E.
Beattie, Henry, Jun., 87 Albert Square, E.
Birch, Henry, Priestly, 61 Harley Street, W.
Birt, Cecil, Wadley, Sheffield.
Bollen, Frederick James, South Australia.
Orick, William Throne, 50 Fentiman Road, S.W.
Dale, Walter Frederick, London Hospital, W.
Déqué, Laurent, St. Mary's Hospital, W.
Dixon, Henry Charles, Portinacale Road, S.W.
Dun, Walter A., (M.D. Miami), 79 Queen Street, Chesham, E.C.
Howard, Robert J. B., (M.D. McGill), 103 Guildford Street, W.C.
Hull, Walter, Swallow Place, W.
John, David, Swansea.
Khan, Mohamed Ismail, 18 Montague Place, W.C.
Massey, Henry Massey, Peckham Road, S.E.
Myles, James Percival, St. Mathias Vicarage, Bristol.
Panioty, John Emanuel, 28 Green Street, W.
Penn, John Evans, 4 Cumberland Terrace, W.C.
Powell, John James, Jun., Heathlands, Weybridge.
Robinson, Frederick Gardner, Pendleton, Manchester.
Sinclair, John, Queen Adelaide's Dispensary, Bethnal Green, E.
Skipper, Edward, University Hospital, W.C.
Stead, Geoffrey, Birmingham.
Thane, Philip Thornton, 15 Montague Street, W.C.
Tripp, Charles Llewellyn Howard, Royal Free Hospital, W.C.
Williams, Edward Richard, St. Bartholomew's Hospital, E.C.
Wise, Charles Henry, Westminster Hospital, S.W.
Wohrntz, Ferdinand Broer Mathieu, 89 Albert Street, N.W.

Royal College of Surgeons in Ireland.—At the Examination in General Education held on the 18th and 20th of October, the following gentlemen were adjudged certificates of qualification, the names in the First and Second Classes being arranged in order of merit:—

First Class.—Alfred W. Douglas, Charles D. McCarthy, Frederick McDowell, Edward W. M. Adir, John B. Moore and Thomas J. Mulholland equal, Daniel Fogarty and Michael J. Geary equal, Edmund J. Jacob, Patrick J. Carey, Thomas E. Dunne and Michael Riordan equal; George H. Grace, Edward Hudson and Gerald C. Pelly equal, James Metcalf and William B. Swan equal.

Second Class.—Austin S. Clutterbuck, Henry A. Fullam, James McCabe, James K. Murray, Francis O. O'Donohoe and Patrick F. O'Hagan equal, Thomas W. D. Armstrong, William A. H. Egerton and Thomas Moriarty equal, Thomas W. D. Pownall and William L. Ross equal, Alfred Robinson, Patrick Callaghan, William P. McEvoy, Luke McGuinness and James Frant equal, Patrick D. Coen, Robert H. Cox, Collie E. Dick, John M. Hayes, William H. Litton, Frederick P. Handell, Cecil O. Pelly and Joseph P. Sexton equal, William Carey, John M. Clery, Thomas M. Frood, Joseph P. Mulligan and John Norton equal, Thomas Coghlan, Andrew A. Doyle, John J. Hall, John F. Nelly and Joseph O'Connor equal.

Unclassed.—Edward C. Brabson, George H. Brownrigg, John H. Browne, William Browne, Percy G. Carle, Augustus H. M. Cramer, George W. Dick, Samuel H. H. Douce, John Greally, Alexander J. Griffith, Holloway W. Hastings, Richard Hugo, James G. Kearney, William B. Kearney, John E. Kinsella, John Leaky, Florence McCroger, James H. Morgan, St. George R. Nunn, John W. O'Brien, Maurice O'Connell, Everard M. Power, Pierce H. Power, David Ross, William J. Scott, Alexander V. Shine, Charles F. Sizemith, Ernest W. Stoker and Thomas H. Wilson.

University of Edinburgh.—The following gentlemen have passed the first professional examination, October, 1882:—

William Anderson, William A. Anderson, Edmund Antrobus, John Bardgett, T. W. Barradough, George S. Baschet, Wm. J. Bell, Charles Bennett, Reginald Bowman, Joao Francisco Braga, J. D. Broadfoot, Harbit Brown, R. F. Burt, Ernest Kenneth Campbell, David Case, Ernest Jam's Chestham, Stephen Frazer Clark, Frank Gerard Clewov, Frederick William Collinson, Robert Swan Coulthard, James Cunningham, George Scott Davidson, Joseph Wm. Dawes, John Henry Deamer, Kenneth Mackinnon Douglas, David Somerville Doughty, J. J. Drinkwater, Walter Musgrave Eaton, Ahmed Fahmy, Peter Fraser, Edwin Sargood Fry (with distinction), John Garvie, William Gregory Gibson (with distinction), James Gray Glover, Robert Gordon, J. W. Grant, Alexander M. Gray, Allen Edward Lambton Gray, David Campbell Gray, David Middleton Greig, Thomas Howard Griffith, Joseph Griffiths, George Lovell Gulland, Charles Robert Haller, Joshua Jacobus Hoffman, Robert Wilberforce Inkster, Samuel Baker Jones, Robert Conwy Joyce, H. L. St. P. Keelan, Frederick Truby King (with distinction), Ernest Cory Kingdon, John Charles Lamont (with distinction), John Dickinson Leigh, Charles Lewis Lempiere, Charles James Lewis, Edward Linton, William G. Little, James Richardson Thom's Logan, A. L. B. Loubaer, Wilton Wood Russell Love, Donald Campbell Archibald M'Alum, Duncan M'Diarmid, J. R. M'Gavin, George Donald Macintosh, John M'Jarrow, Francis Wallace Mackenzie, Wm. Henry M'Lean, Robert MacLellan, John M'Donald MacLellan, Robert Charlie MacWatt, Daniel Groves Marshall, Charles G. Matthew, David Macleish Moir, David Morgan, Thomas Morris, Robert S. Morrison, Charles James Morton, John Kemp Murray, Andrew W. Nash, William Ramsey Nasmyth, F. A. Neal, John M'Donald Nicoll, Maurice Peterson, John Pirie, George Porter, Edward Thomas Pritchard, Trevor John Pritchard, Selwyn Hall Puckle, James Reid, Francis Mortimer Reynolds, J. B. Ridley, John Richards, Ernest Robertson, Ernest Theophilus Roberts, Frederick Charles Roberts, Hugh L. Roberts, Arthur MacLeod Ross, John Ross, D. Wilson Scotland, Gerard Affleck Scott, W. E. S. Scott, Harold Scurfield, Robert William Smeddie, George Purves Smith, John William Smith, George Laird Somerville, Gabriel H. Steyn, Robert Stewart, Robert Stirling, William George Sym, Charles C. Teacher, Caleb Terry, John Bolton Thackwell, William James Thomas, Francis Courtney Thorp, John William Travell, Ernest B. Turner, J. C. S. Vaughan, Quinton Macadam Wallace, John Warnock, Clarence Henry Waters, Adam D. Wilson.

Electricity as a Cardiac Stimulant.

A FACT of the greatest importance, practically—especially with reference to the treatment of threatening death by chloroform—has just been determined by Professor von Ziemssen. In investigating the effect of electricity upon the heart, he has discovered that the induced current has no influence whatever upon the frequency or force of the cardiac contractions, whilst the continuous or battery current most distinctly affects them. Many tracings of the movements of the heart under different conditions were first made, and a careful record was obtained of the effect of physical disturbance of the various parts of the cardiac surface. The influence of the different forms of electricity was then thoroughly investigated, cardiographic tracings being taken simultaneously. The most interesting fact determined was the complete failure of the faradic current to alter the action of the heart, or to disturb in any way its sensibility, whilst the direct battery current produced a marked effect.

Notices to Correspondents.

✂ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 25 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

PREMKIA—The compounds of salicin are almost universally employed now in the treatment of acute rheumatism, the objections maintained against it being held to contra-indicate its employment only in certain cases. It has undoubtedly been followed with excellent results in the majority of cases, but it is not possible to speak positively respecting the injurious influence it exercises over the heart. Its power to relieve pain and reduce temperature is both marked and incontrovertible.

MR. ROLANDSON.—You shall receive due intimation of the result.

DR. MANTLE.—Your opponent cannot justify his conduct by any appeal to medical etiquette. He has, apparently by intention, acted with utter disregard of all the rules supposed to govern the relations existing between members of the profession; and unless he responds to an application for restoration of the position he has usurped, you will be entitled to take immediate measures to remove him.

L. G. E.—The present state of the law forbids your making the attempt. By so doing you will become liable to prosecution by some one or other of the anti-knowledge associations which depend for support on the effects produced on ignorant people by their efforts to worry scientific investigators.

DR. K.—Received. Colour undetermined.

DR. J. R. (London) is thanked for the report, which he will find is referred to in another column.

E. S. R. (Kingston).—The best known institutions for the treatment of the class of disease referred to are:—Tower House Retreat, Westgate-on-Sea, and Melville House, Musselburgh, for gentlemen. For ladies there is St. Raphael's Home, Croydon; and there are several private licensed houses usually kept by medical men in which patients are received. If our correspondent desires it, these can be furnished him in a subsequent issue.

DR. HATTON.—The matter came under our notice as we were going to press; we shall refer to it in our next issue.

EGYPTUS.—Your letter opens up a wide field for discussion in which opinions are very divergent. On reference to the daily papers you will see the subject is engaging the attention of Parliament, and that a committee of investigation has been appointed. Meanwhile, your letter shall be fully considered, and, if possible, insertion given thereto in our next.

DR. H. D. (Bournemouth) will please receive our best thanks for the information conveyed in his note.

MR. W. R.—MR. of Part II. to hand, with thanks.

A RESIDENT IN THE NEIGHBOURHOOD.—A fresh writ has been issued against the manager; whether this will succeed remains to be proven. The authorities have certainly a most unenviable and difficult task before them.

THE SANITATION OF THE FUTURE.—The *New York Medical Record* is responsible for the following description of the sea-side sanitary hotel of the future:—"Anxious Guest to the Hall Boy: 'Boy, where are the water-closets?' 'Haven't got any, sir; they breeds fever. Boat goes down the harbour every morning—ladies at nine, gentlemen at ten.' 'Well, is dinner ready?' 'No, sir, we always carbolise the dining-room before meals. Now they are spraying the waiters, sir.'"

(Impatiently), 'Well, where is your food-water?' 'Don't have drinking-water now, sir; 'taint healthy. Yonder's our Labarraque mixture, flavoured to taste. Have a glass, sir!' Guest retires and takes a thymolised julep."

MEETINGS OF THE SOCIETIES.

EPIDEMIOLOGICAL SOCIETY OF SOCIETY.—This (Wednesday) evening, at 8 o'clock, Dr. Norman Chavers, "On the Sanitary Defects of the Site of London and its Suburbs."

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8 o'clock, Specimens will be shown by Mr. Alban Doran and others.—Dr. Champneys, "On a Description of a Kyphotic Pelvis, with remarks on Brelsky's Description."—Dr. Matthews Duncan, "On Puerperal Diabetes."—Dr. Chahbazian, "On the Treatment of Post-partum Hemorrhage by Subcutaneous Injection of Ergotinine."

HARVEIAN SOCIETY OF LONDON.—Thursday, Nov. 2nd, at 8.30 p.m., Mr. Malcolm Morris, "On Chronic Ringworm."—Dr. Broadbent, "On some Points relating to the Sounds of the Heart."

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—Monday, Nov. 6th, at 8 p.m., Dr. Alfred Carpenter, "On Considerations of some of the Causes which give rise to Dental Decay."—Casual communications from Messrs. Charles Tomes, Coleman, and Sewill.

ROYAL INSTITUTION.—Monday, Nov. 6th, at 5 p.m., General Monthly Meeting.

Vacancies.

Dundalk Union, Carlingford Dispensary.—Medical Officer. Salary, £100, and 25s as Sanitary Officer. Election, Nov. 4th.
Magherafelt Union, Bellaghy Dispensary.—Medical Officer. Salary, £120, and £15 as Medical Officer of Health. Election, Nov. 6th.
Ongar Union, Essex.—Medical Officer and Public Vaccinator. Salary, £50, with the usual extras. Applications to be sent to the Clerk not later than Nov. 6th.
Victoria Hospital for Children, Queen's Road, Chelsea.—House Surgeon. Salary, £50, with board and lodging. Applications to be sent to the Secretary on or before Nov. 7th.

Appointments.

APPLEFORD, S. H., M.R.C.S., a House Physician at the London Hospital.
BARLOW, T. C., L.R.C.P. Ed., Medical Officer to the Third District of the Hackney Union.
CLENDINEN, J. G., L.R.C.S.I., Medical Officer of Health for the Lower Sedgley Urban Sanitary District.
CROSS, F. E., M.B. Lond., F.R.C.S. Eng., Honorary Surgeon to the Bristol Eye Hospital.
FERRIS, J. S., M.B., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Denham District of the Eton Union.
GAILL, A. K., M.R.C.S., Assistant Medical Officer to the Fulham Fever Hospital.
HAYCOCK, C. H., M.R.C.S., Medical Officer for the Bow District of the Crediton Union.
FERRUDOCKE, C., M.R.C.S., L.R.C.P. Ed., Medical Officer to the Vale District of the Winchcombe Union.
REYNOLDS, J. J., L.R.C.P. Lond., M.R.C.S., Assistant Surgeon to the Portland Convict Prison.
RYAN, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Second District of the Northleach Union.
THISTLE, F. T., L.R.C.P. Lond., M.R.C.S., Senior House Surgeon to the Torbay Hospital.

Births.

BAKER.—Oct. 25, at 9 Idrome Terrace, Blackrock, the wife of A. W. W. Baker, M.B., M.Ch., of a son.
GROUND.—Oct. 24, at Maidstone, the wife of Edward Ground, B.A., M.B. Cantab., of a son.
SMITH.—Oct. 27, at 63 Richmond Road, Barnsbury, Gilbert T. Smith, M.R.C.S., of a son.

Marriages.

HANDYDE—MCNICOLL.—Oct. 26, at St. Helen's, Lancashire, Arthur Handyde, L.R.C.P., L.R.C.S. Ed., of Raristown, to Emily, daughter of R. McNicoll, M.R.C.S., of St. Helen's.
PLAYFAIR—MACDONALD.—Oct. 26, at Cloughton, Birkenhead, David T. Playfair, M.B., C.M., of Bromley, to Catherine, daughter of J. Macdonald, of Birkenhead Park.
STOKER—MACGILLYCUDDY.—Oct. 28, at St. Stephen's Church, Dublin, George Stoker, L.K.Q.C.P., M.R.C.S., of 8 Cadogan Terrace, London, E.W., to Agnes, eldest daughter of the late, and sister to the present MacGillycuddy, of The Rocks.
WOLRIGE—KEATING.—Oct. 26, at St. John's, Bathwick, Bath, Herbert E. R. Wolrige, M.R.C.S. and L.R.C.P., of East Knoyle, Wilts, to Annie Louise, daughter of Lieut.-Colonel A. Keating, Retired List Madras Army.

Deaths.

ANDERSON.—Oct. 22, at Hillington Heath, Uxbridge, William Alex. Anderson, M.D. Aber., F.R.C.S. Eng.
BROUGHTON.—Oct. 14, at Amesleide, Francis Broughton, F.R.C.S., late of Her Majesty's Indian Medical Service, aged 61.
HOLLIS.—Oct. 19, at his residence, Alvraston, near Derby, Wm. Hollis, Surgeon, aged 76.
HALPIN.—Oct. 23, at Arrah, Bengal, from a fall from his horse, Surgeon John N. Halpin, M.D., T.C.D., Bengal Medical Department.
PARNELL.—Oct. 23, at 17 Merchiston Avenue, Edinburgh, Richard Parnell, M.D., F.R.S.E., aged 72.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 8, 1882.

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Original Communications.

CASE OF VASO-MOTOR NERVE DISORDER.

By C. HANDFIELD JONES, M.B. Cantab., F.R.S.,
Physician to St. Mary's Hospital.

A. L., æt. 25, seen June 16th, 1882. Suffering seven years with headaches and "bilious attacks." At home she has headaches almost every day; the bilious attacks occur about once a week. In the latter she has palpitations of heart, and fainting, becomes quite unconscious for a few minutes, quite cold and stiff. She has also severe pain at the lower lateral parts of abdomen, lasting in paroxysms for several days. Always faints when that pain is on her. Vomiting also occurs in the bilious attacks. A paroxysm of pain sometimes lasts all day long. Nights are not good; she wakes up at times with palpitation and dyspnoea. Catamenia are very scanty, and the intervals are long, six weeks or more. Expression of countenance morose. Tongue quite clean. Appetite pretty good. Bowels very constive. Hands and feet apt to be very cold, but also get hot, too, are either very cold or very warm. Head often gets hot, and face flushed. Heart's sound full and clear; action regular. Pulse not at all cordy. Has pain often at lower back and left side, and much bearing down at times. Has been examined by a well-known gynecologist, who told her that the womb was too large, and the vagina contracted, as she stated. She also spoke of having copious leucorrhoea, but this did not appear to me to be the case. I found the vagina normal, the hymen intact, the uterus rather large, but well up, mobile, not displaced; there was nothing morbid in the arches, no undue heat of the parts, but over-sensitiveness. No ovarian tenderness now, but it was stated to be present at times. She used to be a great walker, but cannot walk much now, because she gets so tired. Her hands were cold and red. I took two radial tracings with much difficulty—v. (1). Both were miserable specimens, the rises extremely low, sloping, with rounded tops. No better tracings could be obtained with higher pressures; for these the pressure was 0. I then

sent her out to walk round the square briskly, and tried again when she came back, but the result was even worse. Her hands were absolutely cold and livid, and a pale pressure spot disappeared very slowly. I then made her inhale nitrite of amyl, which flushed her face very much indeed, and improved the pulse materially—v. II. Her face became quite hot and red, just as it does—she says—under any excitement. The flushing caused by amyl nitrite soon subsided. She resides in the country, in a bracing air. Takes tea twice a day (forbid). Is subject to ulcerated chilblains in winter. It was evident that the heart was not at fault, that the smallness of the radial pulse, and the capillary congestion of the parts depended not on want of driving power, but on excessive arterial constriction. I had seen the same, of course, in healthy persons during cold weather, and had taken a tracing—v. (III). This tracing was taken on a cold day, when the subject's hands were of a dull red; a pale pressure spot lingered long, and the pulse was so small and weak that it was very difficult to get a tracing. But in this there were no other symptoms, the stagnation was purely local, and confined to a small area. Here the case was different; the arterial constriction could not (in June) be the result of cold, grave symptoms were present, and it was at least a reasonable hypothesis that these depended on undue vaso-motor excitability, no rare occurrence in young persons in minor degrees. The hyper-excitability might be either primary or reflex, i.e., secondary to some visceral or other lesion, such as uterine displacement or ovaritis. Such conditions notoriously are possible causes of grave nerve disorders, and should always be carefully sought for in every refractory case. But I think the frequency of their occurrence has been over-rated, and the examination I made did not reveal to me the existence of any indubitable. Besides, in the patient I had to do with there were clearly grave reasons for eschewing local measures, if they were not absolutely necessary. A third possibility was that the hyperexcitability was of toxic origin, the toxic matter in this instance, as in sundry others, being the bi-daily dose of tea. This, however, I did not deem adequate to be the sole cause, and so, while forbidding it, I resorted to drugs to correct the morbid

state of the nerve centres. To think of hyperexcitability in a patient is for a physician to think of bromide, to which I added digitalis, desiring it, however, to be omitted every third day. The dose of bromide was gr. xv., of tr. digitalis Mx. The digitalis was suggested by the evident affinity of the case to epilepsy, where it has long had a repute, which recent observations of Dr. H. Jackson seem to justify. I also gave a teaspoonful of cod-oil in the day, and desired her to take Mijj. of a 1 per cent. solution of nitro-glycerine at one or two hour intervals during the so-called bilious attacks.

June 23rd.—Has slept well since I saw her. Had a bilious attack yesterday, but had no vomiting; could not vomit. Has had no headaches till yesterday. She feels better, but very weak. Hands much warmer. Tracing with pressure 28 grammes fairly ample, readily obtained.

28th.—Last two nights she has been troubled with nightmare and palpitation, and a feeling as if she was going to die. Has taken tea twice since 23rd; to leave it off entirely. Pt. mist. c. sodii bromidi gr. xxiii. ad ʒj.

July 6th.—Is very much better; feels quite well. Hands are much warmer, and of a better colour than they used to be. Catamenia have occurred with very little pain, and in much better quantity. No bilious attack. Tracings of good amplitude—v. (iv). Hands quite warm to-day, and face flushed after brisk walking. Often has pain in right side and back after such exertion.

Sept. 13th.—A report sent me by her father states that so far she has had no relapse, but, on the contrary, is gradually and steadily improving, and quite cheerful and spirited. Treatment continued regularly. A specimen of the urine which I had omitted to examine previously was clear, of medium colour, sp. gr. 1022, not albuminous, deposited no renal epithelium or casts, only flat scales.

The above record seems to me of interest, chiefly because the pathological condition was diagnosed—not a mere name affixed—and because successful treatment was rationally inferred from the diagnosis. This I hold we ought to aim at in every case, though we too seldom can attain it. So far as I could judge the predominant defect in my patient was what I have stated. But there were times in which the opposite condition of heat and hyperæmia from arterial relaxation prevailed. These occurrences may have been necessary results of previous undue excitation, and not primary errors. However this may be, there was clearly no indication for making them the object of treatment. On the other hand, the headaches, the scanty and rare catamenia, the debility, the attacks of rigidity and unconsciousness, the ovarialgia, the ulcerated chilblains might well be regarded as the results of insufficient blood supply in their several localities. It is, perhaps, too much to imagine that the state of the circulation within the cranium, or in the ovarian plexus, or in other internal sites, would ever be so gravely defective as it was commonly in the hands, where the cutaneous capillaries were engorged with semi-stagnant blood, where the blood when displaced by pressure slowly and languidly crept back into the vessels, and where the nutrition was so enfeebled that in winter time actual ulceration occurred. If such a condition existed in the grey convoluted surface of the hemispheres most serious impairment of their functional power would surely ensue; and when present in minor degrees, it cannot fail to be injurious. Could we see such a brain during life we should certainly pronounce it congested, and too many I fear would straightway conclude that it was over-supplied with blood, whereas the very reverse is the case. Let the arteries be relaxed, and blood flow freely into the small vessels, let the circulation become active and brisk, and the semi-stagnant fluid feel the

impulse of *vis a tergo*, then the congestion will speedily disappear and functional power be restored. Just as in embolism of a terminal artery the corresponding capillary district becomes loaded with stagnant blood, while the vascular walls decay, so is it in minor degrees of similar change depending on arterial constriction. Deficient blood-supply conditionates capillary engorgement and remora of the current, and on this there often comes damage to the delicate walls of the engorged vessels, and more or less leakage. It should never be forgotten that it is not the amount of blood contained in the vessels of a part that constitutes hyperæmia, but the amount of blood which passes through its vessels in a given time in excess of the normal.

The more copious catamenial flow after the arteries had been opened up is very noteworthy as confirming the above views, and suggests a similar therapy in certain cases of amenorrhœa. I do not forget, however, that Dr. Meadows has obtained very good results in cases of ovarian menorrhagia from the administration of bromides. This result is less easy to understand than that which occurred in my own. Supposing, however, the ovarian nerves to be unduly excitable, they may exert an inhibitory action on the uterine ganglia at the menstrual period, and so cause excessive blood flow in the uterus. Bromide by lessening ovarian excitability may lessen this effect. Inability for much muscular exercise was a marked feature in my patient, and that want of free blood-flow in the motor organs was (as supposed) its cause, is rendered very probable by the case of a friend, who in warm weather could walk 25 miles a day, but in cold weather was languid and feeble. The effect of exercise on the hands when I first saw A. L. was to aggravate if anything the state of coldness and lividity. This is analogous to a case related by Sir J. Paget, where a male found that whenever he walked far or fast his feet became cold, white, and numb, while when he rested they flushed red and hot. In both instances, especially in the latter, the vasa nerves of the lower limbs were excited at the same time as the muscular, and the blood-flow impeded. The rule in ordinary health is that the two sets of nerves alternate in their activity, but if the vasa are very excitable this alternating faculty is lost, and both get excited together. It will be observed that while my patient's hands were of a livid-red colour from congestion, Sir J. Paget's patient described his as being white and cold. I do not know on what the occurrence of congestion or non-congestion depends, but both states may exist in closely-adjacent areas at the same time. In "Peaks, Passes, and Glaciers," vol. iii., p. 421, it is stated that the guide's hands on one occasion "were really in a dreadful state, the backs of a livid purple, the palms quite white, and the whole curled round and stiffened." The headaches and bilious attacks were evidently of the nature of migraine, a disease which, at least in some instances—as in Du Bois Raymond's—seems to be largely dependent on arterial constriction. It is probable that it was so in A. L. But I do not think that vasa spasm was the sole cause of all the phenomena. The condition of hyperexcitability, which we must assume to have existed in the vaso-motor centre, could hardly have been confined to it, but in a modified form must have prevailed in the intra-cranial sensory and motor centres. These organs, thus pre-disposed to morbid action, and consequently being habitually more or less deranged, were at times precipitated into graver aberrations by deprivation of a due supply of blood. The treatment, therefore, of the entire malady resolves itself simply into that of hyperexcitability. This was adopted and proved sufficient.

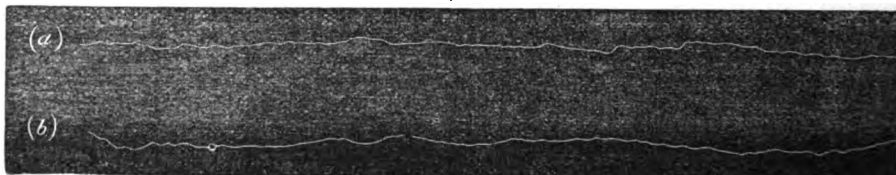


FIG. 1. A. L.—Pr. 0 for both. (a) at rest; (b) just after exercise.

FIG. II.



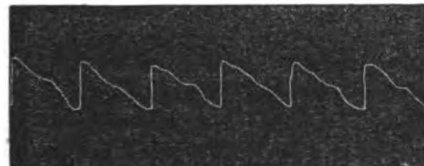
A. L. —Pr. 0. After inhaling nitrite of amyl. June 16th, 1882.

FIG. III.



G., in good health, set. 17.—Pr. 5. Hands cold and livid.

FIG. IV.



A. L.—Pr. 50. July 6th, 1882. Hands warm; she feels quite well.

THE CONTAGIUM OF GONORRHOEA.

By C. R. DRYSDALE, M.D., M.R.C.P. Lond.,

Senior Physician to the Metropolitan Free Hospital; Physician to the Rescue Society of London.

DR. ELKUND, of Stockholm, has sent me a manuscript in French, on the microscopic organisms seen in gonorrhoea. In order to arrive at some conclusion about this curious point in contagion, Dr. Elkund has made many microscopic examinations of gonorrhoeal pus, and also of the most superficial layer of the mucous membrane of the navicular fossa, which latter he removed by means of a small knife, used for microscopic dissections, which he introduced into the canal of the urethra to the length of about two or three centimetres. He studied this latter preparation in its natural state, being convinced, from experience, that this was the best way to avoid false conclusions. Sometimes he added a little acetic acid, or solution of aniline, as, for example, fuchaine, and also carmine, &c.

In the first place, he always found the gonococcus described exactly by Neissen, the diameter of which varies from less than 0.1 to 0.5 mm., and larger. These are as brilliant as pearls. The whole of the round cells called pus, are perfectly full of these, and they are also found in innumerable quantities in the inter-cellular liquid. Sometimes they move rapidly, sometimes they are united like a figure of 8, which, according to Neissen, proves that their pullulation takes place by scission. When tinged with aniline violet it is seen that the gonococcus is a flat plain disc, not a spherical ball; but Dr. Elkund cannot agree with those who maintain that these microbions represent the only specific part of gonorrhoea, since he has found similar and probably identical ones in acute and chronic disease of the intestines and lungs, and in ulcerative stomatitis. Generally, he thinks it the common office of these organisms to produce acute inflammation with desquamation of the epithelial cells, and the formation of pus cells which are filled by them. Indeed, these organisms represent troupes of miners in pathology.

Long ago the same writer found that in cases of gonorrhoeal cystitis, the cells of pus from the bladder were, as a general rule, furnished with appendices, either filiform or gemmiform. The pus and the exudation of the inflamed mucous membrane of the urethra contain,

without exception, a beautiful network of mycelial filaments. The principal filaments of the organism in question, which Dr. Elkund calls *ediphyton dictyades* have a transverse diameter of precisely 1 mm., and are perfectly clear and hyaline. These filaments anastomose with each other at all angles. The mycelial tubes here and there have complete networks of swellings, the limiting lines of which are either regular or very sinuous. The parasite in question, like all similar, is gifted with the power of propagation by the simultaneous lengthening of an immense number of mycelial filaments or fragments of secondary ramifications of those which proceed along the superficial layers of the mucous membrane, and which enter into the glands of Littre, Cowper, &c. It is truly exceptional for this little organism to burrow, like the one seen in diphtheria, so as to produce a general infection, for the firm fibrous tunic surrounding the urethra forms a solid rampart to prevent the advance of the mushroom, and the organic resistance of the patient is generally greatest at the epoch when a man contracts gonorrhoea.

As a general rule, the ramifications of the mycelium run most along the surface of the mucous membrane of the urethra, the fundus of the bladder, the ejaculatory ducts, the seminal vessels, and deferent canals, &c. In cases of chronic catarrh of the lungs after gonorrhoea, Dr. Elkund says he has noticed the gonococcus of Neissen, and the microbion just described in the sputa. He says that it is well-known that in the urine of scarlatina patients there are found filaments of mycelium long and hyaline, and alleges that in cases of female patients such urine may set up gonorrhoea in the vagina; and he has constantly found the same mushroom in the gonorrhoeal discharges of women.

Dr. Elkund says that in all his microscopic examinations of the pus, and superficial layers of soft sores he has found the gonococcus of Neissen and the *ediphyton dictyades*. He, therefore, believes the virus of soft chancre and that of gonorrhoea are identical. It is only, he puts it, the difference of the affected localities which cause the difference in symptoms, a solution of continuity being necessary to produce a soft sore. Surely, this is not worth alleging without experiments, and, as a rule, experiment flatly contradicts the assertion of Dr. Elkund.

The author also says that the microbions of balanoposthite consist in vibrios of putrefaction. Such are often found in the Douglas *cul de sac* of women, and may give rise to grave peritonitis in some cases.

Dr. Elkund made some microscopic experiments on various therapeutic agents commonly used in gonorrhoea. Saturated solution of borax did not seem to influence the organisms. A solution of perchloride of mercury had but little effect on them (1 in 10); but the tincture of *Eucalyptus globulus* had a good deal of power in causing the movements of the gonococcus to cease.

He has succeeded in curing patients, after disappearance of the acute stage of gonorrhoea, by means of cold sitz baths and injections of solutions of phenic acid, or chloral hydrate; 1 to 600 of the first, and 1 in 150 of the second; giving at the same time copaiba and cubebs. He found that in convalescence from gonorrhoea the gonococcus first disappeared from the urine. The *ediphyton* are very difficult to be got rid of.

The conclusions of Dr. Elkund then are—1. *Diagnosis*. The elements of diagnosis in gonorrhoea are comprised in the discovery by microscopic examinations of the presence of the gonococcus of Neissen and of the *ediphyton dictyades* in the pus which is examined. As to prophylaxis, extreme cleanliness is enjoined to prevent fragments of the latter entering the passages.

Treatment.—Introduce as soon as possible into the urethral canal of the male as deep as from 3 to 6 centimetres a bougie covered with carbolised oil, and made of iodoform and 10 drops of essence of *Eucalyptus globulus* with cocoa butter 2.5 grammes, which is then allowed to liquefy in the canal. Excoriations he recommends to be

touched with a hair brush dipped in a solution of iodoform in essence of eucalyptus (1 in 10).

The cure will follow in proportion as the microscopic organisms can be killed by this treatment. The remedy recommended by Dr. Watson Cheyne, *i.e.*, of bougies as above mentioned is an excellent remedy, according to Dr. Elkund.

I have no means of saying how far Dr. Elkund is right in his assertions as to the presence of peculiar microscopic appearances in gonorrhœa, but there seems a possibility that it is so. I do not agree with him, however, when he talks of the identity of the virus of gonorrhœa with that of soft chancre, for I have not been able to produce the latter on patients by inoculating them with gonorrhœal pus. Syphilis eventually will, in all probability, be found also to have some special germs.

MINOR SURGERY CASES IN COUNTRY PRACTICE IN BYGONE TIMES. (a)

By G. KINLOCH H. PATERSON, M.D., M.R.C.P.,
L.R.C.S. Ed., &c.,
Perth, N.B.

(Concluded from page 350.)

CASE I.—J. S., æt. 25, labourer, well-formed, and living in the village of M—, had been complaining of pain in left side of his abdomen for several days previous, and finding himself getting no better of it, I was sent for to visit him. Soon after I was at his bedside; a healthy young man in appearance, and of a good-like constitution. On examining the seat of the pain, which he said was increasing rather than lessening—mostly subcutaneous—it seemed to me to extend over that adjoining, or was connected with the sigmoid flexure of the colon and cæcum. The external part of the wall of abdomen affected felt hard underneath it, swollen to some extent, and was also of a circumscribed formation. His pulse being full and bounding, took blood away by venesection to twelve ounces fully, which gave considerable relief to the pain. On the following day repeated it, with a similar good effect, and soon after applied a fly blister, as well as a continuation of poultices to the part. Still the pain recurred from time to time. The appetite also was beginning to be less, and his bowels inclined to constipation. For the latter I ordered emollient injections *per anum* now and then; but further on in my attendance his former ruddy countenance came to be gradually of a paler hue. The strength of his body or frame went on decreasing, and latterly his whole appearance and system, owing to the length of his illness, looked very unfavourable and ominous. The part or spot complained of had now become, as well as felt, much more soft, and consequently, being satisfied in my own mind by the feeling of fluctuation that, without doubt, I had an abscess to deal with; which ensuing, what, at this crisis, was there to be done? An opening was by myself proposed. This his parents and my patient declined. I pressed it peremptorily being had recourse to as the only hope I could give him for a chance of his life, and from his having so long, by this time, been under treatment by me—already three weeks. He gave his consent at last. Speedily fixed was the day; and with a narrow, straight bistoury I made an incision into the centre of the external integument of, and through to, the abscess. On withdrawing it there came out foetid, hissing, gaseous air and matter. Ordered a stimulating poultice immediately after; to be repeated and constantly kept applied. In about eight days used again the bistoury (the second time) in another part of the external covering of the abscess, which timeously and sufficiently gave vent to the remaining confined purulent, thickish matter. After this he began to rally onwards, and at the end of another fortnight eventually he rose out of his bed, in which—a few

days before and after the operation, although as well as possible—he had been kept by my orders on warm, cooling drinks, fresh-made, nourishing broths, and along with good cheer (*q. s.*). Owing to his death-like look, he seemed as if he had come back from his grave. His health and strength, however, ere very long, returned to him again, to the joy, not only of his aged and respected parents, but also to his loving sister, who chiefly and unweariedly, as well as anxiously, waited on her brother in their humble, Scottish-life home. In the above case, by assisting Nature to bring the *materies morbi* to the nearest and safest outlet, her beneficent work was shown and accomplished well, truly.

CASE II.—J. G., æt. 27, ploughman, married. Was requested to visit him about a week from the beginning of his present illness: I saw him soon after. His countenance looked so changed from his former appearance that, if I had not seen him occasionally before this, I would have failed to know who he was—by name or in person. The face all over was very much swollen; the eyelids also were swelled outwardly, and closed, from oedema. Any pain he felt was on the right side of his face, over and a little beneath the protuberance of the cheek bone. Ordered continued poulticing of the pained part. On the following evening he complained when a certain small spot of the latter was gently and carefully pressed with the fingers of pain in it. On re-applying the pressure more than once, there seemed perceptible fluctuation to some extent. Immediately, with the bistoury, I opened the part referred to as deep as I thought could be done with safety, when about two teaspoonsful of thick pus flowed out, assisted by pressing together the integuments around the incision; re-applied the poultices; advised a continuation of warm drinks; also his bowels to be moved daily by laxative salines, or senna and *s. magnesia*; mild food, of a farinaceous kind; no stimulants; the face and eyelids to be shaded as much as possible from the light, and inward quiet of mind. The facial or erysipelatous swelling afterwards gradually each day diminished, and in a week from my first visit he was up and going about. He seemed not to be certain what brought on, or was the cause of, or commencement of it. To my thinking, it arose from, as it might well be, the part incised having previously received the poisonous sting of some insect; also from the fact of the time of the year, it being about the end of his master's harvest, when he fell ill. His wife, during his sickness and facial disfiguration, was blythe and truly dutiful, which, in his case, had an excellent salutary effect.

CASE III.—H. N., ploughman, married, who had been laid up with sore throat for several days before my services were requested. Found him at the time of my visit sitting in a crouching position in a corner of the usual fireside of the house he dwelt in; he looked ghastly pale and weakly. On examination, upper and lower teeth and jaws were closely approximated, or in a state of lock-jaw; quite unable to get any kind of drink, far less food, for the past three days swallowed; the saliva had been and was still flowing now and then by the small opening between his teeth out of his mouth; his breath smelt very offensive; and fearing, therefore, and from also the outward feeling of enlargement on right side of his throat, that there was likely an unusually large tonsillar abscess, and seeing the critical and far from undangerous condition the poor man was in—"worse than foe," openly, seemingly to him—I lost no time, and at once resorted to the following improvised surgical plan:—I speedily got two common ale-bottle corks, divided one in two; with each half and the help of the handle of a kitchen *horn* spoon, pressed is carefully through between the teeth on each side, and, at soon as I had a wide enough opening, wedged in my pieces of cork well back towards the condyles. On these being well fixed, I then recollected that I had my tooth instruments with me, as the messenger did not tell me how bad my new patient at this time was; the claws of the former being removed already, I put into the aperture at end of the steel portion of the key a short firm iron pin,

(a) Read before the Perthshire Medical Association, June 2, 1882.

having a sharp point, about half an inch beyond latter, or farthest outwardly, and by narrow strips of cotton rag tightly bound it all round with these; screwed on the tooth handle; immediately when I found my temporary expedients each keeping their places for introducing it, with the hand thus fitted up as it was, holding as well as possible on a line to the right side of his mouth and throat, in and down to and through the abscess it went. Luckily for him, poor man, when withdrawing the instrument I had the presence of mind instantly to pull his head forward, which allowed the pent-up foetid matter to escape the more freely out of his mouth. As soon as he was able to speak, with a low voice he said, "You have saved my life, doctor; I feel relieved and better now." Ordered warm emollient applications outwardly, and cleansing gargles for his throat inwardly; also fresh soup, broths, either for drink or his diet, not forgetting grateful thankfulness; and also quietness; the former were very duly attended to by his cheerful and active wife. In the course of a week or a little more afterwards he was well, and again going about his ordinary employment.

CASE IV.—Mrs. R., set. 35, the wife of a labourer, came under my care for mammary abscess of her left breast. At first sight of it I was rather amazed from its size. She was strong and well-formed, ordinary tall, broad in chest. On examination, found the breast was greatly enlarged, round in shape, and hung down quite pendulous-like; it was hard all over, except at one part where it was, seemingly, to point from its feeling soft. In the latter I made, with the bistoury, a small, though deep enough, opening, after which a large quantity of unusually offensive purulent matter came away, but by careful attention afterwards it healed all right. Not a few of very healthy industrious working women, married and mothers, living in the country, and also in the city, will suffer pain, often intensely, and delay, rather than seek or apply for medical advice for ailments of their breasts, instead of which they ought, for their own sakes and their little ones, to seek it early. In allusion to the phrase "pain is a friend," doubtless so it is, when any part of the living human frame has been, or is attacked with, or racked by it; and far from being unreasonable to hope that the benefit to be derived from its first or after occurrence, is to obey and attend to its warning call, either for alleviation of the agony or cure of it. Lastly, while endeavouring to give ready relief, and in showing always mercy, may we remember also to try to save our patients from as much pain as possible.

The narrow incisions, sufficiently deep, with the bistoury, which I preferred instead of larger openings, and made by me in above cases of circumscribed abscess, along with the external applications used, were, I may be allowed to say, the best of the two, to my humble thinking, and tended beneficially also to exclude not a little of the surrounding air from the openings by incision in those bygone times.

"THE GERM ORIGIN OF DISEASE." (a)

By F. J. B. QUINLAN, M.D., F.K.Q.C.P.,
Physician to St. Vincent's Hospital.

AFTER explaining the details of the action of the yeast plant in fermenting a saccharine solution and converting the sugar into alcohol and carbonic acid, Dr. Quinlan said: "Similarly in the human body, when the germs of measles enter through the respiratory passages, a period of what is called incubation occurs; the original germs are multiplying. At last the spores are thrown out, and an immense effervescence and fever, with peculiar eruption on the skin and respiratory passages ensue, and go on until the fermentative material in the system is exhausted; and the patient is left convalescent, and as a rule protected against the recurrence of this particular disease. In 1868, M. Chauveau showed that the infective matter of cowpock, small-pox, and

other zymotics consisted of a fluid containing vast numbers of minute particles, and that by diluting and diffusing in water until the particles subsided, the infection power of the fluid was gone; but that as long as particles remained they would multiply indefinitely in the human body. In their memoir on contagion, published in the *British Medical Journal* of the 21st of last January, Dr. Braidwood and Mr. Vacher describe the infective matter of measles as consisting of numbers of sparkling colourless bodies in the breath of patients, like those found in vaccine lymph, but larger. In small-pox minute organisms are found in the fluid of the pustules, and in typhoid fever Dr. Klein has found them surrounding the affected intestinal glands. The starting point of all these investigations was the discovery that the blood of animals, dead from splenic fever, swarms with minute organisms resembling little rods, and therefore termed bacilli, which multiply and throw out spores just like the yeast plant. The bacilli of splenic fever can be cultivated artificially in an organic fluid, and the crop can be continued from fluid to fluid. If after seven or eight such successive crops a rabbit or a guinea-pig be inoculated with the last fluid, it rapidly dies of the original splenic fever. Still more curious, it was microscopically proved that the blood of animals, where the rods only were developed, rapidly lost its infective power; but that once the spores were thrown out, it retained it for years. This at once explained the reason why, while some stables and sheepfolds were, after an outbreak, fitted for the reception of animals by mere disinfection, others could not be so cleansed, and had to be destroyed."

The lecturer now entered into a description of small-pox, of vaccination, and of re-vaccination, explaining his belief that vaccinia was a natural attenuation of variolous poison occurring by the passage of the disease through the system of the cow; and that it exactly resembled the artificial, and preventive, attenuation by Pasteur of the zymotic poison of splenic fever, and proceeded to say: "In considering this matter we must remember that the hard and fast lines between different diseases, as laid down in text-books, do not exist in Nature, and that types of disease, like domestic animals and plants, are constantly undergoing evolution and modification of type owing to surrounding circumstances and treatment. The most remarkable recent instance of this is the curious experiment of the Fraulein von Chauvin, who by a course of physical treatment converted a number of Mexican water-breathing axolotls with gills and rudimentary lungs into ambylostomas, similar animals living on land and with lungs. Another disease the result of germs is typhoid fever, in which multitudes of infective germs are thrown off in the ejecta of the patient. Should sewage containing these get into the water supply of a district a whole community may be infected, as occurred at Bangor, North Wales, this year; and a similar result on a smaller scale has frequently happened when water so polluted has been made to do the duty of 'the cow with the iron tail.' Typhoid fever is popularly supposed to be due to bad smells and sewer gas, but it is really due to the germs contained in these; and in reference to this there are two noteworthy points. One is, as shown by Carpenter, that if sewage be poured through Italian ryegrass the spongioles destroy all germs, and leave the resulting fluid so far harmless. The other is, that although germs will pass through the finest filters, filtration through spongy iron entirely destroys them. The well water of Antwerp—now rapidly becoming the greatest emporium of Europe—is brackish, and unfit to drink; accordingly the inhabitants have recently got up fine waterworks in which they apply this spongy iron filtration—which is the invention of Professor Gustav Bischof—on a large scale to the water obtained from the river Nette. Dr. Frankland has visited the Antwerp waterworks at Waelheim, about fifteen miles above that city, and reported on the results of his inquiry. He attaches especial value to the fact that spongy iron filtration 'is absolutely fatal to bacteria and their germs,' and he considers it would be 'an invaluable boon to the metropolis if all water supplied from the Thames and Lea were submitted to this treatment in default of a new supply from unimpeachable sources.' Another remarkable germ product is the malarial fever of the Roman Campagna, of Algeria, and of other places. Noticing that it always ensued on the breaking up of new ground, Klebs and Crudei examined this soil and found germs, which, entering through the respiratory passages, produced the well-known malarial

(a) Abstract of an Inaugural Address delivered at St. Vincent's Hospital.

affection. It is well-known that the daily use of a small quantity of quinine by the dwellers in ague districts will prevent this affection; and further, that when it breaks out larger quantities of this drug will cure it. Quinine is a powerful protoplasmic poison and destroyer of germs, and its curative action in ague becomes at once intelligible. There is excellent reason to believe that rheumatic fever is also a germ disease; but as this is argued from analogies, and not yet practically proved, we must speak with reserve on this point. Sunlight is a powerful destroyer of germs, which are, on the other hand, much favoured by dirt and damp, and that is the reason why no house is wholesome in all its parts unless it face either east or west, so that the sunlight during half the day may penetrate every part of it; likewise why cellars and deep basement storeys are unfit for human habitation. Nothing has as yet been done to attenuate the poisons of measles or scarlatina; but if we can argue from what has been done in similar cases, it is probable that it will ere long be done; and these maladies, which now rank almost as inevitable diseases, will become as little so as small-pox. We are accustomed to them, but the amount of collective injury which they do to the community is immense. When they break out for the first time in isolated communities, and attack young and old simultaneously, they amount to actual plague. This occurred a few years ago in the Fiji Islands immediately after their annexation and civilisation. Later back it happened in the Faroe Islands, where the whole population were at once laid low, except some very old persons protected by an outbreak which had occurred about sixty years previously. One of the islands escaped in a very curious way—it is the southern member of the group, and is twelve miles from its nearest neighbour. Learning what was going on in their sister islands, the Sudeese men drew up their boats into their island, and, maintaining an armed guard day and night for three months, threatened instant death to any stranger who would dare to land. This rough quarantine proved perfectly effectual, and when the neighbouring epidemic had burned itself out, this sanitary Thermopylæ stood unharmed. This brief review of germ disease would be incomplete without some notice of its latest and most brilliant advance in the discovery of the tubercle bacillus. Up to a recent period it was generally believed in these countries that pulmonary consumption, although of a hereditary type, was not an infective disease. In Southern Europe the contrary opinion has always prevailed; and even here cases occurring of undoubted communication of the malady between individuals brought in close personal contact, caused many a doubt to the thoughtful physician. The matter was set at rest by the discovery of Villemin that tubercle was inoculable, and this was followed up by Koch, of Berlin, who discovered the tubercle bacillus, cultivated it, and communicated it to animals. This bacillus is a species of alga, and is found swarming in phthisical cavities and in the expectoration of consumptive patients. Externally, it is very similar to other parasites, which have nothing to say to tubercle. Herr Koch pointed out that the tubercle bacillus can be easily distinguished from all others by its behaviour in the presence of certain aniline dyes. As this bacillus is about the third of the size of a blood globule, any reasonably good microscope will detect it; and we have the diagnosis of pulmonary consumption thus reduced to the simplicity and exactness of a chemical test. The matter was now taken up by the German Government, who established the Imperial Health Office, the creation of Prince Bismarck, appointed Koch as its director, and made him a Councillor of State; for in Germany medical science is honoured and decorated, instead of being hunted into foreign countries by antivivisection acts. Supplied with ample means, Koch pursues his investigations in a spacious building, and provided with all necessary assistants and accessories. The animals experimented upon are all kept in cages, and each cage represents an experiment, and the greatest care is taken to secure proper ventilation and to avoid all cases of disease arising from defective hygiene. There are curious differences in the susceptibility of different animals to tubercular infection. Rabbits and guinea-pigs are most susceptible, and barn-door fowls still more so. It was at first believed that dogs could not be infected; but it has been found that they can, especially if wholly fed on vegetables. As a rule, herbivorous animals are much more susceptible than carnivorous, a fact which explains the well-known potency of a meat and nitrogenous diet in saving consumptive patients. Further, an abundance of pure air constantly changed is a great protective,

and air for a long time re-breathed an injury—another striking analogy. Consumptive infection is carried by the breath or expectoration of consumptive patients; and there is no doubt that while many persons are very susceptible to infection, particularly when in a lowered state of health or badly nourished, or when the tendency is hereditary, many others are not susceptible at all. It is also a consoling fact that tubercular bacilli, unless kept outside the body at a temperature of 100 degrees, at once die, differing, fortunately, in this respect from those of splenic fever, which, as already described, sometimes linger for years where animals are kept. Time forbids me to dwell longer on this interesting topic."

THE MODERN IRISH SCHOOL OF MEDICINE AND SURGERY.

THE introductory address was delivered in the Richmond Surgical Hospital, Dublin, on Thursday, Oct. 2nd, by Mr. Wm. Thomson, one of the surgeons. He took for his subject the influence which medicine has had upon operative surgery, and having shown the high rates of mortality after operation in spite of all improvements up to the introduction of antisepticism, he drew a comparison between the new and the old systems. We hope to give an abstract of his remarks in our next. His concluding observations—which are eminently appropriate to the letter of Dr. Thompson, of Omagh, published by us last week—were as follows:—

The rapidity with which medicine and surgery and the subsidiary sciences are advancing is one of the marked characteristics of the latter part of this century. At no time were there workers so many, so thorough, so industrious; and at no time have the demands upon surgery been so urgent. The School of Medicine and Surgery in Dublin to-day is in no sense inferior to any that has gone before. Its physicians are as able, its surgeons as bold and dexterous, its teachers as profound, at least, as they have been at any time in our history. Very lately a comparison has been drawn between the men of to-day and those of thirty years ago, and I need not say that, coming from the north of Ireland, the judgment has not been flattering to Dublin. It never is in anything. And here, in the presence of men whose names are known throughout Europe and the world as physicians and surgeons, as men of advanced scientific attainments, as educated gentlemen, I repudiate with all the energy I can command the statement that the teaching in this city is degenerating. The author of that remark had no better opportunity than I had of judging of the great men who are gone, seeing that we are of the same professional age. In this place we have never forgotten to speak with admiration and respect of the teachers who have passed away. We have always declared their merits—great for their opportunities—but we have avoided falling into the fallacy of regarding a man as great because that man was old or dead. The faculty of finding out the greatness of a man after he is gone is proverbial; but it is not so easy apparently to measure the attainments of our contemporaries. I do not dissent from any eulogium upon the dead past, but I do dissent from the miserable doctrine that with it has been buried all genius and power, and that for us only remains an inheritance of commonplace capacity. Thirty years have made a tremendous difference in the number of highly-informed members of the profession. Teaching, as we know it, was then in its infancy; the men who were profoundly instructed were few, and those who had commanding powers shone by contrast above the mediocre level. But that state of things no longer exists. Competition in life has become keener; superior teaching has become more general; a larger number of pupils with better trained minds are entering the profession, and the average of intellectual height has been considerably raised. It is no wonder, then, that, with a great general advance, it should be difficult for any casual thinker to believe that there are as many heads above the crowd as there were in former days. I repeat that there are more; that clinical teaching has not degenerated, but improved; and that everywhere throughout this city there are men who hold no second place in the list of teachers—who have done honour to the great Irish School of Medicine and Surgery.

To protect its honour, to emulate its fame, to uphold wherever you go the high character of your School—these form part of the trust which is committed to you. But,

rising above all petty jealousies and mean rivalries, let your object be to acquire by diligence the knowledge which will help you to do the greatest good to the greatest number of your fellows. It is sobering to think how often the chances for life or death will be placed in your hands, and the hopes and prospects of individuals or families rest upon your wise judgment or your shortcomings. So far as we can we will help you, so that you shall acquit yourselves as true men; and rest assured that you will give us no greater pleasure than to show yourselves in the future worthy pupils and loyal to the old Richmond Hospital.

Clinical Records.

GLASGOW ROYAL INFIRMARY.

Case of Fasciculated Sarcoma in Scarpa's Triangle of the Right Side.

Under the care of Dr. DUNLOP.

Reported by A. J. ENGELS, House-Surgeon.

MRS. S., *et. 36*, domestic, was admitted into Dr. Dunlop's wards on the 1st of July, 1882. The tumour when first noticed, seven years ago, was the size of a walnut; it grew slowly to the size of a hen's egg, but two months ago patient had severe pains in the back, and the tumour increased rapidly in size, and on admission measured $6\frac{1}{2}$ in. in length and 4 in. transversely.

On examination, the tumour was found to be firm, non-elastic, and appeared to be imbedded in the soft tissues; no attachment to bone, deep fascia, or skin. No impulse was communicated on coughing, the femoral vessels could not be made out, and there was no pulsation in the tumour, or in any of the arteries of the limbs. No loss of sensation motion of the limb, and no enlargement of the glands in the right groin. Family history quite satisfactory.

July 16th, 1882.—Patient was put under the influence of ether, and Dr. Dunlop removed the tumour from the muscular tissues in which it was imbedded. The only points of special interest in the operation were the number of enlarged veins which formed a complete network over and around the tumour, and gave rise to troublesome bleeding, and the obliteration of the femoral artery and vein throughout their entire extent in Scarpa's space. The circulation through the limb had been carried on principally through the profunda, which was seen to be enormously enlarged. The skin was brought together with silver wire and hair suture, and a large drainage-tube was introduced from below. The operation being performed with antiseptic precautions.

On the seventh day after the operation the patient was dressed with the usual precautions, when it was found to have partially healed by first intention; there was little discharge, and the drainage-tube was removed, also a few of the stitches.

27th.—Patient was again dressed under the spray, when the remaining stitches were removed.

30th.—When patient was again dressed the spray being stopped, and boracic lint dressing substituted for the antiseptic dressings. This was continued every second day until the 8th August, when the incision was entirely healed. The temperature was satisfactory throughout the treatment of the case. Patient was dismissed quite well on the 12th August, 1882.

Pathological History, by Dr. Newman.—The tumour measures nearly five inches in length, and varies in breadth from two and three-quarters to three and a-half inches; the external surfaces is irregularly nodulated and its peripheral limits are clearly defined, but there is nothing seen corresponding to a well-formed capsule. The cut surface is of a uniform pale reddish colour. On microscopic examination the tumour is seen to be made up entirely of moderate-sized fusiform cells, which lie mostly parallel to, and in close contact with, one another, except where they are separated by vascular canals. These canals are very numerous, and for the most part, of considerable size, and at some points they have become dilated and varicose, but, in no part of the growth is there any evidence either of old or recent hæmorrhage. At certain points the spindle cells interdigitate, so as to form distinct fasciculi which occasionally cross one another, and give the section when examined with a low power a somewhat lobulated appearance.

France

[FROM OUR SPECIAL CORRESPONDENT.]

TYPHOID FEVER.—The epidemic of typhoid fever in Paris shows but slight inclination to abate rapidly; however, a little improvement was noticed last week, and the hospitals which had to provide special accommodation for the emergency experienced a slight diminution in the number of patients admitted. It is worthy to be noted that the children have been mostly attacked, but persons of an advanced age have not escaped, several over forty years of age having been received in the hospitals. What is still more remarkable is the extreme rarity of the abdominal form and the very few lenticular spots observed. Diarrhoea was rare, and constipation the rule. As the most frequent complications, bronchitis, pulmonary congestion, pneumonia, and meningitis, especially among children, have been observed. As to treatment, the mode generally adopted was warm baths, purgatives, and enema of a solution of phenic acid. Sulphate of quinine in large doses, of forty-five to sixty grains, and even more daily, has been in great favour. Salicylic acid is under its trial also, and, in fact, every agent hitherto brought forward as specific in this disease is being put to the test, and the reports by-and-by on the epidemic and the success following the different medicinal agents employed will go a long way in elucidating the question as to what is the best treatment of typhoid fever. Dr. Moricourt considers the sulphate of copper to be superior to quinine or salicylic acid; he gives six grains of it in the twenty-four hours, and the same dose by the rectum, the enema to be repeated twice or three times in the day, according to the gravity of the affection. In the case of children the dose is one-half. The vehicle for the enema was decoction of Iceland moss.

ULCERATION OF ARTERIES.—At the meeting of the Société de Chirurgie M. Anger read a report on ulcerations of arteries in contact with pus in cases of osteo-myelitis. Two observations were cited, one being the case of a young man who was attacked with acute rheumatism of the knee; in the course of the affection there appeared a painful swelling in the popliteal space. An abscess was diagnosed, and when opened, blood alone flowed, and in abundance, but the patient got well, and the author of the report, M. Humbert, was of opinion that the artery was perforated, not by the knife of the operator, but by the processes of the inflammation. M. Anger cited another case which was very similar, and which occurred in his own practice. A young man entered the hospital with a tumour situated a little above the internal condyle of the right thigh. It was painful to pressure, and fluctuation was present, but no pulsation or *soif* could be observed. The patient was greatly troubled, especially at night, with lancinating pains traversing the tumour. Abscess beneath the periosteum was the diagnosis, and accordingly exit to pus was decided upon being given, and for this purpose a bistoury was plunged deeply into the swelling, and immediately a large quantity of blood of venous appearance and without clots came forth in a strong jet; there was no pus. On placing the finger in the wound a large cavity was found under the periosteum. The blood was arrested, and the wound, treated on antiseptic principles, healed gradually. M. Monod related two other cases, one of which was a cold tubercular abscess in the arm. The hæmorrhage was considerable from a branch of the axillary

artery; a ligature was placed, but the patient succumbed, and the autopsy discovered the existence of several perforations. M. Verneuil considered that unless there was septicæmia the arteries were generally proof against perforation. At the same time, he was not prepared to say that tuberculous alterations of the walls of the vessels could not affect the integrity of the coats, but he considered that further research was required to demonstrate it more fully.

ACETATE OF POTASH has been found, combined with salicylic acid, to be an excellent prescription for acute rheumatism. Acetate of potash, ʒvj.; salicylic acid, ʒss; syrup of orange, ʒij.; peppermint water, ʒvj. A tablespoonful every two or three hours, according to the severity of the symptoms.

TREATMENT OF SCARLATINA.—A practitioner recommends in the treatment of scarlatina an infusion of digitalis (leaves), and to continue its employment until the third week of the malady. In continuing this with unctions of oil over the whole body twice daily until all desquamation ceased, he avers that he never lost a patient out of 150 cases. Also, in order to prevent the development of diphtheritic inflammation of the throat, he orders the following mixture:—Chlorate of potash, ʒj.; tincture of iron, ʒij.; glycerine, ʒj.; water, ʒviij. A teaspoonful every half-hour.

Special.

THE FATAL INFLUENCE OF ANÆSTHETICS IN DISEASES OF THE KIDNEYS.

DR. LAURENCE TURNBULL, of Philadelphia, recently read an important paper before the Surgical Section of the American Medical Association on this subject. In it he dwells upon the absolute necessity of primary attention to the condition of the kidneys by an examination of the urine when an anæsthetic is to be administered in a serious operation, or when a fatal result may be anticipated. The subject has not been dwelt upon with sufficient earnestness by surgical writers, or in works on anæsthetics; the first publication on this subject was by Dr. Emmett, of New York; and the author's attention has been drawn to the subject recently by finding that many deaths unaccounted for in any other way were due to this cause.

In 1879, and again, before the American Medical Association, in 1880, it was stated by him that it is now a well-recognised condition that in disease of the kidneys anæsthetics almost invariably produce coma and death.

In his present paper he enumerates a considerable number of deaths from this cause, some of them only of very recent occurrence; also cases from chronic albuminuria, from twenty-four hours to eighteen days after the use of ordinary ether, as well as when hydrobromic ether was employed, but very few cases from chloroform.

Dr. William F. Norris also publishes a pamphlet in which two cases of death supervening unexpectedly, after operations for cataract, which occurred in his practice, are reported.

They presented four features in common: 1st. They were both anæsthetised with sulphuric ether; 2nd. They entirely recovered consciousness; 3rd. They died comatose, one in a few hours, the other eighteen days after the operation; 4th. In both cases a careful autopsy revealed no organic lesion, except Bright's disease of the kidneys.

The above cases before narrated, with those of Dr. Emmett's six cases of death, occurred from uræmic poisoning, while Drs. William Hunt and Montgomery each had one case, verified

by post-mortem examination. These go far to prove its fatal character, and need not have occurred if a proper and careful examination had been made of the urine before the anæsthetic had been given.

Mr. Agnew states, in his *Surgery*, on the supposed contra-indication, "Ether may be given with impunity to persons suffering with renal disease;" but in his cases has he had any post-mortem to prove that death was not the result of kidney disease? As well remarked by Dr. Norris, "because fatal results do not follow in all cases, we have no right to shut our eyes to those where the employment of anæsthetics apparently leads to fatal disturbance of the renal functions."

The kidneys are the active agents in eliminating the ether from the blood, and if they are unable to perform this office, and the skin is cold, moist, and inactive, death will supervene by accumulation of mucus in the lungs, or congestion of the brain, in true Bright's disease of the kidneys.

HEALTH AND FIGHTING EFFICIENCY.

"HEALTH and fighting efficiency," says Sir Frederick Roberts, in his closely-reasoned article on "The Present State of the Army" in the November number of the *Nineteenth Century*, "hang together more intimately than many imagine. Let sickness once fairly set its mark on a force, and battalions which, up to that time, did their work in a hearty cheerful manner, and were fit to go anywhere and do anything, are hardly to be recognised. Instead of the keenness and 'go' which gave life to everything, a stupor seems to have fallen over the men. Those who are not ill are oppressed by the fear that their turn is coming, and that they will be the next victims to the fever, cholera, or whatever the prevailing epidemic may be. No one who has seen troops in time of great sickness can doubt that disease and ill health are just as likely to be the cause of military failure as even indifferent strategy or want of discipline." Very momentous testimony is this, borne by one of the most successful and accomplished generals of the day, to the dependence of fighting efficiency on sound health, and therefore to the value of that department of the service which is especially charged with the guardianship of the soldier's health. If the issue of battles and campaigns depends as much on medical foresight as on military strategy, it is clear that those who exercise that medical foresight effectively should be not less highly esteemed and liberally rewarded than those who display ability in manœuvring or in leading troops. The public recognition of this truth—and its public recognition cannot be far off now that Sir Frederick Roberts has so boldly proclaimed it—must lead to the concession to the Army Medical Department of greater influence and authority than it has hitherto possessed. The country will come to understand that the least important part of an army surgeon's duty is the amputation of limbs and the treatment of gunshot wounds, and that it cannot consider itself in a proper state of defence until it has drawn into its military service the highest medical ability of the day, and has in its Army Medical Department a body of men skilled in sanitary science, abreast of the most recent advances in physiology and pathology, and armed with powers which will enable them to take effective measures for the preservation of the health of our troops in whatever part of the world they may be employed.

A curious illustration of the incompetency of a layman, even when learned and astute, to deal with problems in which medical considerations are involved, and of the importance, therefore, of medical participation to a far

larger extent than hitherto in all military councils and deliberations is afforded in Sir Frederick Roberts' article, from which we have quoted. That sagacious and experienced officer, in dealing with a simple question of vital statistics, falls into an error that the youngest surgeon in the service could not have committed, and thus conspicuously proves that even great commanders are at times in need of medical assistance. Desiring to prove that it is young men who especially suffer and die in India, he extracts from the Report of the Army Sanitary Commission figures showing that 6·17 deaths due to enteric fever take place annually per 1,000 strength in soldiers under 24 years of age; whereas only 2·73 deaths due to that cause to 1,000 strength take place in soldiers between 24 and 29 years of age, only 1·78 in soldiers between 30 and 34, and only ·71 in soldiers over 35. But he omits to mention, and is apparently ignorant of, the fact that enteric fever is most fatal in youth and adolescence in the civil population of all classes. The tables of the London Fever Hospital show that 73·13 per cent. of all cases of enteric fever are of persons under 24 years of age, only 10·15 per cent. of persons between 25 and 29, and only 5·34 per cent. of persons between 30 and 34. In estimating, therefore, the mortality from enteric fever in soldiers of various ages, in any way attributable to the circumstances of their vocation, it is necessary in the first place to determine the mortality due to that malady in males of like ages in the general community, and then to subtract this from the military mortality at the contrasted ages. The figures that remain when this has been done will enable us to judge to what extent the conditions of the service tend to increase the predisposition to enteric fever, or increase its fatality in young and old soldiers respectively. But the process indicated when carefully carried out, would greatly diminish the force of Sir Frederick Roberts' argument founded on the comparatively high rate of mortality from enteric fever amongst young soldiers in India. We do not question the justice of his conclusion. We are as strongly convinced as he can be of the unwisdom and inhumanity of sending boys abroad on military duty when their constitutions are not matured, but we desire to point out that a fallacy lurks in one of the grounds on which he bases his conclusion, and that his statement, as it now stands, is calculated to lead to an erroneous estimate of the part played by early military service abroad in increasing the mortality from enteric fever. Of course the fact that this fever is mainly a disease of young persons—a fact which has been confirmed by every observer—is an additional reason for not placing young soldiers, at those ages when they are peculiarly liable to it, in circumstances in which its other etiological conditions are most active; but the results of doing this as it has hitherto been done—rashly and recklessly—have not been so disastrous as might have been anticipated.

While pointing out where Sir Frederick Roberts would have been the better of medical guidance in the preparation of his article, we can bestow upon that article generally, in so far as it deals with questions upon which medical opinion may be properly expressed, unqualified praise. It is conceived in a scientific spirit, and worked out with courage, insight, and sound practical sense. It adds to the obligations which his country already owes this distinguished officer by pointing out blemishes in our present system which cannot be too speedily rectified. The sooner that medical men are allowed more voice than heretofore in army administration, and that steps are taken to prevent the despatch to India of drafts of

raw, undeveloped youths more likely to fill hospitals and graveyards than to grow into tough and vigorous soldiers, the better will it be for the popularity of the service, the security of the country, and the pocket of the taxpayer.

PROPOSED INSTRUCTIONS TO GERMAN MIDWIVES FOR THE AVOIDANCE OF PUERPERAL FEVER.

A COMMISSION has lately been sitting at Magdeburg for the purpose of considering the best method of preventing the origination and spread of puerperal fever. The deliberations have resulted in a series of proposed instructions to midwives, having for their aim the so-called antiseptic conduct of labour cases. This will be shown by the following propositions laid down by the Commission:—

1. Medical science has, for a series of years past, arrived at the fixed conviction that the great majority of cases of childbed fever depend for their origin upon the inoculation of recent wounds (produced more or less in every case of labour) by putrid (so-called septic) poisons.

2. These poisons readily cling—but in an imperceptible manner—to every kind of utensil that may come into contact with the woman in labour unless they are kept scrupulously clean.

3. But it is the hands and instruments of the obstetrician that have become known to be especially dangerous bearers and disseminators of the poisons, as it is impossible to avoid bringing these into contact with dangerous putrefying material.

4. Simple, and even repeated, washings with soap and water, as observation has shown, will not remove the poisons that may be clinging to the hands and instruments. The slightest trace of such a poison will, however, suffice to set up the gravest—yea, even fatal—childbed fever.

5. Wherefore it is the most sacred duty of every midwife, as of every physician, in other ways so thoroughly to cleanse the hands and instruments, and whatever other appliances may be brought into contact with the patient, that she may not be inoculated by any poisonous matter.

6. We are able, as we learn by observation, to destroy the poison, or, at least, render it powerless, by boiling water, and especially by the stronger solutions of carbolic acid (two to five per cent.).

7. The simple rinsing of the hands in carbolised solutions that are too weak can afford no protection against childbed fever. We therefore give, in the following, instructions as to the rational employment of the antiseptic material before, during, and after labour.

Then follow, in fourteen paragraphs, the details of the "Instructions for the Antiseptic Conduct of Labour and Childbed." As will be supposed, these instructions are founded entirely on the propositions laid down in paragraphs 1 to 7.

Paragraphs 22 to 24 deal with instructions to the midwife in case the lying-in woman is ill, No. 22 directing the midwife to call in medical assistance at once if the temperature rises or the lochia become offensive.

Twenty-three would fix upon her the duty of reporting the case to the district medical officer within twenty-four hours of her becoming aware of the nature of it.

Twenty-four directs the necessary washings and disinfections to be carried out by the midwife before venturing to attend another labour or lying-in case, and cautions her to cease her attendance on cases likely to prove infectious as soon as a suitable attendant can be found to supply her place.

Numerous references are made throughout the Instructions to the "Prussian Handbook of Midwifery for Midwives," of which, by-the-by, an English translation has been published in this country by Mr. Burton. (a) All this goes to show that the endeavour to educate midwives in Germany is a serious and painstaking one. Difficulties have been, and are being, met with, mostly having their origin in the low degree of mental culture possessed by the classes who follow the occupation of midwives. A recent suggestion by a district medical officer is to the effect that every midwife shall be compelled to take out at least eight days' practice in a lying-in hospital once in five years.

What a contrast all this offers to the condition of affairs in our own enlightened and free country! where any woman, idiotic or otherwise, who chooses to do so, may call herself a midwife, and charge herself with the life of any poor woman who may be ignorant or foolish enough to employ her. Paternal, or, as their abusers maliciously term them, "grandmotherly," Governments may impose restraints upon freedom of action that may be felt in many cases to be irksome, but it can scarcely be questioned that the balance of safety to human life lies on the side of that Government that does exercise restraint in all those callings in which life is affected.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 8, 1882.

OPENING OF THE SCOTCH SCHOOLS.

OPENING ceremonies, introductory to the current winter session at various schools of medicine in Scotland, took place on Tuesday and Wednesday of last week, the customary addresses forming a principal

(a) "Prussian Handbook of Midwifery for Midwives." Translated by J. K. Burton. London: J. and A. Churchill.

feature of the occasion. At Edinburgh, Mr. Chiene, newly-appointed professor of surgery in succession to the late Mr. Spence, delivered an inaugural lecture before a very crowded audience, consisting chiefly of students, the preliminary conduct of the latter being of the usually boisterous description. Subsequently, however, even the more obstreperously-disposed of the audience settled into an attitude of quiet attention; and Professor Chiene had the satisfaction of feeling that the really admirable address he had prepared was listened to by a sympathetic and appreciative assembly.

After paying well-deserved and manly testimony to his predecessors in the chair of surgery at Edinburgh, the orator proceeded to compare the present surgical treatment of wounds with that which ruled the practice of twenty years ago; and while insisting on the fact—to which Mr. Chiene is justified in expecting a cheerful and general assent—that the Edinburgh School has always been among the first to institute or adopt improvements, he claimed that present-day practice had been more than foreshadowed in the past history of surgery. The assumed ignorance of our forefathers is a demerit unjustly attributed to them in Mr. Chiene's opinion; and it is very probable that a large following will agree with his defence of the shrewdness and intelligence exhibited by the older surgeons. Although we must necessarily admit that empiricism then stood for scientific principles, it is nevertheless true that out of the old-time suggestions and deductions have arisen most of those brilliant applications of theory in practice to which the superiority of modern results is mainly due.

From this topic to the practical benefits ensuing to humanity from experimental research, and the many advantages to medicine and surgery accruing through the discoveries made by original investigators, was a natural transition; and in dealing with this part of his subject, Professor Chiene was no less happy than when discussing the more personal relations of his post. Claiming freedom for scientific workers, and immunity from vexatious obstruction, he urged the necessity of educating the public to perceive the importance to themselves of removing restrictions which hamper the development of higher qualities in the students who resort for instruction to such centres as the great schools of medicine; and, in concluding a highly-interesting and valuable address, he vigorously denounced the view that teachers were to be regarded as "polishing machines" merely, rather than as prosecutors of such labours as should result in increased knowledge and greater usefulness.

Professor Greenfield's opening address to the class of pathology was chiefly devoted to description of the improvements introduced during his term of office in the arrangements made for practical instruction in the subject of his demonstrations. The necessity of these increased facilities was shown to have arisen out of the growth of the subject, and its requirements for study and teaching; and considerable as the advance in this subject has been within the last few years it was prophesied that fifteen or twenty years hence even the vastly augmented resources now at disposal in the university

would be found wholly inadequate to its needs. The scope and reasoning of Bennett's views on inflammation were made subjects of criticism by Professor Greenfield, who held them up as an example for the warning of others, lest they might be induced to assign importance to hypothesis as these had received the confirmation afforded by successful application as theoretical explanations of observed phenomena. He admitted the necessity of occasionally accepting unproven views as guides to conclusions, but insisted that they must always be regarded as simply provisional; and from a pathological standpoint it cannot be said that the caution thus imparted was either uncalled for or undesirable.

A further explanation of the reason why pathological studies necessitated so much greater provision in the way of laboratory arrangements &c. now, than formerly; vindication of the experimental method of investigation, and defence of the lecture system of instruction, when accompanied by practical work, were the remaining subjects dwelt on in the address, which may safely be ranked among the more useful contributions to this description of literature.

To the midwifery class Professor Simpson advocated the foundation of a class of gynecology in the university, and explained the resources of the school for thorough and practical teaching of the science and art of obstetrics. He referred to the recent creation of two scholarships, in gynecology and midwifery respectively, which are now open for competition among members of his classes.

Professor Grainger Stewart's opening lecture to the class of practice of medicine was mainly devoted to a consideration of Koch's discovery of tubercle bacillus, and the practical benefits to be expected as its consequences. Several important improvements were announced as having been made in the arrangements for practical teaching in connection with the use of the ophthalmoscope and laryngoscope, by which the study of eye and throat diseases will be much facilitated and rendered of more enduring value.

At Glasgow an important occurrence took place in connection with the Royal Infirmary School of Medicine, an extensive block of new buildings erected for its accommodation having been opened for use. The introductory address on this occasion was delivered by the Lord Provost of the city, who dwelt on the usefulness of the school as an aid in carrying on the infirmary practice. The school, he declared, had been rendered a necessity to the hospital, especially after the severance of the bond uniting it with the university; and the success which had followed the institution of the school was expressed by the fact that, without straining the resources of the infirmary in any way, and for its own purposes, the school had been enabled to remove to larger and more commodious premises. Deprecating any unseemly rivalry the Lord Provost insisted that the Royal Infirmary School and the University and Western Infirmary School could each find work to do and be useful. On the subject of remuneration for professional services the Lord Provost was very explicit, and in this connection it is pleasant to be able to record such utterances as the following from a lay orator: "I would hail

the advent of the time when the practice was general of paying—and paying handsomely—our physicians for guidance and advice in keeping us well, rather than, as now, for their attendance upon us when we are sick. But I frankly admit that neither county nor town authorities have, by the salaries they give to their health officers, shown that they estimate as they ought the highly valuable services which these gentlemen render; and so it is probably too much to expect that the medical profession, which gives of its services so much gratuitously already, should be very forward in making a new departure in the direction I have indicated."

At the Western Medical School of Glasgow Dr. McVail delivered the opening address, the principal topic touched being the relations of the School to the University, and the injustice done it by the latter body in refusing to accept certificates of attendance at local extra-mural teachers' classes. He sketched the history of Glasgow University as a centre of medicine very much to its disadvantage, and demonstrated the illiberal spirit in which it regarded the admirable work done by the many illustrious teachers at Glasgow unconnected with University chairs. He pointed out the constant and lengthened struggles against monopoly on the part of extra-mural institutions, and concluded an instructive and eloquent address by appealing against the narrow-minded, illiberal spirit being permitted to hamper the progress of medicine.

In most respects, the formalities observed at the commencement of a new academical year are the same in Scotland as in England, addresses being deemed an essential institution in this connection. Whatever views may be held, therefore, respecting the expediency of this mode of commencing a fresh period of activity, must apply equally in the two kingdoms, unless there is anything, hitherto undiscovered, to make different opinions applicable in the two cases. Apart, however, from such considerations, the addresses delivered before the Scotch students of medicine contain a fund of valuable information and advice, and we trust they may prove to be initiatory to a year's performance equivalent to the merit they display.

THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES BY THE ATTENDING PHYSICIAN.

—No. IV.

WE have assumed that concealment of infective disease is the natural result of stringent sanitation, and we think it needs no proof to satisfy any one that the more actively disinfection of premises and isolation of patients are carried out the greater is the probability that, to avoid these unpleasantnesses, disease will be concealed. We say, advisedly, that in towns in which compulsory notification is the rule, that concealment does take place to a very serious extent, and, indeed, medical officers do not, as a rule, dispute its existence. At Bolton last year there was a tremendous increase of typhoid following quick upon the active steps taken by the medical officer of health to carry off to hospital all infected

patients whom he could discover. The only evidence attainable, however, would be that to be gathered from the death certificates. A certain percentage of the dead in every town are, of course, registered as having died without the ministrations of any qualified medical practitioner, they having received any medical advice which they cared to take from the neighbouring chemist, or some old woman or other quack in whom they had confidence. It would be interesting to know whether, in compulsory notification towns, the percentage of deaths without medical attendance is or is not greater than in other similarly situated towns not under notification compulsion. If it appeared that the proportion of such cases was increased by notification, then we think our contention that the physician is excluded with a view to concealment would be proved. We invite medical officers of health to test our argument in this way. And, *à propos* of death certificates, we may take this occasion to point out how fallacious is the argument that, inasmuch as physicians must, and do, notify deaths, there is no hardship in requiring them to notify infection. Why the true facts of death certifying prove conclusively our case against the proposal that physicians should be compelled to notify, for everyone knows that death certificates are, in many cases, utterly fallacious and misleading, and are so because it is desired to conceal the true cause of death. If we were to estimate the prevalence of syphilis or of *delirium tremens* from the Registrar-General's returns, we should at once conclude either that those were almost unknown diseases, or that they were seldom or never fatal, for we very rarely should find a death certified under either of these names, but we should find plenty of non-descriptive cases, such as "general debility," "irritation of the spine," and so forth—so catalogued for the purpose of concealing diseases of which the deceased's family might naturally be ashamed. In the same way it is found that in notification towns infective diseases are suspiciously rare. We have, it is true, many deaths from "sore throat," "dropsy," "blood-poisoning," or "convulsions," which, if the truth were known, would turn out to be scarlatina or small-pox. This is an admitted fact, and it proves that, as you cannot punish anyone for attributing a death to a mere symptom of the disease, and ignoring the disease itself, it is therefore nonsensical to enact a law to impose such punishment.

It is, as our readers will have observed, our contention that compulsory notification of infectious disease by the attending physician, means exclusion of the physician until the case has assumed such gravity that exclusion is no longer possible—that such exclusion means the neglect of those sanitary precautions which are now effected by the advice given by the doctor—that the neglect of those precautions means dissemination of disease and, *ergo*—that compulsory notification by the physician, so far from being a protective measure, is calculated to aggravate the evils which it is intended to remedy. The force of this line of argument rests altogether upon the practicability of enforcing the law against those who neglect the notification duty imposed upon them.

IMPRACTICABILITY OF THE PROPOSED LAW.

If it were possible readily to detect and punish the physician who neglected to send in his report to the sanitary

authority, the proposed law would at least have the merit of being a good working measure, however opinions might differ as to its being a just one, but practicability is the quality which the bill for notification by the doctor totally lacks. Suppose such general law to be enacted to-morrow, it would be simply waste paper if the medical profession were determined not to comply with it, and it would be worse than useless if it were carried into effect even by a majority of the profession, and neglected by any considerable minority. A little consideration of the wording of the proposed law, and the indefiniteness of the duty to be imposed on the physician, will show this. It is proposed by Mr. Hastings' bill that "any medical practitioner attending, or requested to visit and attend any inmate . . . suffering from small-pox, &c., . . . shall immediately on becoming aware of the nature of the disease from which such inmate is suffering, fill up, &c., &c., &c.," and by a subsequent section, "any person neglecting to transmit any notice required by the Act shall be liable to a penalty of £5." Be it observed that under this law no physician would be responsible to notify unless he was "attending or requested to visit and attend," so that any medical man who might come to the knowledge of a case of infection without being actually called to take charge of the person suffering from the disease, might at once free himself from liability by pleading that he was not in attendance, nor requested to visit the sick person, and, on the other hand, the custodian of such a patient might obtain advice and information, and at the same time, evade notification by the physician, by bringing him to the house, on any pretext, and carefully informing him that he was not to consider himself in charge of the infected case.

Again, let it be noted, that the physician is responsible to notify only "on becoming aware of the nature of the disease from which such inmate is suffering," an arbitrary date which never could be made available in any prosecution. It is notorious that, in many cases, the most skilled physician can have no certainty of the nature of the disease, until it has reached an advanced stage, because, very commonly the indicative eruptions and other physical signs are absent, and this uncertainty is, in most cases, sufficient to afford a fair excuse to the physician if he is challenged for the omission to notify. An illustration of the truth of this statement appears in the *British Medical Journal* (October 28), where we find it recorded by the Medical Officer of Health for Gloucestershire that he had caused several patients to be remitted to the infectious hospital, though at the same time he asks himself, "Was the outbreak small-pox at all?" Every physician knows that there are numerous cases of—presumably—infectious disease which never reach a stage at which there can be a certainty as to what the disease is, and all such cases, though they are as completely centres of infection as any other cases, must be omitted from notification, especially if the patient objects to be notified, because no physician could be expected to take the responsibility of declaring the house tainted unless he was positive in his opinion. The proposed law must, therefore, be partial in its operation, even though the physician should be quite willing to perform the duty.

But there is a much more serious objection than this to the working of the proposed law, grounded upon the fact that, if the physician does not please to notify, no power on earth can make him do so, and no Act of Parliament can punish him for omitting to do so. This fact will be realised when we remind our readers that the diagnosis of an infectious disease is a simple matter of professional opinion, and no man can be prosecuted or punished for making an incorrect diagnosis, or forming an inaccurate opinion.

A physician may be called to see a scarlatinal patient; he may recognise the disease, but he may not choose to annoy his patient by notifying, or he may intend to send the necessary notice to the sanitary authority, but may neglect or forget to do so. Perhaps the patient dies, and the knowledge of the case comes indirectly to the medical officer of health. How is the physician to be punished? It is true he may be summoned to the police court and charged with an offence against the proposed law; but it is also true that no evidence can possibly be produced which can convict him. He has only to say that he did not recognise the disease as infectious, or boldly assert that it was a case of nettle rash, or some other non-infectious disease, and he *must* be discharged free. True, he may be called an ignoramus by the medical officer of health for not recognising such obvious symptoms, but no further penalty can be inflicted on him, seeing that stupidity or ignorance of the symptoms of disease are not crimes punishable by law. Therefore, we say that the proposed law would be altogether impotent as regards the very class of practitioners whom it is intended to reach. Experience proves that it is so. In the seventeen towns in which notification by the physician has been in force for years past, not a single successful prosecution has been effected, though the omission to notify has been palpable in every one of them. In Edinburgh and in Bolton prosecutions have been successfully carried out, but on these occasions the recalcitrant physician had pleaded simply either that he did not know the law, or that he objected to it, neither of which pleas were, legally, of any avail. If they had excused themselves on the ground that the case was not one of infective fever, or that they did not recognise it up to the date when they were summoned, or that they were not *in attendance* on the infected patient, they would, as a matter of course, have got off scot free.

(To be continued.)

MEDICAL ADVERTISING.

THE following resolution was adopted last week by the Fellows of the King and Queen's College of Physicians in Ireland:—

"That the system of extensively advertising medical work, and the custom of giving, whether for publication or not, laudatory certificates of medicinal or other preparations, or of medical or surgical appliances, is misleading to the public, derogatory to the dignity of the profession, and contrary to the traditions of the King and Queen's College of Physicians."

This is an important declaration, and with its spirit and intention we cordially sympathise. The system of advertising by medical men, both in England and Ireland, has

reached an extension which is simply disreputable, and we agree that it is the proper function of the Irish College of Physicians to fulminate against that method of doing business. But it seems to us that the resolution is not well put, and that it goes beyond the censorship which the College is entitled to exercise. There is no objection, nor has any college a right to object to the extensive advertising of a medical work, so long as that advertising is done for the legitimate purpose of selling the book. Again, to express one's opinion about medicinal preparations or appliances is reasonable and proper, so long as the opinion is expressed *bona fide*, and for no other purpose save the approval or disapproval of an article of disputed merit. The discredit attaching to the prevalent advertising system is in the gross, obviously self-interested, and most disreputable abuse of advertising.

As regards books, the usual thing is for one obscure practitioner to steal some one else's ideas and labours, and paraphrase them in a shilling pamphlet. He then advertises the contemptible result of his literary fraud in the most prominent column of every newspaper which has numerous readers, and goes on reprinting the pamphlet and reiterating the advertisement as long as it pays him to do so.

In London many authors intensify their own importance by heading the advertisement in capital letters—"Dr. Koffnomore on Chest Diseases," or "Mr. Immediate Splitter on Urinary and Venereal Affections," or "How to Lie-in without Pain or Danger," Just published, price one shilling, a complete treatise on all the Diseases of Women and Children, by Dr. R. Hunter, &c., &c., &c. The reflex laudation certificate by which a medical man, ravenous for publicity, puffs himself in seeming to puff some one's wares is equally objectionable, and its discreditable purpose quite as manifest.

Any one can see the superficial object of these advertisements, and, while it is quite impossible to make any general rule against such quackery, it is quite easy to detect and punish the offence in the individual. Therefore, we counsel a little more courage and candour in dealing with the matter, and we advise that, when any Licentiate of the College offends in this way, the Fellows of the Irish College of Physicians shall show the necessary *fortiter in re*, and put him personally under foot. Vague resolutions such as that we have quoted above are unjust towards the great majority of the profession, and impotent towards the few who are driving the objectionable trade.

Let us have the strength of mind to make one example of an offender, and that example will be all-sufficient as a professional depurative.

AMERICAN DIPLOMAS.

WE have many times warned the profession against the dangers which are involved in the proposed legislation for recognition of foreign and colonial diplomas as qualifications to practice in Great Britain, but we have failed, as yet, to arouse attention to the subject. The admission of foreign diplomates to the same footing as British licentiates seems to be generally regarded as a matter of insignificant detail, and even the Royal Commission on the Medical Acts did not trouble itself

much with the proposition. Nevertheless, we are of opinion that, if the proposed law should ever be enacted by which the General Medical Council would have power to admit the diplomas of any foreign college, with or without inquiring as to their sufficiency, the result would be most disastrous to the public as well as to our profession. There are many Continental and a few American and Colonial licensing institutions which might be admitted within the pale without hesitation, but they are numerically insignificant in comparison to the multitude of "diploma mills" in America and elsewhere, "run," as the phrase goes, by needy, avaricious, unprincipled, and obscure medical men. As an illustration we cull the following paragraph from the *Philadelphia Medical Reporter*, speaking of such institutions, the *Reporter* says :—

"The history of all such enterprises is a long list of jealousies and backbiting, degrading competition for students, wretchedly superficial instruction, deficient anatomical and clinical material, servility in lecturing, a sham of an examination, and a lot of grossly incompetent young men turned out to prey on the community as doctors. If by accident an honest man is on the faculty and exposes this miserable history, then comes a scene of slander and recrimination, which stains the whole profession with its inkiness.

"A lamentable example of the kind has been recently shown by the Columbus (Ohio) Medical College. It graduated a man after *three weeks* attending at lectures, and in the face of the remonstrance of at least one member of the faculty. The matter leaked out through the latter, and a vile anonymous attack upon him was made by another member of the faculty, in the columns of a *Sunday paper*, written at his request, it appears, by some attorney of the size of that sort of work. This happened at the Columbus Medical College. But it is a great mistake to suppose that that college is particularly to blame in this matter. It has been called a 'disreputable establishment,' but it is not a whit more disreputable than a dozen other colleges, East and West, that could be named. It did what almost all poor colleges, scrambling for a foothold, must do. Such colleges cannot afford to repel matriculants by getting the reputation of being severe. Then there are always in this country a large body of men who are poor and ill-educated, and yet who want the degree of M.D. These are always on the look-out where they can obtain it at the least expenditure of time, brains, and money."

What we desire to impress upon medical reformers is that, in this matter, as little power as is possible should be given to the Medical Council. That body has shown by its dealings with preliminary examination what course it would be likely to pursue if empowered to confer recognition on any foreign institutions it might please to accept. It has given its official recognition to dozens of preliminary examinations of which it had nothing but the flimsiest *ex parte* information, and without taking the least trouble to ascertain the sufficiency of the test, and we apprehend that the good-natured and easy-going old gentlemen who constitute the Council would be very unlikely to trouble themselves with an inquiry about the educational status

of the Columbus College, or any other such institutions, and very unwilling to refuse recognition without evidence against it.

Notes on Current Topics.

The Medical Union Society.

THE formation of a Medical Union Society is announced, with premises at No. 10 Adelphi Terrace, Strand. This Society which has been incubating for a considerable time past, is designed to unite together the whole body of medical students and junior practitioners, and will undoubtedly supply a want which has long and loudly been expressed. The Union commences existence under most favourable auspices, the executive committee including amongst its members Dr. Danford Thomas, Coroner for central Middlesex, Dr. Palfrey, Dr. Forbes Winslow, &c.; and the rooms engaged for its use are of ample size, and well adapted to the purpose held in view. The Society is formed on the model of the Oxford and Cambridge Unions, and while possessing usual club accommodation, it will make this subservient to the more important work of organising and elevating the class of students. Being designed in the interests of these chiefly, the Union will be open daily from four to eleven p.m., in order that it may not be converted to a distraction from work during the regular hours of hospital attendance; and weekly meetings for debating will be held alternately with *soirées*. The rooms of the Society will be open for the use of members on and after November 15th inst., the hon. secretaries are Messrs. Wade and Greenwood, to whom names and subscriptions (one guinea per annum), may be sent forthwith. The Society's rooms may be inspected by intending members daily, between one and three, until the 15th.

West London Medico-Chirurgical Society.

THE second ordinary meeting of this young but flourishing Society was held at the West London Hospital, on Friday evening, and was devoted to the exhibition and discussion of cases and specimens. Dr. Hart Vinen, the President, took the chair. Mr. Percy Potter showed a case of considerable interest. His patient, a man of middle age, fell upon his head three years ago, and produced what was called a "dislocation of the neck." At the present time there was a protuberance at the back of the cervical region, and the nature of this protuberance gave rise to much speculation. Mr. Keetley pointed out that the case was almost unique in the annals of surgery, for there had evidently been a crushing of the bodies of the cervical vertebrae, similar to what takes place in Pott's curvature in the dorsal region, and the wonder was that the man was now alive. Some interesting cases of locomotor ataxy, associated with Charcot's joint affection, were shown by Dr. Atkinson, Mr. Keetley, and Mr. Edwardes, and elicited from Dr. Thudichum a most exhaustive description of the microscopical changes which he had found in the spinal cord in this disease. Mr. Lunn exhibited a brain from a patient who had had several hemiplegic attacks affecting different regions and at various times. The brain exhibited a cyst in the corpus striatum, and hæmorrhages in various

parts. Dr. Clippingdale described a case of spontaneous dislocation of the sternal end of the clavicle, secondary to lateral curvature. The patient he had been unable to induce to attend. Mr. Keetley and Dr. Pearson exhibited a man with oedema of the left leg. Dr. Pearson diagnosed embolism of the femoral artery. This seemed to be the general opinion of those present, but how the embolism had been produced was a mystery. Votes of thanks were accorded to those who had brought forward cases, and the President eulogised the valuable remarks made by Dr. Thudichum upon the chemical changes in locomotor ataxy.

"Quain's Dictionary of Medicine."

AN event of considerable importance to medical literature is the publication of the Dictionary of Medicine edited by Dr. Quain. This is the most considerable and important work of the kind issued since the well-known volumes of Dr. Copland, and will necessarily become a permanent work of reference to the profession. It is necessarily a bulky book, the whole work being included in one large volume consisting of over eighteen hundred closely-printed pages of two columns each. In its preparation Dr. Quain has received assistance from a large number of the best-known authorities in medicine, and each article is signed by the author, thus adding considerably to the weight carried by the opinions expressed in the work. As a reflection of the present state of medical knowledge in this country, it is incalculably the most important of all recent publications; and for all purposes of information it must henceforth take a leading place in the list of reference books in constant use by practitioners. Of the arrangement and contents we shall speak at length in an early number; at present it is impossible to do more than announce that it is ready, a fact, as we have hinted, of more than usual importance from a literary point of view.

Photography for Invalids.

LAST week a studio of imposing and elegant dimensions, in the so-called "Queen Anne style," was opened in London at 263 Oxford Street, by Mr. Barraud, the artist who designed and executed the picture of the late International Medical Congress. As Mr. Barraud's work lies so much with members of the medical profession and their patients, he has purposely introduced a patent lift by which invalids and others who object to the ascent of the customary long flights of stairs found at the ordinary studios, can now be lifted noiselessly and without the slightest effort on their part from the entrance to the top of the building, where photography can be carried on in a pure light, and with all the modern artistic surroundings. At the formal opening of the premises on Thursday last, a crowd of critics from the medical, artistic, and literary professions assembled to examine and congratulate Mr. Barraud on his achievements, the large picture of the Medical Congress coming in for very favourable comment.

DR. W. A. ANDERSON, whose sudden death at his residence at Uxbridge is reported, was Assistant-Surgeon to the Royal Naval Hospital, Plymouth, and a Justice of the Peace for Middlesex. He was greatly respected both in his public and his private capacity.

The Railway Catastrophe.

THE painful accident whereby Mr. John Findlay Arthur, M.B., M.C. Aberdeen, recently met his death on the Midland Railway, has excited the universal sympathy, not only of every medical man to whom the sad occurrence is familiar, but among the general population of the country. The unfortunate deceased was, at the time of the accident, *en route* for his parents' residence, having just returned after a lengthened residence in Ceylon. By some means, not explained satisfactorily at the inquest, the sleeping berth of a Pullman car in which Mr. Arthur was travelling caught fire, and he alone of all the passengers in it failed to make his escape. He had intimated his intention of reaching Aberdeen by the train he was in, and his friends were awaiting his arrival at the station there, when information of the terrible misfortune they had sustained was communicated to them. The grief of the family commands the deepest sympathy of the profession, which in Mr. Arthur loses a most promising member, and one who had already proved his claim to be regarded for many admirable qualities. He was a successful student at Aberdeen, where many friends retain kindest recollections of his genial, hearty temperament, and unusually vigorous physique. As a district medical officer under the Ceylon Government, he has recommended himself to favourable notice by his devotion to work and energetic performance of the duties attaching to his post. His loss will be experienced as a blow equally abroad and at home.

Dr. Abrath and the North-Eastern Railway.

IN the Queen's Bench Division of the High Court of Justice, on Saturday last, Sir Hardinge Giffard, Q.C., with whom was Mr. McClymont, moved to set aside the verdict in the case of *Abrath v. The North-Eastern Railway Company*, on the ground that the verdict was against evidence, and that there was misdirection on the part of the learned judge who tried the case at Durham. The facts of the case are by this time so well known that we need scarcely make reference to them. It will be remembered that a Mr. McMann, who was injured in a railway collision on the Company's line, brought an action for damages, but just before going into court, and on the advice of the counsel engaged for the Company, and of their medical men, the North-Eastern directors decided to compromise the action by paying the plaintiff £950. At the expiration of a year or more the Company thought proper to charge Dr. Abrath, McMann's medical attendant, together with McMann, with having conspired to cheat them. In this, however, the Company signally failed. Dr. Abrath then brought his action against the Railway Company for the malicious prosecution, but also failed to establish his case, chiefly for the reasons assigned by Sir H. Giffard. On the conclusion of the learned counsel's argument, the Court granted a rule *nisi*. The case will now be tried in London, and by a special jury.

DR. JAMES ANDERSON, Assistant-Physician to the Victoria Park Chest Hospital, Junior Demonstrator of Anatomy in the London Hospital, has been appointed Examiner in Anatomy at the Royal College of Physicians of London.

Death of Dr. Seguin's Family.

DR. EDWARD SEGUIN, who is almost as well known on this side the Atlantic as in America, has sustained a fearful affliction in the loss of his wife and three young children under circumstances of the most mournful description. In the absence of her husband Mrs. Seguin had engaged her children, two boys and a girl, the eldest but six years old, in a nursery game, during which they were blindfolded, and the hands of each bound behind the back. While thus powerless to interfere with her design, the unfortunate mother shot them severally through the head, and subsequently committed suicide herself. When discovered all four were dead, and the shock experienced by Dr. Seguin when the true state of the case was apparent was of the most dreadful description. Although his wife had exhibited occasional symptoms of despondency, it had never been supposed that anything seriously affecting her mind had taken place; and the affectionate terms on which the whole family lived precluded any possibility of suspicion of the true state of affairs. The occurrence is especially distressing on account of the insidiousness of the malady which led to it, since Dr. Seguin, as an experienced neurologist of almost world-wide renown, had not been led to think his wife liable to an outburst of homicidal and suicidal mania such as she must have been suffering from at the time the tragedy was committed. We cannot do more now than offer the deepest sympathy of the profession on this side with our American brother in his sore affliction.

The Parkes Museum.

THE first annual general meeting of the Parkes Museum was held on Saturday, October 28th, in the new premises recently acquired in Margaret Street, Regent Street. Captain Douglas Galton, C.B., F.R.S., occupied the chair, and was supported by Mr. George Godwin, F.R.S.; Professor De Chaumont, F.R.S.; Mr. Thomas Twining; Professor John Marshall, F.R.S.; Mr. C. Robins; Mr. Rogers Field, C.E.; Professor Corfield, Mr. Davenport Hill, Professor Poore, and other gentlemen interested in the progress of the science and practice of hygiene.

The secretary (Mr. Mark H. Judge) having read the notice convening the meeting, it was proposed by Mr. Thomas Twining, and seconded by Mr. George Godwin, that H.R.H. Prince Leopold, Duke of Albany, whose consent had previously been obtained, should be elected President of the Museum.

On the motion of Dr. G. V. Poore, the following noblemen, gentlemen, and ladies, whose consent had previously been obtained, were elected Vice-Presidents of the Museum:—The Duke of Northumberland, the Duke of Westminster, K.G., the Earl of Derby, the Earl of Fortescue, the Baroness Burdett-Coutts, the Right Hon. Sir Richard A. Cross, M.P., Sir Joseph Fayrer, K.C.S.I., Mr. Edwin Chadwick, C.B., Professor Huxley, Miss Florence Nightingale, Mr. Robert Rawlinson, C.B., and Professor Tyndall.

Dr. Dawson Williams moved that the following gentlemen, who had acted as the Provisional Council, should be elected as the Council:—Captain Douglas Galton, F.R.S.,

vice-chairman; Professor Berkeley Hill, M.B., F.R.C.S., 55 Wimpole Street, W., treasurer; Professor W. H. Corfield, M.A., M.D.; Mr. Rogers Field, C.E.; Mr. George Godwin, F.R.S.; Professor William R. Gowers, M.D.; Professor T. Hayter Lewis, F.S.A.; Professor John Marshall, F.R.S.; Mr. Charles Henry Parkes; Professor J. Russell Reynolds, M.D., F.R.S.; Mr. Edward C. Robins, F.R.I.B.A.; Dr. Edward H. Sieveking; Professor T. Roger Smith, F.R.I.B.A.; Dr. J. Charles Steele; Mr. Thomas Twining; Mr. Alfred Waterhouse, A.R.A.; Dr. Dawson Williams, hon. sec.

The motion was carried unanimously.

Professor De Chaumont proposed a vote of thanks to Captain Douglas Galton for presiding.

The Chairman, in the course of his reply, remarked that the alterations necessary to adapt the premises the entrance to which was at 74A Margaret Street, to the purposes of the Museum, were in progress. It was hoped that the collection would be ready to be opened to the public with the new year; but the re-arrangement of the museum, which had been confided to a competent committee, was a somewhat onerous duty. Every effort would be made to render the collection thoroughly representative of all that was best in the application of sound sanitary principles to practical work. The museum was to be, he hoped, a great educational centre, and he was glad to be able to announce that already one important piece of work was in hand. Professor Corfield and Mr. Rogers Field had prepared an admirable scheme of drainage for the museum buildings, and had so arranged it that every important point would be open to inspection, and thus available for purposes of instruction. Mr. Rogers Field had generously offered to himself defray all the cost of the new system. Mr. Twining had presented the museum with a valuable collection illustrating the variety of substances which could be used as food, and he was at present engaged in classifying the specimens and arranging them in suitable cases.

A vote of thanks to Mr. Rogers Field for his munificent offer was unanimously adopted. The meeting then adjourned.

It may be recollected that soon after the death of Dr. E. A. Parkes (Professor of Hygiene at the Army Medical School, Netley), which took place in the midst of labours devoted to the development of sanitary science, it was determined at a meeting of his friends and admirers to do honour to his memory by establishing a museum to illustrate that knowledge which Dr. Parkes had done so much to develop. The museum was publicly opened by the Secretary of State for the Home Department in 1879, and has thenceforth been the means of instructing a large number of persons in sanitary knowledge. In 1881, under the patronage of H.R.H. the Duke of Edinburgh, the committee inaugurated the first International Medical and Sanitary Exhibition, which was opened at South Kensington by the Lord President of the Council. This exhibition remained open for four weeks, and was visited by 24,333 persons. At its close, 258 of the exhibitors received awards. The museum was incorporated in June, 1882. It was found necessary to close the museum in July, 1882, in consequence of the Council of University College requiring the gallery for the purposes of the College; but now

premises have been secured in Margaret Street, Cavendish Square, in which the museum will be re-opened as soon as the alterations and additions now in progress are completed. The new museum will consist of a central hall, library, and corridors, all lighted from the top, and well suited for exhibition purposes; and meetings, demonstrations, and lectures, which have hitherto been only occasional, will, on the re-opening of the museum, become a permanent feature of the institution. There is a fair prospect that besides directly subserving the studies of medical men, architects, engineers, and others on whose special attainments the public health so largely depends, the Parkes Museum will ultimately, by methodically displaying in the most convenient manner select illustrations of every department of hygiene, acquire national interest as a standard repertory of the latest sanitary improvements, and as a pattern for facilitating the formation of similar museums in provincial towns.

Medical Work in the Holy Land.

We are informed that the Committee of the Jerusalem Hospice Fund has made arrangements for opening immediately a temporary Dispensary at Jerusalem, pending the erection of the building a site for which has been granted by the Sultan to the Order of St. John. Dr. J. C. Waddell, who has had special experience in ophthalmia, has left England for Jerusalem, to commence work. Letters have lately been received from Mrs. Burton, the well-known authoress, Sir Austin Layard, and others, testifying to the fearful sufferings caused by this disease. Funds are needed for the work, and subscriptions will be gladly received by Lady Lechmere, 13 Bolton Row, W., and Captain Dallas, treasurer, St. John's Gate, Clerkenwell, E.C.

The Medical Department and the Real Culpit.

It would ill-become any one, whatever may be his views, to attempt at such a time to detract from the glories, individual and collective, which await those returning from the successful suppression of the "military rebellion against the Khedive;" but it equally behoves any who are lovers of fair play to strive, amid the din of applause, to gain a hearing for the claims of those whose departmental title has been made the "newspaper poster" upon which to flaunt the sensational breakdown of the campaign.

"Collapse of the Medical Department" is the red herring drawn across the true scent of the unpreparedness which marks the openings of all our wars.

While, in time of peace, the regulation military adviser and the obedient military press raise their hands and voices against such demoralising innovations as the entrusting of medical officers with the command of a few orderlies, or the independent control of an hospital, and loudly proclaim that the charge of horses and waggon would cause the jingling of their spurs to drown all medical knowledge and professional skill, yet, when war breaks out, medical officers are transported to the seat of operations with their pocket cases only, and are, by dishonest silence, held responsible to the public for the sufficient supply of hospital equipment and medical comforts over

the transport, of which they have exactly the same control as they have over the carriage of shot and shell, which invariably take precedence of medicines. And while the Commissariat and Ordnance Departments are being complimented on the precision and rapidity with which they have supplied and carried the munitions of war, having used for that purpose the means of transport which should have brought forward the medical necessities, the Medical Department is held up to scorn for having broken down in a duty over which they had absolutely no power.

The Mastership of the Rotundo Hospital.

THE seven years during which the Master of the Rotundo holds office having expired last week, Dr. Atthill retires from that office. His Mastership has been marked by the energy displayed by him in advancing the interests of the hospital and improving the teaching therein. The finances of the institution were, we believe, in a very unhappy condition when he assumed office, but by indefatigable effort he succeeded in raising £3,000, and now leaves the hospital substantially at the right side of its bank account. Many most important changes and much-needed reforms and structural improvements of the hospital were effected during Dr. Atthill's Mastership, and on his retirement from office the Governors adopted unanimously the following resolution, proposed by R. W. Shekleton, Esq., Q.C., and seconded by Charles Cobbe, Esq., D.L. :—

"Resolved,—That we, the Board of Governors of the Rotundo Lying-in Hospital, on Dr. Atthill's retirement this day from the office of Master of our Hospital, hereby tender him our very best thanks for the great attention, care, and distinguished skill he has given and displayed in said office during the last seven years; and we most warmly congratulate him on the high state of efficiency in which he leaves the hospital, and on the marked success he has achieved in maintaining it as a medical school equal, if not superior, to any other of its class in Europe."

Dr. Macan, Gynæcologist to the City of Dublin Hospital, succeeds Dr. Atthill, and brings to the Mastership a very high character for a thorough knowledge of his speciality and remarkable operative skill. Dr. Purefoy and Dr. W. J. Smyly were also mentioned as candidates, but they were not formally proposed. The Assistant-Masters retain their offices as heretofore.

The Poor-law Medical Officers' Superannuation Act in the Monmouth Union.

OUR contemporary the *Dean Forest Guardian*, in its issue of the 27th ult., reports that at a meeting of the Monmouth board of guardians, held on the preceding Saturday, Mr. J. T. Adams, one of the guardians, in pursuance of notice, moved a resolution to the effect that the board should give to Mr. John Hatton, who had been incapacitated from attendance to his duty by two attacks of paralysis, superannuation allowance to the extent of £50 a year. In the course of an unusually able, eloquent, and exhaustive speech, Mr. Adams pointed out what were the intentions of the Legislature in passing the Medical Officers' Superannuation Act. He then proceeded to show that Mr. Hatton had held office for 36 years, at a very low stipend; that during that very lengthened period no complaint had ever been made against this gentleman;

and that he was now, at 66 years of age, paralysed, and in circumstances such as to require the grant he asked the board to allow. The resolution having been duly seconded by Mr. Hough, who confirmed the statements of the preceding speaker, and having been supported from the chair, was met by an amendment from Mr. Dampedo, who, after urging the various platitudes trotted out on these occasions, moved that the grant should not exceed £26 per annum. This, after some discussion, was adopted by a majority of 9 in a meeting of 35 guardians.

Whilst sympathising with Mr. Hatton in the smallness of the allowance accorded, and condemning the niggard hands which have doled out to him this miserable pittance, we would point out that, small as it is, this board has been more considerate than the Petersfield board of guardians, who, after a service extending over 40 years, refused Mr. George Pink, who had reached the patriarchal age of 80 years, any superannuation at all; and the case of a medical officer in a Somersetshire union, whose name we cannot recall, who was not only denied that which the Legislature intended, but was insolently offered in his old age and indigence an order for the workhouse.

In bringing this comment to a close, we would express our opinion that much of the ill-treatment which the profession, and notably its Poor-law section, receives is due to the want of unanimity so patent among them. When will the profession learn that union is strength? We feel it is far from the knowledge of it at present.

DR. GEORGE H. KIDD, of Dublin, has, we learn, been elected an Honorary Fellow of the Edinburgh Obstetrical Society, an honour which he shares with Dr. Barnes, of London.

THERE were fewer deaths last week in Paris from the typhoid epidemic than the previous week, 173 being reported, against 244 and 250 the two previous weeks; in other respects the numbers are nearly the same.

A LIVELY contention as to the presence of typhoid at Ventnor is going on in the daily press between the medical practitioners of the town and visitors who have flown from it. We need scarcely add that what one side represents as white the other contends is black. Probably the truth lies between: there have been two or three cases, and these will occasionally happen in every town, but the fussy interference and newspaper correspondence are both uncalled-for and unjust.

WE understand that the action against our contemporary the *Lancet* by the Corporation of Brighton, has been withdrawn, in consequence of that journal having published in *extenso* the report of Dr. Richardson on the sanitary condition of Brighton, in which he says he "found nothing whatever that would lead him to believe in the occurrence of any special disease or mortality from bad drainage." In the same number our contemporary publishes an apologetic "leader," and the matter may now be considered at an end. The *Lancet's* "Special Commissioner" will have to be a little more careful in future.

WE understand that the Lord Chancellor has, on the recommendation of the Duke of Wellington as Lord Lieutenant, appointed Dr. Alfred Meadows, of Poyle Manor, Colnbrook, and George Street, Hanover Square, a Justice of the Peace for the County of Middlesex and the City and Liberty of Westminster.

WE understand that the following officers of the Army Medical Department are under orders to embark for Egypt at an early date:—Surgeons-Major B. J. Jazdowski, T. S. Comyn, R. Anderson, W. D. Wilson; Surgeons H. M. Reid, F. G. Jenckin, H. O. Stuart, W. H. P. Lewis, F. H. Trehern, W. Dick. Most of the above only recently arrived home from Egypt.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Bristol, 16; Leicester, Edinburgh, Salford 17; Wolverhampton, Brighton, Hull 18; Newcastle-on-Tyne, London 19; Bolton, Birmingham 20; Dublin, Nottingham, Portsmouth, Bradford, Sheffield, Derby 22; Blackburn, Huddersfield, Halifax, Manchester 23; Plymouth, Cardiff 24; Glasgow, Liverpool 25; Leeds, Norwich 26; Birkenhead 28; Oldham 29; Sunderland, 32; Preston 34.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 23, Bombay 27, Madras 34; Paris 25; Geneva 21; Brussels 16; Amsterdam 23; Rotterdam 19; The Hague 21; Stockholm 19; Christiania 14; St. Petersburg 39; Berlin 24; Hamburg 20; Dresden 23, Breslau 25, Munich 26, Vienna 22, Prague 29, Trieste 24; Rome 20; Venice 19; New York 24, Brooklyn 21, Philadelphia 20, and Baltimore 28.

THE annual death-rates per 1,000 in the larger towns last week, from diseases of the zymotic class, were:—From scarlet fever, 1.2 in Leeds and Cardiff, 1.4 in Oldham, and 2.2 in Sunderland; from measles, 1.6 in Sheffield, 1.8 in Cardiff, and 7.9 in Sunderland; from whooping-cough, 2.1 in Preston and 2.4 in Birkenhead; and from "fever," 1.6 in Portsmouth, and 1.8 in Leeds and Birkenhead. The 29 deaths from diphtheria included 12 in Glasgow, 9 in London, 2 in Liverpool, 2 in Edinburgh, and 2 in Sheffield. Small-pox caused 3 deaths in London and 2 in Newcastle-upon-Tyne.

AT the opening of the winter session of the Berlin Medical Society, Herr Bardeleben in the chair, an announcement was made of the formal presentation of the bust of the retiring President of the Society, Herr Langenbeck, to the Royal University Klinik. The chairman thanked the Society for the honour they had shown to their distinguished President in defraying the cost of the work. At a subsequent meeting Herr Virchow was elected President in the place of Langenbeck. The three Vice-Presidents chosen were Herren Bardeleben, Henoch, and Siegmund.

The Irish Academy of Medicine.

THE project of an Irish Academy of Medicine, which seems to have lain dormant from the time Dr. Lyons advocated it in 1851, until a few months ago, when the question was again brought to the front through the agency of the Council of the Pathological Society, is now, we are happy to say, assuming a practical form and making rapid progress towards completion. The idea has been warmly taken up by the profession at large, and during the last week no less than three large and representative meetings took place in the Royal College of Surgeons for the consideration and amendment of the draft scheme which was brought before the medical societies last spring. At the general meeting on Saturday last, the rules, as revised and amended, were adopted, and the Academy may already be said to exist. Before separating, the meeting appointed a committee, consisting of the secretaries of the four medical societies—Drs. Bennett, Montgomery, Roe, and Thompson, with two provisional treasurers, Drs. Robert McDonnell and Abraham, for the purpose of forwarding to the members of the Pathological, Medical, Surgical, and Obstetrical Societies copies of the amended Rules, together with a notification of a general meeting of the Fellows of the new Academy, to be held on Saturday, the 18th, at the Royal College of Surgeons, when the election of officers for this session will take place. The names of candidates for office must be sent in to the provisional committee on or before Wednesday, the 15th. We wish to call attention to the fact that, by the Rules of the Academy, the members of the existing Medical, Surgical, Pathological, and Obstetrical Societies have the option of joining the Academy either as Fellows or as Members, the Fellows alone being eligible for office, and having the right of voting for candidates, so that any Member of these societies who pays the sum of two guineas to the provisional treasurer on or before Saturday, the 18th, will have the right of voting for the officers for the present session. We are happy to state that a very large number have already availed themselves of this privilege, and the Academy will commence with a very respectable balance at its banker's.

We need hardly say that we heartily wish the young Academy every success, and confidently predict that it will give a vast impetus to scientific work among the medical profession in Ireland. Sub-sections are to be formed in anatomy and physiology and public hygiene, and none can doubt that the amalgamated societies, which, separately, could only be said to maintain a struggling existence, will now feel the truth of the old adage "*l'union fait la force*," and, working harmoniously together, will attain results far beyond what they could previously have aspired to.

WE understand that the weight of evidence in favour of a regimental system is so great that the reinstating of a medical officer on the establishment of every cavalry regiment and battalion of infantry may be regarded as a certainty as soon as Lord Morley's Committee, now sitting at the War Office, has issued its report. Another innovation will, it is believed, be a considerable curtailment of the work outside their legitimate duties at present devolving upon medical officers, and the adoption of a better system as regards the command of the companies of the Army Hospital Corps.

LEITH HOSPITAL.—Dr. Charles W. Stewart, lately house-surgeon in this institution, has been appointed to the post of Resident Physician in the Royal Infirmary, Glasgow.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ANDERSON'S COLLEGE, GLASGOW.—The Winter Session of Anderson's College, Glasgow, was opened on the 31st ult., Dr. Fergus presiding. Dr. Christie, Lecturer on Hygiene, delivered an interesting inaugural address. There was a good attendance of students and medical practitioners.

THE ACTION FOR DAMAGES AGAINST MEDICAL MEN AT GREENOCK.—In our columns for October 11th reference was made to a case in which the parents of a child who had died under the influence of chloroform administered for a surgical operation in the Greenock Infirmary, sought to recover £500 damages for unskilful treatment. The case was closed on Friday last by the judgment of Mr. Sheriff Smith, who said that a grave attack had been made upon the professional skill, attention, and tenderness of two medical gentlemen, which was certain to subject them to considerable anxiety; and he considered it his duty, while reserving his formal judgment until the extension of the shorthand writer's notes, to take the earliest opportunity of relieving them of that anxiety, which he would do by pronouncing judgment at once. After stating that he had every sympathy with the bereaved parents, his Lordship proceeded to say that he considered that it had been proved that the death of their girl had resulted from the visitation of Providence, and that no blame had been brought home to either Dr. Cluckie or Dr. Dobie in the slightest degree. It had been proved that chloroform had been a most valuable anæsthetic; it had been the means of saving much pain and many lives; but the administration of it in a small proportion of cases had proved to be fatal. It had also been proved that it was impossible to foresee any of the particular cases in which an unfavourable result might ensue from its administration. In this case it was evident the chloroform had been administered with the utmost care and skill and with every possible precaution, and that the parents were totally wrong in attaching any blame to Dr. Cluckie and Dr. Dobie. In his opinion it had been proved beyond a doubt that they were not to blame for the unfavourable result in the slightest degree. A question had been raised in the course of the case as to whether the parents were or were not informed that the child was to be put under the influence of chloroform. He believed that it had been proved that the mother was informed that chloroform was to be administered. But even accepting it that she did not understand that, in his opinion the surgeons were not bound to tell the parents that chloroform was to be administered in such a case as the present. It was certain, on the authority of several of the first medical gentlemen in Scotland, that the administration of chloroform had been absolutely essential in the case of such a delicate operation as Dr. Cluckie was about to perform; that it would have been improper to have conducted such an operation without the use of chloroform; that the chloroform was administered in a skilful and proper way; that on the appearance of unfavourable symptoms, not only had every means been taken to restore animation to the patient, but Drs. Cluckie and Dobie had most creditably to themselves continued to use those remedies for a much longer period than was usual in similar cases occurring in Glasgow and Edinburgh. He had, therefore, no hesitation in pronouncing decree of absolvitor in favour of both defenders.

SICK CHILDREN'S HOSPITAL, GLASGOW.—At a meeting of

the General Committee of the Sick Children's Hospital, held on the 1st inst., to elect the honorary medical staff, the following appointments were made:—Physicians—Professor Leishman, Dr. Finlayson. Extra-Physician—Dr. Gemmell. Surgeons—Dr. H. C. Cameron and Dr. William McEwan. Extra-Surgeon—Dr. Wm. J. Fleming. Pathologist—Dr. Joseph Coats. Oculist—Dr. Thomas Reid. Aurist—Dr. Thomas Barr. Dentist—Mr. Reece Price. The Committee at the same time appointed Dr. W. S. H. Walker to be resident medical officer. The directors afterwards visited the hospital, which is now on the eve of completion. We understand that there were eleven applicants for the office of physician, and nine for that of surgeon.

GLASGOW DEATH-RATE.—During the week ending with Saturday, the 28th ult., the death-rate of Glasgow was 26 per 1,000 per annum, being an increase of 4 as compared with the preceding week. The rates for the corresponding weeks in 1881, 1880, and 1879 were 24, 28, and 16 respectively.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 28th ult., the mortality in Edinburgh was 77, and the death-rate 17 per 1,000. There were 20 deaths under 1 year, and 14 above 60, of which 1 was above 80. Diseases of the chest accounted for 40 deaths, and zymotic causes for 4, of which 2 were due to diphtheria and 2 to scarlatina, the intimations of these diseases being respectively 11 and 83.

THE ROYAL MEDICAL SOCIETY OF EDINBURGH.—The hundred and fifty-fifth session of the Royal Medical Society of Edinburgh was opened on the 3rd inst., with an address by Professor Grainger Stewart. Dr. Mackenzie Johnston, president, occupied the chair. Professor Grainger Stewart called attention, in the first place, to the fact that in the social development, from the lowest to a higher type, the social organism got more and more differentiated, until at last each man was told off to some particular trade, work, and profession, and he could excel in nothing else; and that, with a yet higher development, they found that only in one department of one of these was a man able to excel. Referring to the Edinburgh Royal Infirmary and the clinical teaching which was there given, he said they would find it nowhere else so carefully and thoroughly done, and this they owed to two men—Professors Rutherford and Bennett, but more particularly to the teaching of that great teacher, Hughes Bennett. As a teacher, he had never known a man surpass Bennett. Having also insisted on the great value of the opportunities of dispensary practice, which he was afraid students were now-a-days getting to make less use of, he said that they had here in Edinburgh yet another advantage besides what they had in the University and the Infirmary—namely, the great and very important advantage which they had in the Royal Medical Society. The Society, he said, held out peculiar advantages to the student in the way of opportunities for reading and debate, and of in some way supplying the want of social intercourse which was one of the defects of the Scottish University system. In conclusion, he begged them to be ambitious, not about what place they were to gain in the world, but about the kind of men they were to be, by having high characters and thorough and well-founded knowledge, and by making the very best use they could of it. On the motion of the president, a cordial vote of thanks was awarded to Professor Grainger Stewart for his address.

CLASS ACCOMMODATION IN THE NEW UNIVERSITY BUILDINGS.—The accommodation in the lecture theatre of the Department of Surgery in the New University buildings has thus early in the session been found inadequate for the numbers attending the lectures of the new Professor. It was accordingly

announced on Friday morning by Professor Chiens that, through the kindness of Professor Turner, the class would meet for the future in the anatomy class-room, which was some time ago re-arranged so as to seat about 500 students.

THE ETHICS OF "HEALTH LECTURES."—The Glasgow correspondent of our contemporary the *Lancet* remarks in its number for the 28th ult.: "Some rather silly hostility has been manifested in certain quarters to these health lectures on the ground mainly that they afford opportunity to ambitious men to pass before the public as learned specialists, to the detriment of their professional brethren. It is, however, surely not wrong that the public should have such subjects as those named above put before them in a simple and popular way; and by whom could such instruction be more appropriately given than by medical men?" We have not the slightest notion who the "silly" objectors are, but from the standpoint of the difficulty of unravelling the science of medical ethics, we confess to a certain amount of sympathy with the condemned objections. If it be laudable to lecture the public on medical questions, some of them of extreme delicacy, and extensively advertise those lectures and lecturers, how, in the name of common sense, can it be wrong to instruct the public through the medium of books, and advertise such books, especially when, to the extent that such books are technical, they are regarded by the profession as savouring less of the advertisement? We shall be pleased to receive the opinions of some of our readers on this knotty point. It is further remarked by the correspondent of our contemporary that the last lecture of the course is, with what many regard as questionable taste, "On Healthy Motherhood," to ladies only. This is probably the complement of the very popular lecture delivered last year by another rising obstetrician, "On Healthy Womanhood." The validity of the objection is here dextrously ignored, and it is this, viz., that a lecture on such delicate points thus to be treated of, should be advertised as "to ladies only," and when the prurient imagination of the public is thus sufficiently excited that it should be distributed broadcast among the community. As to our "rising obstetricians," we understood that all our obstetricians were rising—in the night.

INSTALLATION OF PROFESSOR MACINTOSH AT ST. ANDREWS.—Dr. William MacIntosh, the presenatee to the Natural History Chair in the University of St. Andrews, was on Saturday, the 28th ult., formally installed to office. Principal Shairp presided, and was supported by several of the professors. The Principal administered the ancient oath, and invested the new Professor with the insignia of office, after which he received the right hand of fellowship from his brother-Professors.

Correspondence.

THE DIAGNOSIS OF AORTIC ANEURISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the report of the instructive case of aortic aneurism opening into the œsophagus, published in this day's (Nov. 1st, 1882) *Medical Press*, Surgeon-General Francis makes a statement which, unqualified as it is, is, I believe, opposed to clinical experience and to the teaching of recognised authorities. The real nature of the symptoms in the case in point was not, it is stated, suspected during life by the several medical attendants, thus affording another instance of the difficulty of diagnosis in many cases of aortic aneurism, although it must be admitted that certain symptoms were present in this particular one which are usually looked upon as suggestive of that disease. But it is in order that none of your readers "may take for granted," as apparently inferred by Mr. Francis, that the existence of a murmur is a constant physical sign of an aneurism of the thoracic

aorta that I am induced to address you. Mr. Francis states that "it is probable that the ear was never applied to the seat of the spinal irritation (the aneurismal tumour?), as towards the last *certainly*, if not earlier, a *bruit* must have been very audible." The occurrence, however, of murmur in thoracic aneurism is in reality so commonly wanting that Dr. Stokes looked upon it as "exceptional." Drs. Bellingham, Walshe, and Hayden have also each recorded the fact that murmur is by no means a frequent sign of the disease. Out of 61 cases of thoracic aneurism collected by the last-mentioned author, in which the point was noted, murmur was absent in 41 cases.

As regards the occurrence of flatulence in connection with dysphagia, both of which symptoms were observed for some time before death in Surgeon-General Francis's case, I may remark that Dr. Bellingham specially refers to flatulent distension of the stomach as being a very troublesome symptom in these cases of thoracic aneurism pressing upon the œsophagus. Dysphagia from this form of pressure, as is generally known, is in some instances temporary, and often appears to be due more to spasm than to diminution of the calibre of the œsophagus.

Your obedient servant,

GEORGE F. DUFFY, M.D. Dub.,
Physician to the City of Dublin Hospital, &c.

Medico-Parliamentary.

HOUSE OF COMMONS.—MONDAY.

THE MURDER OF DR. M'LEAN.

Dr. CAMERON asked whether anything definite had yet been done in the way of advancing or securing a settlement of the claim against the Chilian Government for compensation for the murder of Dr. M'Lean, the physician to the British Legation, by Chilian soldiery, at Chorillo, in January last.

Sir C. DILKE—Her Majesty's Representative at Santiago was instructed on the 28th July to include the claim of Dr. M'Lean's relatives among those already presented by him to the Chilian Government. He has also been instructed to call the attention of the Chilian Government to the injustice which the continued delay is causing to the numerous claimants, and to urge upon them the necessity for taking such steps as will ensure a settlement of these claims within a reasonable time.

THE SONS OF ARMY MEDICAL OFFICERS.

Dr. LYONS asked the Secretary of State for War if, under existing regulations, the sons of medical officers of the army were ineligible for nomination to honorary Queen's cadetships; and if he would take steps to remedy this inequality in the position of the Medical Department, which was felt as a slight to those who risk their lives in the service of the State.

Mr. CHILDERS, in reply, said—I have to remind the hon. member that the sons of medical officers are eligible for Queen's cadetships. The arrangements as to Queen's honorary cadetships are under consideration, but I can give no assurance that I can extend this system, which is a delicate one to alter.

Obituary.

GEORGE CRITCHETT, F.R.C.S.

It is with feelings of deep regret we place on record the death of one who had obtained a leading position among ophthalmologists, Mr. George Critchett. Our regret will, we know, be largely shared by all ranks of the profession, more especially, perhaps, by those who were reckoned amongst his immediate friends, and were they brought under the genial influence of his home, knew more of his kindness of heart, and his uprightness of character in every sense, for he lived in the esteem of those who had the special pleasure of his acquaintance. Mr. Critchett died on the morning of this day week, after a comparatively short illness, for his malady, cystitis, only assumed a serious aspect about a week or ten days before his death, and when those who were in attendance upon him were in a hopeful frame of mind as to his condition.

George Critchett was born at Highgate, in 1817, and having determined upon his future career, became the pupil

of Mr. Scott, then surgeon to the London Hospital. He was subsequently apprenticed to the Royal College of Surgeons, the fashion in his early days. After obtaining his diploma, he was appointed demonstrator of anatomy, and subsequently became assistant surgeon and lecturer on surgery at the London Hospital. About the same time he ardently devoted himself to ophthalmic surgery, and in due time became assistant surgeon to the Moorfields Hospital; subsequently he filled the post of surgeon and consulting surgeon to the hospital. In 1870 he was elected into the Council of the Royal College of Surgeons, his election, we believe, being almost the first instance of a specialist finding his way into that close corporate body. His reputation as an ophthalmic surgeon secured for him the vice-presidency of the several ophthalmological congresses which have been held abroad and in this country. He was also unanimously chosen a Vice-President of the Ophthalmological Section of the International Medical Congress of London, 1881, and filled, from time to time, the presidential chairs of the Hunterian and Clinical Societies, as well as of other societies. He was a corresponding Member of the Academy of Medicine, Brussels, of the Imperial Academy of Medicine, Rio de Janeiro, &c. His earnestness as an active member of the Clinical, Medico-Chirurgical, Ophthalmological, and some other societies, is too well known to need recapitulating. Among his various contributions to the literature of the profession we may particularise—"A Course of Lectures on Diseases of the Eye," which appeared in the *Lancet*, 1854; a paper on the "Extraction of Cataract in Cases of Closed and Adherent Pupil," *Lancet*, 1856; "A New Method of Forming an Artificial Pupil by Tying the Iris;" a pamphlet "On the Operation for Strabismus by the Sub-conjunctival Method;" another, "On the Linear Extract of Cataract," a very valuable paper. He was, however, not given to book making, for he was pre-eminently an *operating surgeon*, and the skill and care which he brought to bear on all occasions, and in all cases, obtained for him the high reputation which he bore to the day of his death, for he may be said to have almost died in the prime of life.

At his funeral, which took place at Highgate Cemetery on Saturday last, a large concourse of people attended to pay the last mark of respect to his memory, amongst whom many prominent members of the profession were observed. The Baroness Burdett-Coutts sent her carriage, and also sent a beautiful wreath of flowers, which was placed on the coffin along with other wreaths and crowns which had been sent by other illustrious patients, relatives, and friends in "loving remembrance."

MR. W. WALL PEARCE, M.R.C.S., OF MEASHAM, ATHERSTONE.

A VENERABLE and much-esteemed member of the profession has just passed away in the person of Mr. W. Wall Pearce, of Measham. The deceased took his diploma at the College of Surgeons fifty-eight years ago, and at once settled down to general practice in the little town of Derbyshire, where he has just died of vesical calculus. It falls to the lot of but few to pass nearly sixty years of professional life in one neighbourhood, and he who is fortunate enough to attain thereto must indeed be a popular man in the midst of his surroundings. But the breath of scandal or depreciation of professional skill appears never to have reached Mr. Pearce, who died in his eighty-second year as he had lived, respected and honoured by all classes of the community. On the day of his funeral there was almost a suspension of business pursuits. His remains were followed by thousands, and at the grave in the old parish church-yard his coffin was completely buried in wreaths of flowers. This was no mere outburst of popular excitement, but one of affectionate regard for his person, and of intense admiration of the character of the man who had lived among them an honourable and blameless life for more than half a century, and to whose memory this was a last tribute.

Mr. Pearce had been a subscriber and an occasional contributor to this journal from the very first issue, now over forty-four years, and in his death we have lost a personal friend who ever had our admiration and respect.

Faculty of Physicians and Surgeons of Glasgow.—At the October meeting of the Examiners the following candidates

passed the necessary examinations and were admitted Licentiate of this Faculty:—

J. H. Blayney, Manchester.	A. M'Ansland, Glasgow.
A. Dickson, Glasgow.	A. L. Macphail, Glasgow.
W. Dunlop, Glasgow.	John Mathie, Glasgow.
J. Emblson, Messingham.	A. D. Nalmsith, M.D., Toronto.
W. Gibb, Glasgow.	N. N. Parakh, Bombay.
G. Hunter, Glasgow.	James Wilson, Glasgow.
E. Kaufmann, Michigan, U.S.	

Royal University of Ireland.—The following candidates obtained Honours at the autumn examinations in the Faculty of Medicine:—

M.D. DEGREE EXAMINATION.—First Class Honours: Chas. H. Wise. Second Class Honours: J. M'Murray, F. E. Adams.
M.B. DEGREE EXAMINATION.—Upper Pass Division: John Riordan.
SECOND EXAMINATION IN MEDICINE (EXHIBITIONS).—First Class, £40: Benjamin Hoeford. Second Class, £20: Thomas Grainger, John Kearney, R. B. Gorsuch. First Class Honours: James Chambers, Benjamin Hoeford. Second Class Honours: Thomas Grainger, John Kearney, R. B. Gorsuch, James Norwood.
FIRST EXAMINATION IN MEDICINE (EXHIBITIONS).—Second Class, £15: T. R. Leonard. First Class Honours: J. W. Wilson, T. D. Smith. Second Class Honours:—T. R. Leonard, W. B. M'Quitty.

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

CANTAB.—The possession of a medical degree conferred by a British or Colonial University is sufficient evidence of the fact, and will be so accepted by the College.

DR. CAREY.—We regret that the information is not at our disposal. The conditions under which we obtained possession of it forbid any further use being made of it at present. When we are favoured with permission to announce the matter publicly you shall be apprised of the fact.

R. S. T.—The case was an ordinary one of globus hystericus. The treatment was scarcely suited to the patient; but this fact does not explain the course subsequently pursued by your coadjutor. We should prefer to receive his account of the matter before giving a definite opinion on the subject.

A GRAND OLD MAN mistakes the nature of the *Medical Press and Circular*; his communication is entirely unfitted for publication in our columns. We do not undertake to return M's. forwarded to us, and particularly is this rule observed in those cases where stamps for this purpose are not sent by correspondents.

MR. SMYTHERS.—The custom has hitherto been invariably observed; but this year it seems to be doubtful whether any will be found to desire its continuance. On the last occasion much disagreeable confusion was created by the action of a few recently-elected members, who displayed an amount of bad taste difficult to excuse.

MR. WHITEHEAD.—The case you refer to was under the care of Dr. Thomson, at the Glasgow Ophthalmic Institution. It will be found in our issue for Oct. 11th, 1882.

EGYPTUS.—Your letter is unavoidably held over.

MR. ENSOR (Manchester).—We have known cases in which the inhalation of sulphuretted hydrogen has given rise to serious consequences. Yet certain analysts who use the gas commonly in their laboratories have stated that they have never been inconvenienced beyond the filthy smell which accompanies it.

MR. T. S. P. (Berwick).—The lines were, we believe, written by Brough, and referred particularly to King and Rowney, the opponents of Eozoon Canadense.

M.D., GLASGOW.—In our experience we have never met with a case of hair turning white instantaneously from fear, although we have often heard it asserted. We do not dispute the possibility of this in cases of sudden fright or grave mental anxiety; but its occurrence is certainly not common.

MR. WILSON (Edinburgh).—1. A new edition of Quain's Anatomy is just published. 2. You cannot do better than get the Surgery which has been recommended to you. It is not so well known as its merits deserve; this is probably owing to the fact that its author is not attached to any of the large medical schools. 3. Yes; you cannot take up a more practical guide for the laboratory.

CHEMIST.—You should apply for the information to the Secretary of the Pharmaceutical Society.

A SUBURBAN PRACTITIONER.—The card is unusual, but we see no great harm in it.

DR. JAMES.—Place no reliance on advertised "patent" remedies. The following is a prescription highly recommended for removing corns by Mr. Gerou in the (Canadian) *Medical and Surgical Reporter*:—

R Acid. salicylic, gr. xxx.;
Ext. canab. indic., gr. v;
Colloidi, f. 3ss.

This is painted on the corn with a camel's hair brush, and immediately dries, the corn coming away in four or five days. It must be repeated if necessary. No protection is necessary between the foot and the sock.

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This evening (Wednesday), at 7.30 o'clock, Council Meeting.—8 o'clock, Dr. Stephen Mackenzie: 1. "On a Case of Hemianopsia with Hemiplegia;" 2. "On Paroxysmal Hemoglobinuria."—Dr. Coxwell, "On Demonstration of Reflexes in a Case of Hemiplegia."

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8 o'clock, Mr. T. B. Rossiter, "On Observations on Stephanoceros."—Dr. Maddox, "On some Organisms found in the Excrement of the Goat and the Goose."

CLINICAL SOCIETY OF LONDON.—Friday, Nov. 10th, at 8.30 p.m. Mr. Gelding Bird, "On a Case of Removal of the Uterus for Fibroid Disease" (specimen shown).—Mr. Clutton, "On a Case of Spina Bida."—Mr. C. Heath, "On a Case of Separation of the Epiphyses of the Clavicle by Muscular Action." Dr. Goodhart, "On Six Cases of Diphtheria treated by the Local Application of Borax or Boracic Acid."—Mr. Golding Bird will exhibit a Case of Transpellear Excision of the Knee.

HARVEIAN SOCIETY OF LONDON.—Thursday, Nov. 16th, at 8.30 p.m. the Report of the Alcohol Committee.—Dr. Francis, "On the Treatment of Neuralgia."

Vacancies.

Ayrshire District Asylum.—Assistant Medical Superintendent. Salary to commence at the rate of £80, with board and lodging. Applications to be lodged with the Clerk to the Board, County Buildings, Ayr, by Nov. 22nd.

Bradford Fever Hospital.—Resident Medical Superintendent. Salary, £150, with board, &c. Applications to be made to Mr. C. V. Woodcock, Albany Buildings, Bradford, on or before Nov. 31st.

Cane Hill Asylum, Surrey.—Medical Superintendent. The salary and emoluments will be £700, with unfurnished house, &c. Applications to be sent to the Clerk to the Committee of Visitors not later than Nov. 30th.

Callan Union, Mullinahone Dispensary.—Medical Officer. Salary, £90, and £20 as Medical Officer of Health. Election, Nov. 10th. Wandsworth and Clapham Union.—Assistant Medical Officer and Dispenser. Salary, £120, with apartments, &c. Applications to be sent to the Clerk on or before Nov. 11th.

Appointments.

BEITH, R., M.B., Resident Assistant Medical Officer to the Western Infirmary, Glasgow.

CRESS, F. R., M.B. Lond., F.R.C.S., Surgeon to the Bristol Eye Hospital.

DUNLOP, H. M., M.B., C.M., Resident Physician to the Sick Children's Hospital, Edinburgh.

GOFF, J., M.B., Resident Assistant Surgical Officer to the Western Infirmary, Glasgow.

HARDIE, J., M.D., L.R.C.S. Ed., Honorary Surgeon to the Manchester Royal Infirmary.

MACLEHOSE, N. M., M.B., Resident Assistant Surgical Officer to the Western Infirmary, Glasgow.

MARSHALL, J. N., M.B., Resident Assistant Medical Officer to the Western Infirmary, Glasgow.

RAMSAY, A. M., M.B., Resident Assistant Medical Officer to the Western Infirmary, Glasgow.

STEWART, R. S., Resident Assistant Surgical Officer to the Western Infirmary, Glasgow.

STUART, E. O., L.R.C.P., L.R.C.S. Ed., Assistant Medical Officer to the Infirmary of the Salford Union.

WOOD, A. J., M.B., Resident Assistant Surgical Officer to the Western Infirmary, Glasgow.

Births.

ADRIEN.—Oct. 31st, at Balbriggan, the wife of Dr. E. N. Adrien, of a son.

MACKENZIE.—Nov. 1st, at 26 Finsbury Square, the wife of Stephen Mackenzie, M.D., F.R.C.P., of a daughter.

PERKINS.—Nov. 5th, at 2 Rolle Villas, Exmouth, the wife of George S. Perkins, M.B. Edin., L.R.C.P. Lond., of a son.

POIGNAND.—Nov. 2nd, at 234 Upper Street, Islington, the wife of Malcolm Poignand, M.D., of a son.

TURNER.—Nov. 1st, at 430 Camden Road, London, the wife of T. B. Turner, M.B.C.P., of a daughter.

WALLACE.—Nov. 3rd, at Oclechaston, Yorkshire, the wife of Edward J. Wallace, M.D., of a son.

Marriages.

O'CONNOR—JORDAN.—Nov. 2nd, at the Pro-Cathedral, Dublin, George A. O'Connor, L.R.C.S. & F. Edin., to Annie Mary, eldest daughter of Patrick Jordan, Esq., of Belmullet.

WEBB—HUNTING.—Nov. 2nd, at Jesmond Church, Newcastle-upon-Tyne, Henry Pelham Webb, M.B., of Lavender Hill, S.W., to Fannie, daughter of Charles Hunting, of South Hetton, Durham.

Deaths.

KITCHENER.—Oct. 19th, at King Street, Bath, suddenly, Thomas Kitchener, M.D., aged 50.

HOOD.—Nov. 8rd, at Watford, Edith, the wife of Peter Hood, M.D., of 23 Lower Seymour Street, London.

LEFEVRE.—Oct. 30, at Fortman Square, London, Anastasia, widow of H. Belfield Lefevre, M.D., late of Paris and Exeter, aged 63.

REID.—Oct. 23rd, at Newbiggin-by-the-Sea, John Campbell Reid, M.D. Glas., aged 67.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 15, 1882.

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Original Communications.

ON SOME IMPLICATIONS OF DISSOLUTION OF THE NERVOUS SYSTEM.

By J. HUGHLINGS-JACKSON, M.D., F.R.C.P., F.R.S.,
Physician to the London Hospital, and to the National Hospital for the Epileptic and Paralysed.

I HAVE many times urged that we are much helped in our scientific studies of diseases of the nervous system by considering them as examples of Dissolution, using this term as Spencer does, for the reverse of Evolution. To those who accept the doctrine of Evolution it will readily be granted that this way of regarding nervous, and, indeed, all other diseases, is now-a-days imperative.

I have, in a recent paper in this journal (1881), spoken briefly of the hierarchy of the nervous centres according to the doctrine of Evolution. Three orders of centres were indicated—highest, lower, and lowest. I should now say highest, middle, and lowest centres—a mere change in the name of one of them. This order need not be re-stated. (a) I wish here to consider together very briefly several things which Dissolution implies. I have in other papers illustrated them by cases of disease, but I think it will be convenient to state them in chief measure diagrammatically

(a) I may mention the hypotheses that Progressive Muscular Atrophy is owing to wasting of cells of lowest motor centres; that Paralysis Agitans is owing to wasting of cells in the middle motor centres; and that the General Paralysis of Allenists is owing to wasting of cells of the highest motor centres. In each case it is supposed that the cells waste in the order from smallest towards largest.

by aid of entirely artificial illustrations. (b) The reader is asked to bear in mind that illustration, not proof, is attempted in this paper. He is asked, indeed, not to accept any part of what may be inferred until he has convinced himself that the *principles* illustrated apply to actual cases of disease.

The subjoined series of statements may seem to be about very different things, but each is really only on a different aspect of one thing—Dissolution.

It must be understood that this is a purely materialistic study. All centres are supposed to be sensori-motor—the highest as certainly as any lower. In a word, the nervous system is to be thought of as a sensori-motor machine. That states of consciousness attend activities of parts of this mechanism is perfectly true, but that does not concern us in this limited exposition, except now and then indirectly. As our purpose is simply to illustrate, we speak of centres as if they were motor only, and we ignore the cerebellar system.

(1). Nervous centres represent movements, not muscles. From negative lesions of motor centres there is not paralysis of muscles, but loss of movements. Convulsion from excessive discharge of motor centres is to be looked on as the strong development of many movements at once, or, rather, as a contention of many movements.

(2). There is no Localisation in the sense that every part of a centre represents an external muscular region in the same way as all other parts of the centre do. There is,

(b) The terms "centre" and "muscular region" are used very arbitrarily in the following exposition.

to illustrate, no cerebral centre every part of which represents the arm and the leg equally.

(3). There is no Localisation in the sense that each part of a centre, or any centre, represents exclusively any limited region. To illustrate, there is no cerebral centre for the arm only, nor is there one for the leg only.

(4). Each part of a centre represents the whole of a muscular region, and each part of it represents the whole region differently. Thus, in an hypothetical centre representing the face, arm, and leg, each of, say, three parts of it, represents the face, arm, and leg, but in one part the face is most represented, in another the arm, and in another the leg.

(5). The higher the centre the more numerous, different, and more complex, and more special movements it represents, and the wider the region it represents—Evolution. The highest centres represent innumerable, most complex, and most special movements of the whole organism, and in accord with No. 4 each unit of them represents the whole organism differently. In consequence, the higher the centre the more numerous, different, complex, and special movements of a wider region are lost from a negative lesion of equal volume—Dissolution.

(6). It is an obvious corollary from the preceding that the higher the centre, whilst the wider spread the paralysis the less in degree is it in any one part from a negative lesion of equal volume.

(7). There is Compensation, never absolute, in cases of partial destructive lesions of centres.

(8). From increasing extent of negative lesions paralysis increases in compound degree. There is more paralysis of the parts first affected, and there is greater range of paralysis.

(9). From increasing discharges of centres the spasm spreads in compound order. There is more spasm of the parts first involved, and greater range of spasm.

(10). We have, however, to consider not only the extent of the destruction, but the rapidity of the destruction—the “gravity” of negative lesions. The more rapid the destruction of part of a centre, the wider spread is the paralysis, some of which is temporary.

(11). We have in the case of “discharging lesions” to consider not only the quantity of energy liberated, but the rate of its liberation. The more rapid the discharge of part of a centre the wider is the range of spasm attained, and the sooner over is the convulsion. (a)

(12). The higher the centre the more “intense” are the paroxysms on excessive discharges beginning in part of it (the more quickly does the spasm spread and the sooner the convulsion is over).

(13). After sudden excessive discharges there is tem-

porary exhaustion of the nerve fibres concerned during the paroxysm and consequent temporary paralysis.

(14). When there is discharge of part of a higher centre giving rise to currents not strong enough to overcome the resistance of the next lower centre, the currents spread more widely in (“are boxed up in”) the higher centre.

(15). The higher nervous arrangements inhibit (or control) their lower, and thus, when the higher are suddenly rendered functionless, the lower rise in activity.

We now illustrate the foregoing dicta by an artificial scheme. We speak of but one centre for a time; some of the dicta will require consideration of a hierarchy of centres. We speak of a centre, and of a region represented by it. The region has, we shall suppose, only three muscles, each of which is different in size, shape, and has different attachments from the others. We suppose the centre to represent seven different movements, in every one of which all the three muscles serve, but that in each of the seven movements the three muscles serve differently. We symbolise this in the subjoined expression of seven terms from $x^{21} y^3 z$ to $x^7 y z$. (b)

Each muscle is a bundle of muscoli, each musculus is made up of a great number of muscular fibres. Thus, when we speak of representation of muscles, as a movement, it is understood that some elements of muscles may be alone represented. We shall in the illustration, for the most part, use the term muscle. We shall symbolise the muscles represented by the capital letters X, Y and Z; we continue to symbolise the nervous arrangements, representing movements of them by x , y and z . There are terms in the centre in which the muscle X is much represented, and Y and Z slightly; there are terms in which Y is represented much, and X and Z slightly; similarly for Z. But each term represents some elements of every one of the three muscles. No two terms represent X, Y and Z in the same way. There are seven different movements in each one of which X Y and Z serve differently. In the expression as a whole, X is supposed to be most, Y less, and Z least represented.

Thus, our hypothetical centre does not represent three muscles, but seven movements, or we may say it represents muscles which have yielded their individuality into seven different movements. (c)

Hence it follows that we have not paralysis of muscles, but loss of movements from destruction of terms. Destruction of any one term produces loss of some one movement of the whole external region, does not paralyse a single muscle. Destruction of no term produces loss of the same movement as destruction of any other does. What appears to be perfect paralysis of the region is destruction of all or of most of the terms. Discharge of any one term would develop a particular movement. Discharge of no term produces just the same movement as of any other. Excessive discharge of all or of many of

(a) Once for all let me say that I neither deny nor affirm that nervous discharges and nerve currents are either more rapid or less rapid in any case of disease than in health, as some expressions used in these pages, if literally taken, may seem to imply. A rapid discharge is supposed to be a great number of cells discharging at once—a great quantity of motion in a short time; similarly for nerve currents.

(b) (1) $x^{21} y^3 z$ + (2) $x^{14} y^3 z^2$ + (3) $y^{15} z^2 x^4$ + (4)

(c) To avoid circumlocution we speak of destruction or discharge of a term when strictly we should speak of destruction or discharge of the nervous arrangement symbolised by the term.
 $y^{14} x^6 z^1 + (5) z^{15} y^3 x^2 + (6) x^{14} y^3 z^2 + (7) y^{15} z^2 x^4$

the terms simultaneously produces severe convulsion, for convulsion is nothing other than the sum of the contentions of different movements; to call it spasm of muscles is misleading.

We must bear well in mind that on destruction of one or more terms, the other terms remain; this seems to be a barren truism. (a) But the "muscles" are said to be "weak" when part of a motor centre, representing a muscular region, is destroyed. It is scarcely vividly recognised that this means absolute loss of some movements of the whole of a region, and persistence of other movements of the whole of that region. The condition of things in what is called partial, or better, imperfect, paralysis is duplex, negative, and positive.

Now for the increase of paralysis from increasing extent of negative lesions. The index represents the degree with which each muscle is represented in each movement. Thus, in the first term ($x^1 y^3 z^1$), X is represented twenty-one times more (by twenty-one times more fibres and cells) than Z is, but X is nevertheless represented more or less in every other term; in the last, the seventh, very slightly, where Z has most representation ($x^1 y^1 z^7$).

The progress of paralysis from increasing up to total destruction of the centre thus symbolised is not $x^{23} + y^{23} + z^{23}$; it is not that the muscle X is perfectly paralysed, after that the muscle Y perfectly and finally, Z perfectly. Indeed, there is no such paralysis from increasing central lesions. There is gradual loss of movement after movement each of which is a different movement of the whole muscular region represented. There "appears" a gradual loss of power over the muscles and in a certain sense there is. Let me explain further.

When the first term ($x^1 y^3 z$) is destroyed, there appears to be decided paralysis of the muscle X, but really there is only loss of a movement in which that muscle serves more largely than it does in any other of the seven movements—of one in which, however, Y serves but yet slightly, and Z also but very slightly, so that the muscles Y and Z do not appear to be appreciably paralysed. When the next term is also destroyed, there appears to be still more paralysis of the muscle X, for now thirty-five X's are lost and there now appears to be some decided, and yet slight paralysis, of the muscle Y, for five Y's are lost; there appears as yet only a trace of paralysis of Z. In reality there is loss of two movements in each of which the muscles X Y and Z serve, but in greatly different proportions. The loss is now $x^{35} y^5 z^2$.

Thus we see illustrated that from increasing extent of negative lesions of centres paralysis increases in compound order—more paralysis and greater range of paralysis, or paralysis becoming decided over a greater range. (b)

(a) It would cease to appear a truism were we considering actual cases of disease. For then we should see that the order of loss of movements upon destruction of centres is in the order from the loss of the most voluntary towards the most automatic, or more correctly speaking, from the least towards the most automatic.

(b) Thus from a lesion of the corpus striatum we have paralysis of

At length comes a time, say four terms are destroyed, when X appears to be almost perfectly paralysed, forty-eight x's being lost; there are then not enough x's (only six) in the terms which are left to move that muscle only one-fourth of the normal; by that time Y appears to be very much paralysed, only one-half the Y's remaining. It is scarcely necessary to carry the symbolisation further for our present purpose.

Of course the destruction might begin in any part of the centre, say at the other end of the expression; then the muscle Z would appear to be most paralysed at first; the paralysis spreads in a compound order of another variety. There are cases of hemiplegia in which the arm suffers more than the leg, and cases in which the leg suffers more than the arm; in most cases of the latter the upper part of the arms suffer more than the lower part; in this variety of hemiplegia, when on the right side, there is very little attendant affection of speech or articulation. (a)

No doubt, as already implied, a part becomes "paralysed to the will," as the popular expression is, when all the terms representing that part are not destroyed. Let us here, leaving for a moment our artificial illustration, suppose there to be lesion of a plexus just below the middle centres, a case of hemiplegia from lesion of the internal capsule. And let us suppose that the arm, to which region we limit the illustration, is absolutely immobile; it does not follow that the whole of the internal capsule is destroyed. "Paralysis of the arm to the will" in such a case is only a crude popular way of expressing that the muscular region is cut off from the influence of the highest centres; the highest centres are intact, but (through the middle centres) cannot "get at" the region, or else not in sufficient degree to move it, because there is a gap on the way. We must remember, in the first place, that it requires liberation of a sufficient quantity of energy in a certain time to move anything. In the kind of case we are dealing with there is no reason to suppose that a normal liberation of energy by the highest centres does not occur. If we say the patient can try to move the paralysed limb we admit this, for there is no abstract faculty of trying. When he "tries" there is liberation of energy by his highest centres. That liberation is ineffective because in the plexus injured, although some fibres may remain, they are not numerous

the face, arm, and leg, that is, loss of so many movements of those parts; from a more extensive lesion of this organ there is more paralysis of those parts, loss of still more movements of the face, arm, and leg, and in addition loss of movements for turning the head and eyes to the side on which the limbs are paralysed.

(a) It may be well to give a simpler illustration, and even more roughly. In Duchenne's Glosso-labio-palatal paralysis there is ultimately paralysis of the tongue, lips, and palate, as well as of other parts which in this illustration we shall ignore. The progress is not that the tongue is completely paralysed and so on, is it not to symbolise, $T^3 + L^3 + P^3$ it is $T + T^2 L + T^3 L^2 P$ &c. The tongue is slightly paralysed, then it is more paralysed, and at the same time the lips slightly, &c.

enough to "carry currents" sufficiently forcible to move the external part. We see, however, that in some such cases parts perfectly "paralysed to the will" become subject to severe convulsion. This means that although normal, healthy discharges of the highest or middle centres cannot move them, excessive discharges of the highest or middle centres can, and do. In the convulsion the discharges are hypernormal, excessive, and a sufficient quantity of energy is liberated suddenly and rapidly enough to compel development of many movements of the limb in spite of the fact that but few paths for the currents remain.

The just-instanced facts are important with reference to several aspects of Dissolution. It is important to note that a region may be perfectly paralysed *throughout* and yet be occasionally convulsed *throughout*. This double fact is in entire harmony with the method of representation, and with the hypothesis of localisation propounded in this article. For, as we said before, on destruction of some terms of the centre some movements of the *whole* of the region are lost, but at the same time some movements of the *whole* of the region remain. So we see the explanation of the superficial paradox that an arm absolutely immovable *throughout* by "efforts of volition," that is by normal discharges beginning in the highest centres, is nevertheless convulsed *throughout* by excessive discharges of those or of the middle centres. Convulsion, we repeat, is a development of many movements at once; in the case we are now dealing with the development is of course of the movements that remain, but each of them is a movement, although a different one, of the whole arm. Such cases are in complete harmony with the principle of Compensation.

Method of Representation and Localisation are only different names for one thing. The foregoing statements imply that I am not what has been called a Universaliser. (a) I have never believed that in any centre, in either the narrowest or widest sense of that expression, external parts are represented uniformly through it. The universaliser's representation would be symbolised by terms representing X Y and Z , such as $x^{21} y^{11} z^0 + x^{21} y^{11} z^0 + x^{21} y^{11} z^0$, &c.—that, in some centres at least, external parts are represented, say the movements of the face, arm, and leg, uniformly. Such can scarcely be called localisation at all. If every unit of a centre represents the external muscular region in the same way, where is there any basis for the representation of the *different* movements of the muscular region as a whole which plainly occur? It is plain enough that a man can make many different movements in each of which the whole of the muscles of the arm are differently concerned. If a centre of the constitution the universalist supposes were to discharge excessively part after part, there would be no sequence of convulsion, as there really is from excessive discharges of centres; there would only be gradual intensification of the same spasm. It may be said, however, that the discharge spreads from one centre representing a region alike in every part to another centre representing another region in the same way. This is a hardy hypothesis for the explanation of convulsions seemingly beginning in the forefinger and by gradual and highly compound sequence becoming universal.

Nor am I a Localiser. The Localiser's symbolisation would be $x^{24} + y^{24} + z^{20}$. On his view there is a centre for, let us instance, the movements of the face only, one for those of the arm only, and one for those of the leg only. This seems to me to ignore that there is in healthy operations co-operation of movements of different regions. If such centres were to discharge we should have complete convulsion of one limb and then of another completely, whereas we have an intricate compound sequence of convulsion. Thus, in comparatively slight epileptiform convulsion we have—to describe it very roughly—spasm of the forearm, then more spasm of that and spasm of the face also, then more spasm of these two

and spasm of the leg also. This sequence may, however, on the localiser's view, be accounted for by centre after centre becoming gradually engaged, a second centre being engaged before the discharge of the first is over. In any case, the question is not to be narrowed to the evidence supplied by convulsive seizures. Any view of localisation has to be tested not only by the phenomena of these, but also by the order of spreading of paralysis from local destructive lesions, and by the facts of recovery from paralysis when the destructive lesion is not repaired, (compensation), and by other facts stated and to be stated.

The reader must remember that I am giving but a sketch of a very complex subject. Let us return to a case of hemiplegia in which there is in addition to the paralysis of the face, arm, and leg, loss of movements for turning both eyes and the head to one side. In most cases the patient comes in a few hours or days to be able to move his head and eyes seemingly as well as ever. I believe that the patient, although he so far recovers, has lost for ever some movements for turning his eyes and head to one side, but that there are enough of those movements left for these turnings. It is from the *sudden* loss of some of the movements indicated that he had the deviations. I believe indeed that in a case of hemiplegia when there are no such deviations there is nevertheless a loss of some of the movements mentioned, but of so few that there is no obvious inability. Nay, indeed, I think there to be in a case of hemiplegia loss of some movements of the whole of the body, and that the parts "not paralysed" are movable by other remaining, intact, nervous arrangements. There are two reasons why a region escapes paralysis from partial lesions of a centre. Besides the obvious one that the region is not represented at all in the centre there is the other reason that it is very much represented in it—in every part of it. Suppose a centre to represent one hundred different movements of a muscular region, and that one-twentieth of the centre is annihilated, ninety-five movements of the muscular region remain, and thus the paralysis would be, practically, none.

My symbolisation is that each of the seven terms represents X Y and Z ; so far I agree with the universaliser; but then I go on to add that each term represents different combinations of X Y and Z ; so far I agree with the localiser. Thus I repeat I am neither a universaliser nor a localiser. (a) In speaking of the corpus striatum as a mass of little corpora striata, each of which represents the arm (limiting the illustration to that limb) as a whole, each a movement of the whole arm, I have added that each represents a *different* movement of the whole arm. It may perhaps be said that if the representation were of movements of the whole arm we could not make a movement limited to the forefinger. This is taking the statements which are only made for rough illustration literally. We could illustrate nothing did we not make artificial separations. We must, for any degree of clearness of exposition, begin by arbitrarily assuming a region to be separate. Besides, in moving the forefinger the whole arm must be kept in some attitude. Further, a nervous arrangement for the whole arm may discharge so slightly as to produce slight movement of a part of a muscular region the whole of which it represents without being able to appreciably stir other parts of that region.

(To be continued.)

(a) In consequence I have been attacked as a Universaliser and also as a Localiser. But I do not remember that the view I really hold as to localisation has ever been referred to. If it is, it will very likely be supposed to be a fusion of, or compromise betwixt, recent doctrines. I stated it plainly many years ago, so that it is independent of any recent doctrines on localisation. Indeed, as I say in an article (*Medical Times and Gazette* December 21, 1867) on *Disorderly Movements of Chorea and Convulsion, and on Localisation*, I derived it from Herbert Spencer. If any one should by chance take the trouble to refer to that article he is asked to remember that it was written fifteen years ago, and to note that the word "movement" is there used less precisely than I now use it, and further that I did not then so carefully distinguish betwixt the psychical and the physical as I now try to do.

(a) I here refer, to avoid side issues, to the cerebral centres only.

ON SOME RESULTS OF ANTISEPTIC SURGERY. (a)

By WILLIAM THOMSON, M.A., F.R.C.S.I.,
Surgeon to the Richmond Hospital, Dublin.

CLEANLINESS in surgery is a phrase which has been much heard of during late years; and it is one which has a meaning somewhat different from that which belongs to it among the laity. We do not mean by it only palpable concrete dirt, dusty floors, and filthy dressings; but we mean by it also the dirt which is impalpable, the dirt which clings about wards in the shape of viewless contagion, and which is not less dirt, and danger, too, because we do not see it with our eyes. But we can see its effects if we place an open wound near a patient suffering from erysipelas, for that wound will most likely be attacked by the contagion; or we may see it in an outbreak of the same disease in a ward in which a person so affected has been lying. This tendency to the contamination of large hospitals where surgical cases have been under treatment, impregnating the walls and floor and furniture with the exhalations from foetid wounds, was made the subject of some very able observations by the late Sir James Simpson. And although his conclusions have not been universally accepted, there can be no doubt at all events that the principles upon which he set out are not to be controverted. Wards do become surgically filthy, although very often they are apparently clean; and, as in some magnificent mansion we occasionally see an outbreak of typhoid fever due to an untrapped and unventilated drain, so we may have in apparently safe hospitals the seeds of the most pestilent of surgical plagues.

A comparison of the death-rate in large hospitals and in small, in other words, in metropolitan and in country hospitals, showed that the country had much the best of it as to results. Thus, of 2,089 amputations in hospital practice, 855 died; and of 2,098 in country practice, 226 died; giving an excess to hospital practice of 629 deaths. To put it in another form, in metropolitan hospitals containing from 300 to 500 beds, 1 in 2·4 died; in provincial hospitals containing from 201 to 300 beds, 1 in 3·5 died; in provincial hospitals containing 25 beds, 1 in 7·1 died; and in British private practice 1 in 9·2 died.

But even the worst of the London statistics showed favourably when compared with those of Parisian hospitals. Malgaigne and Trélat collected figures which showed that of 1,656 cases of amputation, nearly 1 in 2 died. In 1861 in Paris 64 out of 81 died, or 1 in 1·2, while the London results showed 1 in 2½.

It will be seen, therefore, that the skill and experience of surgeons distinguished among the best of their profession were of no avail to bring down the death-rate to a level with that of the country; and it was charged that there was in the air of hospitals where large numbers of patients are brought together, a pernicious something which slew its victims in hundreds. But so far as that was true as accounting for the appalling discrepancy, it was not the whole truth. It only proved that town air is less healthy than country air; that it is less contaminated with smoke and organic particles in a state of decomposition, a condition which one can hardly hope to see removed so long as we have crowded manufacturing centres.

But as I have said, it was only partly true, for there also came in to disturb the equality of statistics the very elements to which I have asked your attention—the physically degrading influences which, paradoxical as it may seem, attend our highest developments of civilization. The crowded courts of London were the sources from which came forth the subjects for operative surgery. They had none of the robustness and vigorous life of their country fellows, and what little stamina they inherited from tainted parents, was often still further reduced by wilful vicious living, and the ceaseless struggle for bread.

But even with all these safeguards of which I have spoken, in the best class of metropolitan hospitals the rate of mortality has not been so much reduced as you might expect—except under new conditions of which I shall have more to say. Other influences than those which could be negated by any degree of care in the selection and preparation of cases were evidently in operation, and had to be dealt with.

In the 15 years from 1860 to 1874 Guy's Hospital shows 35·4 per cent. in 361 amputations; St. George's 31·6 in 342; and in a group of 11,427 amputations collected from French, American, German, and English hospitals the death-rate is 35 per cent. Thus it is clear that the average death-rate was something like 1 in 3—and this under the best available conditions of treating wounds under the old method—high-class surgery, properly-directed nursing, and the best system of ventilation.

It was such disappointments as these, when it seemed that everything possible had been done, that urged to still further investigation and experiment, and if we turn to the more recent developments of what is understood as antiseptic surgery, as taught by Lister, we shall find a very great change indeed. It is to the distinguished labours of that great man and benefactor of humanity that we owe what safety we now enjoy in operative surgery. He showed that in wound-fluids undergoing putrefaction there are present certain organisms or germs, indefinite in structure but definite in outline, to be easily recognised by aid of the microscope. He proved, as I think indisputably, that if we could exclude these germs or destroy their vitality, when we make an incision into soft parts, and afterwards prevent their access by means of a dressing so prepared that all air passing through it must have its contained organisms killed, we should keep the wound aseptic, or unpoisoned, and thus reduce it to the state of a subcutaneous one. The best illustration of such a wound is presented in a case of fracture in which no lesion of the skin has taken place. Here there is a laceration of the soft tissues, but there is usually no suppuration, and the injury so inflicted proceeds to cure at all events without suppuration.

I am not about to enter into a description of that method, or to discuss its principles. They are well known to all the surgeons and physicians here. They are being constantly illustrated in this theatre, and in our wards; and Mr. Stokes, in addresses from this place, and more recently in his brilliant oration at Worcester, has upheld the banner of antiseptic surgery in a manner which made all who heard him proud of our School of Irish Surgery and proud of this hospital.

But as I have troubled you with figures to indicate the results which followed the best of what may be called septic surgery, or the old method, I must ask your attention to a few more, as showing what the new system is capable of. We have seen what the most careful treatment of wounds on the ordinary plan could do, backed up by all the knowledge Medicine has given us as to the selection and preparation of patients, and the general improvement of their surroundings. We have seen that in spite of all these the death-rate has remained at a height which, as Sir James Simpson observed, gave a man on the operating-table a less chance of life than if he had been on the field of Waterloo.

I will take some German hospitals first; and I do so because in these the mortality was at one time of an

(a) Abstract of Introductory Lecture, delivered November 2 1882.

appalling character. None of the ordinary principles of sanitation were thoroughly carried out; and as a consequence they were far behind the hospitals of this country, in which great attention has long been paid to these matters. But awakened by the noise of Lister's successes, the Germans tried his treatment, and it seemed to act like a magician's wand. In 1871, Volkmann, of Halle, for instance, found his deaths from blood-poisoning so numerous that he was about to close the Klinik altogether, when he determined to introduce Listerism. At that time he had lost 12 out of 16 compound fractures; since then he has published three years' experience in the treatment of these injuries, with the satisfactory result that of 75 cases not one died.

Schede, of Berlin, has collected 321 cases of amputation in German hospitals done antiseptically, with 14 deaths, or 4.36 per cent. Now of these 8 died on the day of operation from shock or hæmorrhage; and deducting these figures, as we do properly, because they do not affect this question of wound treatment, there was a death-rate of 1.9 per cent. only.

In 387 cases done under the old method, the death-rate was 28.42 per cent. In his own practice 96 amputations for injury showed a mortality of 5.2 per cent.; 138 for disease, 1.4 per cent.; or an average of 2.9 per cent.

Again, take the astounding results obtained by Bardenheuer, of Cologne, a city in which the sanitarian has ample scope for his labour. In 123 cases he had not a single death, and these operations comprised 41 amputations, with 17 of the thigh, 10 disarticulations—one of them at the hip-joint—53 resections, including 15 of the hip and 12 of the knee.

Or to take one of the English country hospitals—that of Cumberland—where the deaths used to be 25 per cent., and of these the deaths by pyæmia 42 per cent. In 1877 and 1878, in 49 amputations there were only 4 deaths—3 within 24 hours, and one from tetanus; but not one from any infective disease.

I could multiply proofs of the enormous diminution of death caused by the use of the antiseptic method of Lister, but it is unnecessary to go further than to say in corroboration of these figures that in this hospital we had in over 600 operations of all kinds in the past three years, a mortality of only 3.6 per cent. In these were included ovariectomies, disarticulations at the hip-joint, many resections of joints, and, indeed, most of the surgical procedures. In abdominal sections we have been signally successful, having lost only 1 out of 10 cases, which included 2 removals of the uterus and 8 ovarian tumours.

It has been said by some opponents of the Listerian method that these precautions are all very useful in an unclean atmosphere, but unnecessary in a pure one. Well, that is true; but who will provide us with a pure atmosphere? Theoretically it may exist, but practically in no hospital does it exist. In the air of every ward where there are suppurating wounds there are myriads of germs ready to take up their abode in the fluids of newly-made injuries, and to set up there the putrefactive action which leads to blood-poisoning. By what process, then, can this sequence of events be prevented, unless it be by one which will make these germs impotent as they fall, and prevent any from afterwards reaching the divided surfaces.

One would think at first sight that a system which had proved itself of such practical good, and had robbed operations of much of their terror, would be universally accepted. But as is always the case, any great change meets with opposition, and it has been so with the revolution worked by the Listerian method. There is always a residuum which clings to old ways because they are old, and who can give you hardly any better reason than that. They hate all innovation, fearing that they may be shaken in their old grooves, and they regard any one who speaks of change in our art as a sort of surgical Socialist. When they have nothing better to urge they use hard words. And we are not surprised to find that the author of this system has been badly pelted with sharp phrases by those

who would not accept his principles. He has been told that he has discovered nothing, that he has been a trader on other men's capital, and a user of other men's brains. But I am glad to say that the opposition which I have referred to is not more formidable in numbers than it is in reasoning, and that we may freely let it fondle the delusion that it will uproot what has been planted in such good surgical ground.

In Medicine we are familiar with a class of diseases that are called preventible, such as the different forms of infectious and contagious disorders. We know that where overcrowding, uncleanness, and poverty are co-existent there will be found the best breeding-place for typhus. And this knowledge directing our thoughts to the question of high rates of mortality, has shown that even in surgical wards there are preventible diseases. The conditions are the same, and in a certain sense also the results are alike. In operation cases under the old treatment the surgeon was always haunted with the dread of poisoning in the shape of pyæmia, or septicæmia, and we unhappily know what fatal troubles they are. Now if the Listerian principle be true in theory and in fact, and if the method devised be successfully carried out, this terrible enemy of the surgeon ought to be banished. Without Listerian precautions we know that at least one-half of the deaths are caused by some form of sepsis acting upon the blood. With these precautions, as we have seen, infectious diseases may be said to have been removed from the list of surgical affections.

These facts, however, have given occasion to Mr. Holmes, of London, to make a statement which cannot be passed over, particularly as Mr. Savory, of St. Bartholomew's Hospital, had previously implied that while the treatment was very useful for those dirty institutions, it was unnecessary in such an hospital as, for instance, his own. Mr. Holmes says: "Very exaggerated estimates have been formed of the difference which the introduction of antiseptic surgery is believed to have made in the treatment of ordinary cases. These estimates are mainly based on statistics published by foreign surgeons from hospitals where little attention seems to have been paid to hospital management, and where consequently pyæmia and erysipelas were allowed to prevail unchecked."

It is quite true that hospitals may become so impregnated with poison as to be dangerous to patients; but if in such places as these German sick-houses, pestiferous as they are said to have been, such marvellous success has been attained, what greater proof of the value of Listerism could be asked for? Mr. Savory makes the liberal admission that he regards a carbolic spray as better than a pestilential atmosphere. But who shall determine when the atmosphere is not pestilential, as regards an open wound. He admits that there are germs in the air so small as to be beyond the powers of the microscope. By what means is it made clear that the atmosphere coming in from London or other streets is pure, though all the sides of a ward be windows or the walls be burrowed with chimneys. Is it quite certain that this special ventilation will sweep away all the exhalations from other patients, and that the eddies caused by opposing currents of air will not carry troops of vigorous poison-germs upon the wound at the very time we deem the ward to be purest? May not the very "pestilential atmosphere" of which Mr. Savory speaks, however small in extent, be actually present at the wound surface, with great potency for mischief? If, then, it be impossible to determine this point, if we cannot know at what moment a tear may occur in the granulation tissue and expose the patient to risk, is it not reasonable, even on Mr. Savory's own showing, to adopt a method which gives us such security?

I have referred to Mr. Holmes' criticism upon German hospitals; and when we hear this cleaner-than-thou principle propounded, it is not unnatural that we should see how far a so-called pure English hospital differs from a dirty German one. I turn at once to the records of St. Bartholomew's, to which Mr. Savory belongs. And what do

we find there? Why, that in the eight years from 1874 to 1881 there were 236 cases of erysipelas, with 32 deaths, and 64 cases of pyæmia and septicæmia, of which 58 died, and only 6 were saved. Observe that these were not imported cases, for I have carefully excluded them. They all arose in the house, most of them after operation. Such are the results which have been attained by so-called modified antiseptics—which mean in practice none at all—in the largest and one of the best-equipped London hospitals, where, unfortunately, the treatment of wounds is not universally carried out according to Lister's teaching, but where washing with tepid water and Condy's fluid, and the application of a bread-and-water poultice to relieve tension, make up the greater part of this method. As a comparison with these figures, I may say that in this hospital a case of pyæmia is almost unknown under antiseptic precautions, and that in the past three years only one has occurred, in spite of our noxious surroundings.

A system which has changed the whole face of modern surgery—which has prompted and made possible the most daring enterprise—which has not only saved thousands of lives, but has enabled us to remove painful diseases by the knife, which otherwise must have been abandoned—this is not a system to be destroyed by the passive or active obstruction of those who are dawdlers on the road of progress. We do not say it is perfect; we do not bind ourselves to any special antiseptic agent; we do not think that finality has been reached by Listerism, as some assert we do; but we do say that, so far, it gives the best results—that so far it is an unhopèd-for good conferred upon suffering humanity.

Clinical Records.

A CASE OF MOVABLE KIDNEY.

By HENRY DAVY, M.B., M.Ch., Univ. Dub.

Medical Officer of Crumlin, and Tereure Dispensaries, co. Dublin.

On the 11th of September, 1882, I was consulted by a Mrs. P., a thin, delicate, anæmic woman, æt. 57, for "rheumatic pains." She is a widow, the mother of three delicate children, two of whom died in infancy. She is by occupation a ladies' companion, and has always lead an easy, somewhat sedentary life, her habits have been always temperate. She takes, however, wine or porter at her dinner. All Mrs. P.'s confinements have been natural and easy, and she never had a miscarriage, her monthly health has always been normal as to time and quantity. She never suffered from dysmenorrhœa. Menstruation has ceased for the last six years. About 26 years ago Mrs. P. remembers to have received a severe blow in the lower part of the right side of her chest from her husband, from which she suffered for about a week, but this did not prevent her following her usual domestic duties, nor was she under any medical treatment for it at that time. For the last ten years she has been troubled with rheumatic pains, which she attributes to sea bathing in cold weather, and remaining too long in the water. The pains first made their appearance in her hands and arms, but have now extended round her back and to the abdomen, the slightest change in the weather aggravates the pains, especially cold, wet, foggy seasons. She is naturally inclined to be chilly, and is obliged to wear a quantity of flannel to keep herself warm; she was never in the habit of lacing tightly; the slightest exertion puts her into a perspiration; she sleeps well at night, except when disturbed by the pains; her bowels are naturally constive, not moving for three or four days, unless she takes opening medicine. The tongue is covered with a whitish fur, and her breath smells strongly acid. Pulse 80, heart and respiratory sounds are normal.

Mrs. P. having complained of pain and soreness of her stomach at the time she consulted me; I was induced to make an examination of the abdomen in the recumbent position, and on passing my hand over it: I felt in the right hypochondriac region, a little below the ribs, a hard, smooth, oval tumour, dull on percussion, of the size, shape, and feel of the kidney, which can be pressed easily in the following directions, viz., downwards, where its lower margin can be felt two inches below the umbilicus; upwards, under the ribs, where it can

be made to almost disappear: into the epigastric region in the mesial line, and back into its own place in the right lumbar region. The left kidney appeared to be normally situated. The displaced kidney can be pressed with a very considerable degree of force, and handled rather roughly without giving rise to any pain, nausea, sickness, or any other uneasy sensation. On turning the patient on her hands and face for the purpose of examining the lumbar region, I observed that the ribs at the lower border of the thorax were visibly bent in, or flattened on the side of the displaced kidney, at the site where she received the blow from her husband. On percussing the lumbar region the percussion note is somewhat clearer on the right than the left side. Owing to the emaciated condition of the patient, the abdominal aorta can be seen, and felt to pulsate in the epigastric region. I observed also in the same region a hard immovable mass, about the size of the hand, extending from the ensiform cartilage, to near the umbilicus; (most probably due to malignant disease), and above this mass four or five loose bodies of irregular shape, varying in size from a half-penny to a crown piece, could be felt through the abdominal parietes which were easily moved about by pressure. The glands in both groins are enlarged, indurated, and painful when pressed, but there is no enlargement of the cervical or axillary glands.

Mrs. P. complained much of dragging, darting, shooting pains in the abdomen, and a feeling of constriction, or tightness as if a tight band was tied around her waist. She is not able to stand long, as it brings on a painful dragging sensation from her loins. She never remembers to have had an attack of renal colic. I found on examination her urine was of a pale straw colour, and strongly acid reaction, sp. gr. 1015, and free from albumen. She passed 20 to 24 ozs. in the day. The kidneys do not give her any inconvenience, and there is no difficulty on micturition. She is, however, sometimes troubled with flatulence, nausea, and vomiting.

About ten years ago when Mrs. P. first suffered from rheumatism she consulted Dr. Symes, of Kingstown, and on his examining the abdomen he also discovered she had a "loose or floating kidney," this was the first intimation Mrs. P. had that there was anything wrong with her kidney, which has remained the same size ever since, and she did not observe that it became enlarged, or painful at the menstrual periods.

The following treatment was adopted in this case:—

Having first reduced the kidney to its normal position in the lumbar region, I placed a broad flannel bandage round the waist; which I directed to be constantly worn, and underneath this a belladonna plaster. For the rheumatic pains I prescribed mixtures containing bicarbonate and iodide of potassium, with spirit ammon., aromatic and chloric ether, &c., under which treatment she was greatly relieved of her rheumatic troubles.

Dr. W. Roberts states that the mobility of the kidney is much more common in women than in men, and on the right than the left side. As to its causes, it may be induced by repeated and difficult labours, tight lacing, rapid emaciation in fat persons, a fall, or blow on the loins, jumping from a height, or succussion of the body, &c. He recommends the following treatment:—

"Having first reduced the kidney to its normal position, while the patient is in the recumbent position, apply a tight bandage, or belt, around the abdomen, and if the patient is suffering from anæmia; or any other disorder of the general health to rectify this by ferruginous tonics, shower baths, and to avoid fatiguing exercise, and regulate the bowels by aperient medicine."

Special.

ARMY HOSPITALS IN EGYPT IN 1801 AND 1882.

WHEN, in August, 1801, the Indian contingent of that day joined the British portion of the Egyptian expedition at Ghiza, the sick of the latter were being treated in a general hospital at that place—that is, in accordance with War Office regulations which then existed on the subject of those establishments. In the month of September a considerable part of the combined forces moved to Rosetta. Profiting by his experience in India, the principal medical officer on reaching that place provided separate regimental hospitals

for every corps. In consequence of the occurrence of plague among the troops at Rosetta, their encampment was moved to some distance from the infected locality—a measure, by the way, the credit of which has been unfairly appropriated by “advanced sanitarians,” as they love to call themselves, of the present day. Thatched regimental hospitals were erected for the troops on their new ground, and in those establishments it is on record that, “though in the middle of a desert, the sick soldier had a warm, comfortable, and well-ventilated apartment, and was liberally provided with everything conducive to his recovery.” As the men recovered they were sent to a convalescent camp at a convenient distance from the general camp. This arrangement necessitated the presence of a non-regimental—otherwise a “general”—hospital establishment, so that the “double system” of army hospital administration was worked well and effectually in Egypt in the first year of this century. In the month of November the army was encamped at El Hamed, their sick still accommodated in thatched buildings used as regimental hospitals. A good deal of illness prevailed in the forces at the time, but “the mortality bore but a small proportion to the sickness.” Subsequently, a portion of the army returned to Alexandria. Plague having severely broken out among the forces there, as also among those occupying Rosetta, Aboukir, and Ghiza, “infectious hospitals,” or lazarettos, were established at each of those places, this measure showing very clearly the workable and efficient nature of the medical arrangements of that period.

Eighty-one years elapse. In this long interval conditions, or organisation of army hospitals, have been changed, modified, and re-modelled to such a degree that absolutely nothing remains in them of the characters by which, at the date alluded to, and for more than half a century afterwards, they were distinguished. Then an expedition proceeds to Egypt. As on the former occasion, it consists in part of forces from England, and partly of our Indian contingent. As then, also, two kinds of hospital administration are in use; the one, that introduced by the War Office; the other by the Indian Government. The latter, although not precisely in its details the counterpart of that in force in 1801, is yet sufficiently near it to demonstrate how far it was and is suited to the requirements of an army in the field. And according to all the published accounts, excepting such as are official, nothing could exceed the efficiency with which that system did work. That the circumstance is passed over in silence in the published despatches is therefore a matter not readily to be accounted for. As regards the working of the hospitals organised (?) according to the War Office system, the accounts of that system and comments thereon which have appeared in the columns of the daily press bear ample evidence, even when those accounts are sifted of the palpable exaggerations, and in some instances proved misstatements, which they contain. Questions on the subject asked in Parliament, and the part of a Commission of Inquiry being appointed by a War Minister, indicate the measure of importance given to this matter. But as a point of fact no commission or inquiry will result in the slightest good, unless the entire “system” under which army hospitals under the War Office are now being “worked” in service be absolutely and completely swept away. To officers who had abundant experience of the Indian plan of army hospitals the fact was well known that the system, as a system, was as complete and perfect as anything could well be; that successive wars through three quarters of a century had led to this result; and that such details as were still imperfect in it could readily be improved. Let

the fact be borne in mind—and it is commended to the notice of the Commission now sitting—that the “system” which has recently so signally failed in Egypt is as nearly as possible the same as that which, having been found unworkable in India, was there abolished in the year 1798, and which, having broken down at the very commencement of the Peninsular War, was replaced by “the double system” of army medical administration in 1809.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 10, 1882.

The President, Professor LISTER, F.R.S., in the chair.

Mr. GOLDING BIRD narrated a case of

REMOVAL OF A FIBROID TUMOUR, WITH EXTIRPATION OF THE UTERUS, THAT HAD ENDED FATALLY.

The patient was 37 years of age, and had had the tumour for 3 years. Its increasing size, the pain and weight accompanying it, and the repeated and prolonged attacks of nausea with which it was accompanied, compelled her to seek surgical relief. The tumour—the size of the uterus at six months—grew from the anterior wall of the cervix, and lay between this and the bladder; to the latter it was intimately connected. The uterus itself was all but drawn out of the pelvis, and the ovaries, both cystic, could be felt through the abdominal parietes. Prior to the operation, however, they were thought bases of the tumour. The operation was fully described, and special mention was made of the use of an “apron” of “green carbolised protective,” well tucked in over the intestines when the abdomen had been opened, whereby they were easily kept out of the way and sheltered from the spray. The tumour had its peritoneal investment circumferentially divided where it was reflected on to the pelvic walls, or viscera, and it was then shelled out from its bed, the broad ligaments being previously divided. The union with the uterus was intimate, and had to be divided, while the fusion of the fibres of the tumour with those of the bladder rendered the separation very difficult. All bleeding was stopped with carbolised silk ligatures, and the edges of the peritoneum, where divided between rectum and bladder, at the completion of the operation, were united with a continuous suture. The uterus and ovaries were removed after the tumour, a pedicle being formed out of the cervix uteri; it was tied in four parts, as in Erichsen’s method of tying navi. Before the closure of the peritoneum, a rent in the bladder had to be carefully sewn up. A catheter was tied in. The general conduct of the case was that of an ovariectomy. For forty-eight hours all went well, and then severe vomiting set in, which eventually exhausted the patient, having continued till the fourth day, when she died. The post-mortem showed repair to have been perfect as far as it had gone. There was no evidence of the urine having passed beyond the bladder. There was no suppuration, and only slight pelvic peritonitis. There did not seem to be enough to account for the vomiting, and the author explained this symptom as depending upon some idiosyncrasy of the patient, inasmuch as, when she had typhoid fever ten years before, vomiting, severe enough to threaten life then, was the most prominent symptom. The specimens removed at the operation, and the parts reserved at the post-mortem, were exhibited.

Mr. KNOWSLEY THORNTON inquired what the pulse rate of the patient was, as it would have an important bearing on the case. He imagined that death was not unusually caused by vomiting for which no apparent reason could be assigned, but which, he had come to the conclusion, was attributable to septic poisoning, notwithstanding that the temperature might not seem to indicate it; but the pulse would afford proof of the fact. It was, he feared, a practice too commonly adopted to operate for the relief of these cases in the manner adopted by Mr. Golding Bird, but such a proceeding could only be justified by the occurrence of excessive hemorrhage, or of symptoms threatening

the life of the patient. In such cases, a few of which undoubtedly did occur, the extra-peritoneal method gave good results, provided the pedicle was kept external, and every precaution against septic poisoning observed. Had removal of the ovaries and ducts been performed in Mr. Bird's case, it was probable that life would have been preserved, for, after much thought, he (Mr. Thornton), had come to concur with Mr. Lawson Tait in his opinion regarding the value of oöphorectomy, which, by diminishing the uterine blood-supply, was attended with much good in fibroid conditions of that organ. In 'no case, he concluded, should hysterectomy be adopted until milder operative proceedings had been tried in vain, and it would be found that highly successful results would in most cases follow removal of the ovaries, as in nearly all of his own cases. Replying to the President, Mr. Thornton said that after removing the uterine appendages in his own cases, cure, as shown by contraction of the tumour, took place.

Mr. GOLDING BIRD said the question of removing the appendages of the uterus simply, had been fully discussed between himself and Mr. Bryant, the latter being strongly in favour of the severer hysterectomy. Owing to the highly excitable, nervous condition of the patient, the pulse could not be relied on to afford any information of value, wherefore the temperature indications were more critically observed.

Mr. CLUTTON on a

CASE OF SPINA BIFIDA.

When three weeks old the infant was brought to St. Thomas's Hospital, and was found to be a well-nourished, healthy child, with the exception of the above imperfection. The spina bifida was situated in the lumbar region, sessile, and with exceedingly thin walls. The impulse when the child cried was very marked, and the aperture in the bony canal large. There was no paralysis of the lower limbs, and the cyst, examined by transmitted light, did not appear to contain the cauda equina. The skin had been so stretched that the walls were quite translucent, and would evidently soon have given way, and allowed the fluid to escape. A week after it was first seen, and when the child was four weeks old, the cyst was injected with a drachm and a-half of Morton's fluid, as little as possible of the contents of the sac being allowed to escape. A pad with collodion, and bandage, completed the treatment. The mother was instructed to keep the baby on its back, to prevent, as far as possible, the gravitation of the fluid into the vertebral canal. The constitutional disturbance was very slight, and on the third day the child was in its usual health. The cyst began immediately to shrink, and by the end of a week the skin was in loose folds. At the end of the third week there was nothing to be felt of the spina bifida except a small puckered lining of cutaneous tissue. Mr. Clutton also added notes of two unsuccessful cases.

Mr. MORRANT BAKER asked if any fluid had been allowed to escape prior to the injection, and in what position the child was laid after the operation? He thought the one good result more than counterbalanced the bad ones.

Mr. PEARCE GOULD inquired whether the covering of the tumour in Case 1 consisted of healthy skin, and further, whether the fluid contained in it was analysed for sugar? Much greater chance of successful treatment presented when the skin was entire. Mr. Gould, commenting on Mr. Clutton's remark to the parents of his second case, that death must ensue in the absence of operative interference, related the history of a child, miserably emaciated, and presenting a spina bifida with the skin over it in a sloughing condition, and which, when brought to him, he refused to operate upon. The sloughing surface in this case eventually healed, and though the child died some time later, the cause was marasmus, and was not directly connected with the tumour.

Mr. BARKER described how he had operated in a case resembling Mr. Clutton's No. 3. He kept the child on its back for a long time after having injected the tumour, no effect being produced by the fluid. The case, after being watched for some weeks, died, the tumour previously bursting.

Mr. HOWARD MARSH narrated a case under his own care, in which a child four months old presented a spina bifida in the lower dorsal region, covered with healthy skin, the tumour increasing in size. One drachm of the iodine solution was injected as the child lay on its side, and was succeeded immediately by alarming collapse, with death sixteen hours

later. Such an operation, Mr. Marsh thought, would not be devoid of risk, and he was astonished at the success attained by it in Dr. Morton's hands. Carefully collected records concerning it would be of great value, but the point apparently to be insisted on were that the child should be on its back during and after the injection, and that the latter should be performed slowly.

Mr. HEATH urged that injection of iodine into the cavities of the brain and cord was not necessarily a fatal proceeding. Sir James Paget, some years ago, injected an iodine solution into a meningocele in a child, and the injection in this case must have reached the brain cavity, without however causing death, for he, Mr. Heath, had seen the child when six or seven years old. Talipes calcaneus was almost invariably associated with such cases, but this fact was unknown to a surgeon with whom Mr. Heath had discussed the subject.

Mr. PARKER showed that one case out of twelve treated by himself was successful, and he inferred that the result would depend on the size and nature of the tumour, and the membrane involved. The skin was intact in his one successful case. He injected half a drachm of the solution every two or three weeks, and had not noticed any ill effects produced in consequence. At the present time he had in his care a child with a spina bifida, from which fluid was oozing; the skin was sloughing over the tumour, and the patient obviously dying. Talipes calcaneus was present, but this deformity was not (Mr. Parker thought) an invariable accompaniment. No visible effect followed injection in the unsuccessful cases.

Mr. GODLEE narrated a case in which, after injection of a small thin-walled spina bifida with one drachm of the iodine solution, the tumour dwindled, and the patient progressed very favourably.

Mr. BENNETT found no effect at all to follow injections in the one case he had treated. Not long ago a child was brought to him to be operated on, but in consequence of its ill condition he refused to interfere at the time, and on the way home the patient died of convulsions. Had he operated the result would probably have been attributed to the injection.

Mr. BAKER referred to a case in his practice in which the tumour underwent consolidation, the patient having lost power over the lower extremities.

Mr. CLUTTON said that in all three of his own cases the child had been placed on its back both during and for some time after the operation; the injection was performed very slowly. The fluid obtained from Case 1 gave the sugar reaction. There was no raw surface on the tumour, but in both the remaining cases patches presented entirely devoid of skin. The varying results of treatment might, he thought, find some explanation in the fact that the external absence of bone did not correspond with the aperture from the cyst to the interior.

Mr. CHRISTOPHER HEATH ON

A CASE OF SEPARATION OF THE EPIPHYSIS OF THE CLAVICLE BY MUSCULAR ACTION.

A boy of 14, whilst raising his arm violently to bowl a cricket, felt something give way at his collar-bone. The inner end of the clavicle was found to be unduly prominent, and presented a sharp edge beneath the skin, quite unlike the smooth end of a bone covered with articular cartilage. The supra-sternal notch was quite distinct, and equally defined on both sides, and a thin lamella could be felt on the right side, intervening between it and the gap caused by the starting forward of the inner end of the clavicle. The treatment consisted in laying the patient down, when the bone at once dipped into place, and it was retained by a plaster of Paris bandage. Mr. Heath referred to the great rarity of the accident, and the diagnosis of it from dislocation of the clavicle, and insisted upon the great utility of the plaster of Paris bandage in fractures of the clavicle and humerus.

Mr. LISTER remarked on the extreme rarity of such cases, but added that the diagnosis in Mr. Heath's example could not be disputed.

Dr. CLIPPINGDALE described a case of dislocation of the clavicle forward, following lateral curvature of the spine which again resulted from a long-standing dislocation of the femur at the hip. The patient was exhibited.

Dr. GOODHART ON
SIX CASES OF DIPHTHERIA TREATED BY THE LOCAL APPLICATION OF BORAX OR BORACIC ACID.

In four a saturated solution of boracic acid in glycerine was

used, the application being made in part by a hand-spray, in part by a laryngeal brush, and as often as every two hours in some cases. In the other two a dilute solution of the glycerinum boracis was used. The first case was a very severe one, and it died from the renal complication on the seventh day, but the boracic acid and glycerine seemed to be so successful in relieving the throat symptoms and in preventing the reformation of membrane that it was determined to try it again. Of the other five three had "croup" as well as membrane on the fauces; one had nasal diphtheria; all had albuminuria. All recovered. Tracheotomy was necessary in one case, and the glycerinum boracis was freely applied to the interior of the trachea and larynx from the wound and to the surface of the wound itself, and it seemed to be very beneficial in loosening, dissolving, and preventing the reformation of membrane. In another case it is believed that tracheotomy would have been necessary had not the rigorous application led to the expulsion of membrane by the mouth. In all cases it seemed to give such relief that very little difficulty was experienced in carrying out the treatment. Both borax and boracic acid have been occasionally in use as a topical application in diphtheria, doubtless for a long time past, but not, so far as is known, with any decided success; nor can it be supposed that any remedy will not often show a good proportion of failures in combating a disease such as this. It is enough to say that these agents are known to be good antiseptics, and their action is harmless when not beneficial, and that they are certainly useful in some cases.

Dr. PHILLIPS added notes on the healthy appearance of the surface left after the removal of the membrane in the first case. In two others, admitted when in *extremis*, the membranes extended too far to admit of any good being done to them.

Dr. B. O'CONNOR said he had been treating diphtheria by the boracic acid method for two years, but without encouraging success. In a few instances good results were obtained, but not better than with sulphurous acid. For adults he recommended the application of chlorate of potassium in solution. He had not observed that the membrane failed to reappear in any case after the first application of any remedial agent whatever.

Dr. LONGHIRST advocated a non-irritating mode of treatment, and urged reliance on Nature's efforts to effect a cure, to which end the least possible amount of local irritation should be resorted to.

Mr. LISTER said that each one would extol his own treatment of such cases; and sometimes he had received marvellous accounts of long series of cures treated without any fatal results. This might seem to support Dr. Longhirst's views, but he thought the local nature of the disease would demand some sort of local treatment. As being the first to introduce the use of boracic acid in antiseptic medicine, he would like to think it worthy of being ranked in the foremost place as an application in diphtheria. In onychia it had been proved to be strongly antiseptic, and it might be mixed in almost any proportion with glycerine by the aid of heat. On the whole, he was disposed to regard the treatment recommended by Dr. Goodhart with favour.

Dr. GOODHART considered that, even though diphtheria was a "constitutional," or blood disease, local treatment would still be desirable.

A committee, consisting of Messrs. Pearce Gould, Clutton, Howard Marsh, and Parker, was, on the recommendation of the President, appointed to report on Dr. Morton's treatment of spina bifida.

The following cases were exhibited "by card":—
1. Transpatellar Fracture of the Knee, by Mr. Golding Bird. 2. Removal of the Tongue and Jaw, by Mr. C. Heath. 3. Spontaneous Dislocation of Clavicle, by Dr. Clippingdale. 4. A Case of McEwen's Operation on Both Knees in a Cripple, by Mr. Keetley.

Dr. PERCY KIDD has been appointed Pathologist and Curator to the Hospital for Consumption and Diseases of the Chest, Brompton.

THE deaths from typhoid fever in Paris last week were still further reduced to 125, against 173, 244, and 250 in the three previous weeks.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular.

Published every Wednesday morning. Price 6d. Post free, 5d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 15, 1882.

NEW ENTRIES.

COMPARISON of the new entries at the various hospitals for the past three years reveals certain facts which cannot fail to prove both interesting and suggestive at the present time. In London the total entries scheduled as "full" students have been for the current session 634. In 1881 the number was 716, and in 1880 the total reached 778, so that two years ago 148 students more than in October, 1882, commenced the study of medicine at the metropolitan schools. To some extent this may be explained by the greater influx of students to Owens College, actuated by the prospect of a degree in arts or science to be obtained coincidentally with the medical qualification; but principally by reason of the commercial depression recently existing in this country. It is not difficult to understand that business men would be chary of engaging their sons in a career which offered little chance of immediate improvement, or of any livelihood, until the doubtful period of returning prosperity indicated by a revival of trade. That they should, therefore, prefer to see them embark in a professional life is but natural, since this offered, at any rate, no worse outlook than the lately unpromising following of commercial occupations. During the last two years, however, trade has undergone a steady improvement, with the result, as we judge, of absorbing an increasing number of the young men, who in less fortunate times would have been devoted to the services of medicine. But this fact will not serve to explain why certain hospitals, notwithstanding the decrease of total entries, exhibit in the year now current

a considerable increase in the number of their new students as compared with previous winter sessions. Thus the London has on its books for 1882-3, 87 full and 40 special students, or a total of 127. In 1880 the numbers were respectively 84, 53, and 137, but in the following year had fallen only to 74, 50, and 124, while the returns of the three years for apparently the most popular hospital, St. Bartholomew's, presents the following curious arrangement :—

Full Entries	...	150	160	110
Special	...	20	6	51
Total	...	170	166	161

At St. Mary's the numbers have risen from 20 in 1881 to 26 in 1882, or, including special entries, 32. Guy's, on the other hand, has steadily maintained a low position during the three years, which are those of its worst troubles. The total of 101 in 1880 fell in 1881 to 84, of whom 81 were full students, and in the present year the entries number 81 full and 15 special.

Those hospitals, viz., the London, Westminster, Charing Cross, and Middlesex, at which the low scale of fees is retained, have probably in consequence been able to maintain their position, but in the case of the first-named the entries are so numerous and so steadily kept up that other causes must undoubtedly operate to give it such favour among students.

King's College offers a most remarkable example of decaying popularity, judged by the returns in question, its entries having been in the three years 69, 56, and 35 respectively. It would be a little difficult, perhaps, but not impossible, to explain this result.

In the following list the returns for 1880, '81, and '82 are given for each metropolitan hospital :—

	1880.		1881.		1882.	
	Full.	Total.	Full.	Total.	Full.	Total.
St. Bartholomew's	150	170	160	166	110	161
London ...	84	137	74	129	87	127
Guy's ...	—	101	81	84	81	96
University ...	—	101	106	147	89	144
St. Thomas's ...	—	91	64	93	62	93
St. George's ...	—	81	63	66	42	48
King's College ...	—	69	56	56	—	35
Middlesex ...	33	50	33	54	37	43
Charing Cross ...	—	45	38	44	41	60
St. Mary's ...	—	20	—	21	26	32
Westminster ...	23	26	—	20	24	25

The number 89 at University is given as *mostly* full, the 55 students having entered for the preliminary scientific classes only. The London Hospital, therefore, easily ranks as second in the list of this year's new entries, not even Guy's being able to claim superiority in respect to numbers. At St. George's there is this year a marked falling off, such as can hardly be accounted for by the causes which have been presumed to influence the total entries; and it cannot fail to be regarded as an indication that, for some reason or other, the school does not preserve its popularity. It is undoubtedly a fact that each year a larger number of University men find their way to the larger hospitals, and as they have in the past been the principal source of supply to St. George's, that

school has suffered in consequence. It cannot be in any way due to faults exhibited in the school itself, for, as far as we can have any means of judging, this is equally as efficient in 1882 as it was in 1880, and yet the entries in the former year are 20 per cent. lower than they were in the latter.

There would seem to be a disposition on the part of new students not to pay the composition fees—a point which is, of course, not brought out in the table above. The fact is, however, sufficiently generally admitted by officials, and may be taken to show that a determination exists to make use of the best teaching facilities wherever offered. If the result is to stimulate competing schools to healthy rivalry, it will be productive of good, and it may be trusted that this will be forthcoming.

We wish particularly to draw attention to the somewhat startling comparisons contained in the table of entries; their meaning may be worthy of further study.

FEVER IN EGYPT, 1801 AND 1882.

It is of interest to recall some particulars with regard to the forms and types of fever which prevailed among the British and Indian troops who occupied Egypt in 1801-2, and compare them, as far as that can be done, with the types and forms of the same general disease which have recently affected our troops in that country. On the first occasion we learn that at different stations, and in different seasons of the year, the prevailing fever assumed different types, although in general character the same; hence in its treatment the same general indication was required to be kept in view. Under different names the same kind of fever was considered to prevail over India and in the tropics generally. In the Presidencies of Madras and Bombay it was known as jungle fever; in Bengal as pukka fever.

In the means of treatment employed are enumerated—Purgation with calomel and the neutral salts; emetics (but these were not always necessary); *venesection*; blisters; diaphoretics; opiates. In severe or protracted cases "the practice always was to endeavour to affect the mouth as speedily as possible with mercury." And what were the results of such unscientific measures? They are thus related :—"This was the practice in continued fever, and in Egypt, as in India, we were very generally successful if application was early made." (a) That is to say, the form of fever which prevailed was looked upon as *sthenic* in its nature, and on that principle treated, with the favourable results here recorded. According to the latest published accounts from Egypt, the form of fever which prevails among the troops occupying Cairo is indicated as "enteric;" its type "most virulent." Soldiers who become affected with that disease are retained at the provisional camp hospital "for a day or two." On arrival at the base hospital they are sometimes delirious and sinking, and several have died a few hours after admission. In the treatment "little or no medicine is given." When the temperature (of the skin) rises to 104° F. and 105° F. "one-drop doses of tincture of aconite" every quarter of an hour for the first two hours, and afterwards every hour, have been found useful. It is the custom to administer

(a) McGrigor's "Medical Sketches," p. 167.

stimulants freely ; to rely on them more than on medicine for treatment ; "and for the rest, nursing—good trained nursing—does more than the doctor towards recovery." As to the particular stimulants available for administration, there occur in the list given, champagne, brandy and soda, port, sherry, "or other extras;" and it is further stated that when patients in hospital affected with the form of fever alluded to "are asked if they will have some brandy and milk, with egg beaten up, they say, 'Yes, sir,' with a gleam of delight in their countenances." The precise words of the report from which the above particulars are taken are:—"In spite of all these luxuries, however, great fatality exists among the *enteric* fever cases." Not one word of comment.

THE GOVERNMENT AND MEDICAL FEES.

THE dispute between the Irish Government and Mr. Wheeler, Vice-President of the Irish College of Surgeons, respecting his remuneration for attending, at the request of Government, upon Mr. Shaen Carter, has occupied Parliament on two occasions last week, and has created so much interest in professional circles that a brief *résumé* of the circumstances is deserving of publication. Mr. Wheeler's claim is for £1,147 18s., and, as this sum might, at first sight, and without knowledge of the facts, be considered unreasonably large, it is right that we should make the profession aware of the services which it represents. On the 15th of March of this year, Mr. Carter was shot at Belmullett, and his knee shattered to pieces; whereupon the Irish Government, on being informed of the occurrence by telegraph, came to the conclusion, as it appears, that the best available surgical aid should be provided. Accordingly, the gentleman who was acting on behalf of the Government called at Mr. Wheeler's house, and, not finding him at home, left a note requesting him to call in all haste at the Castle, which Mr. Wheeler did. The gentleman then informed him of the occurrence, and requested him to go forthwith to see Mr. Carter, adding that, if that gentleman was not able to pay the proper fees, Government would settle them. Mr. Wheeler had then no knowledge as to Mr. Carter's competency to pay, but, acting upon these instructions, he left Dublin the same evening for Belmullett. That place is situated at the extremest north-western point of Ireland, forty-two miles by car, across a sparsely inhabited, almost savage, and greatly disturbed district, to the nearest railway station (Ballina). This journey occupies seven hours going, and seven returning, and he (Mr. Wheeler) had to be guarded on each occasion by constabulary on the car, while the journey had to be performed on an open vehicle, mostly at night, and in any weather which happened to present itself. The railway travelling from Dublin to Ballina occupied alone eight hours going and the same returning, so that any person requiring to go to Belmullett and back, from Dublin, must travel for two nights and a day continuously, without taking any legitimate rest whatever. It is, therefore, evident that the services which the Government required from Mr. Wheeler were, even when viewed as a matter of physical labour, such as no elderly or delicate person could attempt to perform, and

such as would severely strain the endurance of the most robust and energetic.

Arrived at Belmullett, Mr. Wheeler seems to have at once ascertained three facts—first, that Mr. Carter's leg must come off; second, that the operation could not be done until shock had passed away; third, that Mr. Carter could pay no fees whatever; and it has since been stated that he had no other means of maintaining himself and his family than about £200 a year of unpaid rents.

Therefore, having done all that was expedient or possible for the patient, Mr. Wheeler returned to Dublin, and on the day of his return went to the Castle and reported the state of affairs to the same official, informing him that, in his opinion, Mr. Carter would need an operation and several visits, and that, as the patient was quite unable to pay any part of the fees, he required to know whether the Government wished him to continue his attendance. He was asked what his fee would be, and he named 125 guineas a visit; and on being told that £100 was the fee last paid by Government, he replied that he could not accept less than the fee he had named, considering the distance to be travelled and the time lost. Mr. Wheeler was then requested to call back in a couple of hours, so that his proposal might be submitted to the superior authorities of the Government. Having done so, he received a written memorandum to the effect that, if Mr. Carter were unable to pay, he (Mr. Wheeler) might submit his claim for such attendance to the Government, and it would receive favourable consideration. This guarantee, coming as it did immediately after Mr. Wheeler's definite refusal to accept less than the fee he considered adequate, induced that gentleman to go again to Belmullett three days subsequently. Finding Mr. Carter still unfit for operation he was obliged to return to town, but, a few days afterwards, he went again to Belmullett, bringing with him two assistants, and amputated the leg. It is not necessary to pursue the history of the transaction further than to say that, as soon as Mr. Carter was fit to be moved, Mr. Wheeler went down and brought him to Ballina, where he visited him once subsequently on a threatening of pyæmia, and that he afterwards brought him to Dublin and visited him there over 100 times, until he was well. Altogether, he made five visits to Belmullett between the 15th of March and 8th of April, operated, remained eight days in attendance, escorted him to Ballina, and visited him twice there, brought him to Dublin and attended him daily there for nearly three months, and paid all his own expenses.

We are very decidedly of opinion that, considering the time lost, the physical labour endured, the danger to life and health repeatedly incurred by a journey at such time of year, through such a country, and in the midst of agrarian anarchy, and the professional income sacrificed by a surgeon of Mr. Wheeler's position, being absent from his business for long periods, the claim submitted by Mr. Wheeler was quite reasonable in amount, assuming—as we do—that all the attendances were *bona fide* and necessary.

No surgeon occupying the position of Vice-President of the Royal College of Surgeons in Ireland ought to accept a much less sum under similar circumstances,

and any surgeon of decent position might reasonably demand as much. But it appears to us that the amount of the fees claimed is not in question at all, nor the number of visits paid, because both of these matters were fully under the notice of the Government throughout the entire transaction, and met with no objection whatever on their behalf. Mr. Wheeler's claim would, indeed, be open to dispute if he had—on the first authorisation which he received—continued to visit Mr. Carter without the further knowledge or assent of Government, and afterwards laid his claim for unknown and semi-authorised services. But he did nothing of the sort; on the contrary, he reported each visit in writing regularly, and stated his intention to visit again, and his reasons therefor, and in each case he received an official acknowledgment of his report.

It was open to the Government to have stopped his visits and his remuneration at any moment, and their official memory was continually jogged both by letters and verbal reports, yet they continued their assent to the transaction, and we do not see on what principle they can now attempt to repudiate the claim.

It is not our function to express an opinion as to the action of the Irish Government in seeking to transfer their own legitimate responsibilities to Mr. Carter. That aspect of the transaction will be dealt with, no doubt, in Parliament and in the courts of law. It is our duty simply to defend the profession against an innuendo of extortion, and we think the facts we have narrated make such defence unnecessary.

Notes on Current Topics.

National Decay.

THE visit paid by Mr. Herbert Spencer to America will, if the warnings uttered by the synthetic philosopher are taken to heart, result in untold benefit to the people directly addressed. In an after-dinner speech delivered on the day before his departure for England, Mr. Spencer indicated the weakness of the American nation, and that peculiarity of its constitution which will, unless assiduously repressed, ultimately tend to its enfeeblement and effacement. He alluded to the passion for work exhibited by all Americans, which, in some cases, leads to the death of individuals under the pressure to which they voluntarily submit. The hair with them is grey ten years before this is the case in England, and relaxation is regarded as a physical impossibility. The result is to impair the physique of the nation, and the evil becomes increasingly serious with each generation. As Mr. Spencer very properly insisted, a man's constitution should be regarded as an entailed estate, and employed with the same precautions and references to future necessities. An excess of labour is irrational, and as useless as the hoarded treasures of the miser, and there is much wisdom in the advice given to his entertainers by Mr. Spencer, who bade them accept and preach abroad the gospel of relaxation, without the influence of which he hinted it was impossible for the great American people to aid in the development of the great future in store for the nation. It is, of course, pleasant to know that our native philosopher is putting

his talents to such good use, but we should be equally well pleased if, on his return, he will exhibit at least as much concern in the welfare and advancement of our own country as he has shown on behalf of our Transatlantic cousins. They sometimes complain of the officiousness shown by Englishmen in attempting to reform or improve them. Occasionally, it must be admitted, they have cause for doing so.

The Dangers of the Ambulance Movement.

It is not so generally recognised in this country as it might be that abroad the above-named movement has not met with the enthusiastic—not to say gushing—reception that has here been accorded to it. Medical practitioners and medical journalists have seen in the movement, or have thought they have seen, the germs of a widely-spread quackery. They say, educate these working men in surgery up to a certain point, and a great number of them will be quite ready to set up as surgeons on their own account. It is impossible to say that this will not be the case. Professor Esmarch, in Germany, has met with great opposition in his championship of the movement; in fact, the general expression of disapproval at his conduct has been so decided, that he is said to be on the point of withdrawing from it. The subject was recently discussed at the Medical Society of Rostock, when the following theses were accepted:—1. The training of the laity for first help to the wounded, after the manner of Esmarch's instructions, may be of service if limited to what is indispensable, and if the dangers of misconceptions or over-stepping of limits are distinctly pointed out. 2. Public Samaritan schools, open to every one, appear very dangerous. The participation in such training should be limited to such as give sufficient guarantee by their character, education, and calling, and it is to be recommended for police, harbour, and railway officials, fire-police, overseers of factories, seamen, &c. 3. Examination of pupils, with distribution of diplomas, is highly objectionable.

A New Physiological Work.

ARRANGEMENTS have been made by the authorities of the Clarendon Press at Oxford for the purpose of obtaining English translations of Continental biological works in the shape of memoirs and treatises, and which are not now available, except in the original language of their authors. The important and onerous task of editing these publications has been committed to Professor Michael Foster, Dr. Pye-Smith, and Dr. Burdon Sanderson, and the first work to be undertaken is a volume of some 750 pages, to consist of three separate parts, each complete in itself. The treatises selected to this end are one by Heidenhain on the "Physiology of Secretion," already familiar by reputation to every reader of modern text-books of physiology; a second, by Professor Goltz, consisting of four papers, on the "Functions of the Brain," together with a memoir on the "Excitatory and Inhibitory Processes in the Motor Centres of the Brain," by Heidenhain and Bubnoff; and the third, Prof. Engelmann's papers on "The Structure and Physiology of the Elementary Contractile Tissues." We are uninformed respecting the time when these important contributions to our literature may be

expected; but having once been promised, and all the essential arrangements for their production made, it is to be hoped nothing may intervene to defer unduly the pleasure that English students will experience in the perusal of these classical works.

Cæsarean Section *versus* Porro's Operation.

DR. M. SANGER, of Leipzig, has been recently vigorously defending the classical Cæsarean section against Porro's operation. In an article in the *Archiv für Gynäkologie*, No. 19, he rejects the fashionable operation, and places all his reliance on its venerable—even almost defunct—rival, expressing his confident belief that, with antiseptic precautions and a better method of suturing, the best results will be obtained by the old operation. He recommends a median longitudinal incision, or, if the placenta be in front, a transverse one through the lower segment of the uterus, or even through the anterior cervical wall. Before uniting the edges of the wound, he slices off some of the edge from each side, so as to leave a narrow strip of over-lapping peritonæum. He uses two sets of stitches, the first entirely muscular, and the second entirely serous. By this manœuvre he believes he avoids separation of the adhesions that will form between the two peritoneal layers by uterine contractions. He does not include the decidua in the sutures. The article itself is well worth reading.

The Royal Society.

THE medals in the gift of the Council of the Royal Society have just been awarded for the present year. Among the recipients is Prof. W. H. Flower, F.R.S., to whom a Royal Medal is given for contributions to the morphology and classification of the mammalia, and to anthropology. The other medals were awarded thus:—The Copley Medal to Professor Cayley, F.R.S., for his researches in pure mathematics; the Rumford Medal to Captain Abney, F.R.S., for his photographic researches and his discovery of the method of photographing the less refrangible part of the spectrum, especially the infra-red region; a Royal Medal to Lord Rayleigh, F.R.S., for his papers in mathematical and experimental physics; the Davy Medal (in duplicate) to D. Mendelejeff and Lothar Meyer, for their discovery of the periodic relations of the atomic weights. These medals will be presented at the anniversary meeting of the Society on St. Andrew's Day.

The Quarterly Return of the Registrar General.

DURING the three months ending 20th September last 280,216 children were born in the United Kingdom, and the number of deaths registered reached 153,343, thus giving a recorded increase of population equal to 126,873. In England and Wales 118,114 deaths took place, of which number 32,952 were infants under twelve months old, and 26,929 were of persons over 60 years of age. 20,825 deaths occurred through zymotic diseases, the most fatal of them being diarrhoea, scarlet fever, and whooping cough, while 209 cases of small-pox are recorded. The death-rate from all causes was 17·7 per 1,000, which is no less than 1·5 per 1,000 below the average for the corresponding quarter in the last ten years. In London the rate was

18·6, the rate for the 28 great towns being 20·6. Sunderland gave the highest figure, 28·3; Brighton gives 17·8; while Derby reaches only to 14·9. The causes of death were duly certified in 90·8 per cent. of the total, 5·4 per cent. by coroners in inquest cases, and the remaining 3·8 per cent. were uncertified. London contributed only 1·2 per cent. of such deaths in proportion, but the rest of England and Wales 4·3 per cent. Wales (9·9 per cent.), Durham (6·9), Cumberland (6·7), and Cornwall were the places which returned the greatest number of uncertified deaths, while in Wolverhampton the figure (9·2) recorded is nearly double the proportion which prevailed in either of the last two quarters of the year.

The Prophylaxis of Blennorrhœa Neonatorum.

DR. KÖNIGSTEIN, of Vienna, recommends in the *Archiv für Kinderheilkunde*, for the avoidance of the above dangerous affection, that the child's eyes, immediately after separation of the umbilical cord, shall be bathed, a clean rag being used, and then that a drop of a 2 per cent. solution of nitrate of silver be dropped into each eye. Most will acknowledge that the plan would be likely to prove effective; but are such severe measures necessary?

Royal University of Ireland.

ON Wednesday afternoon last the first assembly of the Royal University was held, for the purpose of conferring degrees. The assembly was very numerous and brilliant. Being the first ceremony of this kind since the establishment of the University, great interest was attached to it, and several of the nobility and nearly all the leading literary men of the country were present. The Duke of Abercorn, who presided, having referred to the origin of the University in 1879, and the Act incorporating it, introduced in the House of Lords by Earl Cairns, proceeded as follows:—

I much regret that it falls to my lot to record that very shortly after the commencement of our labours, and before any results had yet appeared, one of our body was removed by death. Dr. Hayden was a physician of great eminence in his profession, and of remarkable ability, and his colleagues all feel the loss which has been occasioned by his removal from amongst us. Two others of those who were named as the First Senators having tendered to Her Majesty their resignation of their places, there exist now upon our Senate three vacancies, the first and third of which are shortly to be filled up by the election of members by Convocation and to the other the appointment rests under the Charter with the Crown. On the 3rd February of the present year, the Queen's University in Ireland was dissolved. We, therefore, in the months of June and July last, held the usual examinations in the Faculty of Medicine. The number of candidates who entered for these examinations was 307, and of these 167 satisfied the examiners in the various subjects in which they had presented themselves. As a result of the degree examinations then held, the Senate, on 13th July, admitted to the Degree of Doctor of Medicine twenty-nine gentlemen, and to that of Master of Surgery, twenty-eight; and they awarded the University Diploma in Obstetrics to fourteen. The greater number of those who obtained the degree of M.Ch., and the Diploma in Obstetrics were amongst the twenty-nine on whom the degree of M.D. was also conferred. The Senate immediately upon the passing of the Endowment Act, proceeded to frame the statutes necessary for the government of the University, and upon the 10th November, 1881, they submitted to her Majesty the statutes

which they deemed it expedient should be enacted, and upon the 29th of the same month, her Majesty was graciously pleased to approve thereof under the Sign Manual, and thereupon the statutes became the law of this University. No time was lost by the Senate in throwing open to the people of this country the benefits which the Legislature intended for them, and on the 6th December, 1881, the first matriculation examination of our University was held. For that examination the extremely large number of 728 persons entered themselves as candidates; 614 actually presented themselves for examination, and of those 508 were reported by the examiners as qualified to pass, 114 obtaining places upon the honour lists in one or more subjects, and to the most distinguished of whom there were awarded 10 first-class exhibitions of £24 each, and 20 second-class exhibitions of £12 each. A further special examination to which only candidates who had obtained honours were admissible was then held, and six University scholarships of the annual value of £50 each, and tenable for three years, were awarded, two in classics, and one in mathematics, and two in modern literature. It now only remains for me to mention very briefly the statistics of the annual examinations which have been recently held. The entire number of candidates was 1,515, viz., 11 in the Faculty of Law; 519 in the Faculty of Medicine; 350 in the Faculty of Arts; 27 in the School of Engineering, and 608 for Matriculation; of that number there have passed, in the Faculty of Law 10, in the Faculty of Medicine 256, in the Faculty of Arts 251, in the School of Engineering 17, and for Matriculation 487. Honours have been awarded to 4 of the candidates in the Faculty of Law, to 13 in the Faculty of Medicine, to 97 in the Faculty of Arts, to 4 in the School of Engineering, and to 82 at the Matriculation. We have also awarded to the most distinguished answerers at the various examinations, a large number of valuable prizes and exhibitions, ranging from £50 down to £12 each. Some of those exhibitions and prizes have been adjudged to students who are this day to receive the degrees to which they have attained, others go to candidates who are still in, or are just entering upon the career of undergraduates, and they will, we hope, serve as incentives to further exertion.

The Medico-Psychological Association.

THE usual quarterly meeting of this Association was held at Bethlem Hospital on Wednesday evening, the 8th November. In the absence of the President the chair was taken by Dr. D. Hack Tuke. Dr. Mercier read a paper on "The Conditions of Life affecting Insanity," and Dr. Julius Mickle communicated some particulars on "Traumatic General Paralysis." Interesting discussion followed in each case, and owing to the lateness of the hour, a paper by Dr. Fletcher Black on "Atrophy of the Brain" was taken as read.

Regeneration of Divided Nerves.

DR. POST (*Phil. Med. Reporter*) says that, with regard to the restoration of function of divided nerves, there is a difference between the nerves of sensation and those of motion, restoration taking place to a much greater degree in the function of sensation than in that of motion. When the motor nerves have been divided there is much less chance of the patient regaining lost power of function than there is in the case of sensation. It would seem that there is more active nervous power required for a nerve of motion than for one of sensation. At all events, the fact, I believe, is a general one, that the restoration of motor power is much less perfect than that of sensation.

The Medical Department and the Military Ring.

AT this time when the Medical Department has been made the subject of unqualified depreciation by military officers, whose sudden change from the enervating influences of London life to the rough usages of war, has led them to suppose that the hardships which have made such an impression upon them must be due to some one's fault, and not to the realities of active service, it will be but wise to lay bare all questions which jar in the relations of military and medical officers, and even at the risk of being deemed hypercritical, we would venture to put in words a galling disappointment which is in direct ratio to the loyalty of these officers to their royal mistress. We need go back for precedent no further than the little wars of recent date—the Cape, Zulu, Boer, and Afghan—and we believe we are correct in stating that in no instance, on the return of the troops from these campaigns, has the Principal, or other medical officer, whether the recipient of a C.B. or V.C., been honoured with a command to the royal table. That the Sovereign sympathises with a woman's heart in the sorrows of her people, and the sufferings of her soldiers, is the true source of the nation's love. It is not, therefore, indifference to the Throne that prevents the officer best qualified to afford the fullest information from being called to render a personal account to his Sovereign. What is it? Is there anything in the social position of the medical officer to disqualify him from the privilege of personal communication with his Queen? If so, let it be so laid down by the arbiter of fitness without fear or shuffling. If not, there must be some explanation of the fact that, while military officers of every degree receive official recognition of public services by being summoned to the Sovereign's presence, the medical officers of the highest rank are only permitted to impart the history of their anxious efforts for the care of the sick and wounded through some favoured member of the military ring that still surrounds the Throne.

An American Naval Museum of Hygiene.

THE Bureau of Medicine and Surgery of the United States Navy, is about to establish a naval Museum of Hygiene. The plan proposed comprehends a collection that shall be illustrative of the entire range of sanitary science, the establishment of a course of lectures by authoritative sanitarians from all sections of the country, and a library of sanitary science accessible, under proper restrictions and guarantees, to all who are engaged in the study of this branch of knowledge. This library already numbers many of the standard sanitary works in the English, French and German languages, and is constantly increasing. It is an admirable undertaking, and we doubt not will be heartily welcomed by both the staff and the profession at large.

MR. A. PEARCE GOULD, F.R.C.S., has been elected Assistant-Surgeon, in the room of the late Mr. Lyell. Mr. Gould has been for the past five years Assistant-Surgeon and Lecturer on Anatomy at the Westminster Hospital, which he leaves for the larger sphere of the Middlesex.

Baths Eau Naturelle.

PROFESSOR JOHN STUART BLACKIE paints in seductive colours, in the current number of *Blackwood*, the charms of the bath in which he is wont to disport himself, which consists of an "amber rock caldron," fenced round with granite walls, festooned with ferns, overhung with feathery trees, and canopied by the blue cloud-flecked sky. Into this picturesque basin "the foamy torrent falls," and there the learned Professor invites his friends to come instead of tainting their skins "with swathes of drumly German mud." He urges them to plunge boldly into the "liquid topaz fair," and to indulge in a number of aquatic exercises, such as giving their backs to the spout that comes so bravely down, floating upon the swirling flood, and dashing and splashing in emulation of a trout. The Professor's verses are bright and refreshing, and conjure up delicious recollection of mountain torrents "beneath the purple brae," and it is because we hope to have many more such verses from his vigorous and graceful pen that we express the hope that he has been describing to us some poetical vision, and not his actual practice. It would be the height of rashness for any elderly gentleman to adopt his advice and take his bath while sojourning in Scotland in the manner recommended. There are very few days in the year in Scotland when even middle-aged gentlemen could without risk plunge into a pool and allow a tremendous douche of cold water to dash down the spinal column. After forty years of age, it should always be borne in mind, the tissues lose their elasticity and resiliency, and become, if we may so say, more rigid and brittle. They cannot, with the same celerity as in youth, adapt themselves to sudden changes in external conditions, and shocks of all kinds become hazardous. Paralysis has not seldom dated from the sudden exposure of the surface to cold. Long may Professor Blackie sing of baths *eaux naturelles*, while he contents himself in reality with a tub of tepid water in a well-warmed dressing-room.

Hygienic Treatment of Albuminuria.

At the inaugural meeting of the Berlin Medical Society for the present session, Herr Senator read a paper on "The Hygienic Treatment of Albuminuria." The author had met with but scanty success in the use of tannin, acetate of lead, fuchsin, or turpentine; one might perhaps credit iodide of potassium with a certain amount of value. The hygienic treatment of the affection, on the other hand, he considered not without good results. Two points should particularly be kept in view, viz.:—First, digestion itself; and second, the kind of food to be given. With regard to the first it should be borne in mind that in many cases albumen will appear in the urine after food of any kind. With regard to food, eggs have an injurious effect. Even after the eggs have been cooked, albumen has appeared in the urine. He considers that the recommendation to patients the subjects of albuminuria to consume large quantities of eggs, meat, and cheese should be completely reversed. He would at least advise that meat poor in albumen (the so-called white meats) and fish should be given. In addition he recommended an increased consumption of vegetables. He thought alcoholic beverages as a whole injurious, but he did not prohibit them altogether. He permitted red wine; beer he considered more injurious. Milk he recom-

mended. Two litres of milk daily would contain nearly all the albumen necessary for nutrition, 70 grms.; 85 grms. being the amount said to be necessary by Voit. Warm clothing he considered indispensable; and confinement to bed had the further advantage of excluding muscular movement. By the treatment he recommended no brilliant results would indeed be achieved, but in a great part of the cases an improvement would be brought about, or even a transient disappearance of the albuminuria.

Civic Grants to Dublin Hospitals.

A SPECIAL meeting of the Corporation of Dublin was held in the Council Chamber of the City Hall on Monday, October 23rd, when, among other business, the annual presentations in aid of the metropolitan hospitals were made, as follows, to the total amount of 4,595*l.*, viz.:—Mercer's Hospital 300*l.*, Jervis Street Hospital 300*l.*, Hospital for Incurables 300*l.*, St. Mark's Ophthalmic Hospital 150*l.*, City of Dublin Hospital 300*l.*, Coombe Lying-in Hospital 520*l.*, St. Vincent's Hospital 400*l.*, Meath Hospital 300*l.*, Mater Misericordiae Hospital 400*l.*, Sir Patrick Dun's Hospital 300*l.*, Maternity of Sir Patrick Dun's Hospital 50*l.*, Rotunda Lying-in Hospital 300*l.*, Cork Street Fever Hospital 300*l.*, National Orthopaedic Hospital of Ireland 100*l.*, Dublin Orthopaedic Hospital 100*l.*, Chrildens' Hospital, Upper Temple Street 150*l.*, Steeven's Hospital 150*l.*, National Eye and Ear Infirmary 100*l.*, Throat and Ear Hospital 25*l.*, Hospice for the Sick and Dying, Harold's Cross 150*l.*

Quinia Sulphate in Pruritus.

DR. STEELE, of Denver (*Lancet and Clinic*), has found quinia sulphate, rubbed up with only sufficient lard to hold it together, a specific for pruritus. He uses it in both pruritus ani and vulvæ. The nearer you get to the full strength of the quinine, the more efficacious it will prove.

The Egyptian Gazette.

In the *Gazette* recently published, Sir Garnet Wolseley selects several officers of the medical staff for special commendation. "Brigade-Surgeon Jackson, O.B.," the *Gazette* says, "who has seen service in all parts of the world, has, through the many wars he has taken part in, distinguished himself throughout by his coolness under fire, and in zeal as a medical officer. I would venture to recommend him for special promotion." The same document also states:—"The Medical Department under Surgeon-General Hanbury, O.B., have done everything that could possibly be done for the care and comfort of the sick and wounded. The manner in which the sick and wounded were removed from the fighting line by the bearer company was most satisfactory. The following officers are brought specially to my notice:—Deputy Surgeon-General J. Ekin, Deputy Surgeon-General W. G. N. Manley, V.C., Deputy Surgeon-General J. A. Marston, Brigade-Surgeon O. Barnett, Surgeon-Major G. S. Davis, and Surgeon-Major T. F. Dwyer."

DR. J. BRAXTON HICKS has been appointed Honorary Fellow of the Edinburgh Obstetrical Society.

It is announced that the honour of knighthood will be conferred on Mr. Oscar Clayton, F.R.C.S., in recognition of services rendered by him to the Prince of Wales.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Brighton 15; Huddersfield 16; Newcastle-on-Tyne, Cardiff, Birkenhead, Plymouth, Leicester 17; Birmingham, Sheffield 18; Blackburn, Bristol, Bolton 19; London, Dublin, Nottingham 20; Leeds 21; Edinburgh, Bradford, Halifax 22; Manchester, Salford 23; Portsmouth, Hull, Norwich 24; Glasgow, Oldham, Derby 26; Sunderland 28; Liverpool 29; Preston 33.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 26, Bombay 27, Madras 35; Paris 23; Brussels 18; Amsterdam 21; Rotterdam 17; The Hague 19; Stockholm 18; Christiania 14; St. Petersburg 42; Berlin 23; Hamburg 19; Dresden 22, Breslau 28, Munich 26, Vienna 21, Prague 29, Buda-Pesth 24, Trieste 25; Naples 27, Turin 18, Venice 31; New York 21, Brooklyn 20, Philadelphia 17, and Baltimore 22.

THE annual death-rates per 1,000 in the larger towns last week, from diseases of the zymotic class, were:—From scarlet fever, 2.6 in Sunderland, and 1.8 in Sheffield; from measles, 5.3 in Sunderland and 1.2 in Norwich; from whooping-cough, 3.7 in Preston and 1.3 in Bradford; and from fever, 2.2 in Sunderland, 1.9 in Derby, and 1.2 in Portsmouth. The 31 deaths from diphtheria included 13 in London, 7 in Glasgow, and 3 in Edinburgh. Small-pox caused one death in the outer ring of suburban districts around London, one in Manchester and one in Newcastle-upon-Tyne.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

PRESENTATION TO DR. THOMAS, OF THE ROYAL INFIRMARY, GLASGOW.—An interesting occurrence took place at the Royal Infirmary, Glasgow, on the 9th inst. The nurses of the institution, desirous of testifying their esteem and regard for Dr. Thomas, who has for upwards of 15 years so worthily filled the office of superintendent of the hospital, resolved to present him with a suitable testimonial. Mr. William M'Ewen having been asked to take the chair, called upon Dr. Scott Orr to make the presentation. Dr. Scott Orr, after a brief account of the establishment of the office of medical superintendent in the year 1848, when he himself was the first appointed to hold it, paid a high compliment to Dr. Thomas for the very efficient manner in which he had for so many years discharged the numerous and yearly-increasing duties which devolved upon him, and spoke of his urbanity and courtesy, his discretion and kindness. He then presented him with a large and very handsome silver tray, having a suitable inscription, from the nurses of the Infirmary, in proof of their great regard for him, their high sense of the efficient manner in which his numerous duties were performed, and as a token of their appreciation of the kindness with which he always regarded

their interests and comfort. Dr. Thomas having made a suitable reply, and after a few remarks from the chairman, the meeting separated.

NEW FEVER HOSPITAL FOR EDINBURGH.—At a meeting of a Committee of the Edinburgh Town Council, held on the 6th inst., a joint report by the Medical Officer and City Superintendent on the proposed new Fever Hospital for the city was submitted. It embraced a scheme whereby the entire surgical hospital might be utilised as an epidemic hospital for those classes of diseases which were not received into the fever house belonging to the managers of the Infirmary. In the report provision was made for securing entire isolation of small-pox patients; for affording accommodation for the better class of citizens, who for payment might desire isolation and treatment in a well-conducted hospital; for observation wards, the exact nature of the arrangements for which, however, was not determined; and for the families turned out of infected houses, or "quarantine wards." The report was generally approved.

PROFESSOR BELL PETTIGREW ON SCIENCE TEACHING.—Professor Pettigrew, F.R.S., chose for the theme of his recent introductory lecture in physiology at the University of St. Andrew's, "Creation: Man's Place in Creation, his Education and Development, from a Science Point of View." The lecture, which was illustrated by a large number of beautiful diagrams, was numerously attended, and listened to with marked attention. The Professor, after discussing the various theories of the formation of the universe and the origin of man, said the burning question of the day was education. The ancients believed, and he thought rightly, that men varied as to intellectual capacity and endowment, and that it was the province of education to draw out of the man that which naturally inhered in him. The more modern, and he believed the less philosophic view, takes for granted that men vary little to begin with, and that everything might be put into them by a process of cramming. The ancients aimed at teaching men to think and judge; the moderns had no soul above passing examinations and getting on in the world. As a physiologist, his sympathies were wholly with the ancients. The great problem of the day was how to develop and cultivate the human intellect. The two great modern schools of education were, he said, widely divergent. The one sought, by symbol and cipher, to impart to the young and inexperienced head abstract ideas and truths about men and things; the other aimed at instructing youth not by symbols and the mere names of things, but by the things themselves—these, fortunately for science, being strewn around in prodigal profusion. The former method—the symbol teaching—leans principally upon memory, and is eminently unattractive to the young mind. It has, as a consequence, proved a comparative failure. The latter method—the object lesson method—is quite a seduction for children. It leans less—indeed, comparatively little—on memory, and provokes thought and reflection. The object lesson method expands the reason, and develops and corrects the judgment. He could not conceive anything more painful than a child endeavouring to understand and remember a thing he had never seen, and of which even his teacher, from the faulty system of education at present in vogue, had a very hazy conception. The vicious system of teaching which degraded the schools also degraded, within certain limits and with certain exceptions, the universities, and especially our much cherished and boasted Scottish Universities. As science could only be properly taught in the laboratory, it was sincerely to be hoped that the promised forthcoming Executive Commission would deal liberally with the Scottish Universities in

everything that pertained to laboratories and practical science teaching.

HANDSOME GIFT TO ABERDEEN UNIVERSITY.—At a meeting of the Senatus of the University of Aberdeen, held on the 4th inst., it was intimated that the sum of £8,000 had been placed at the disposal of the University authorities by Mr. George Thomson, junr., of Pitmedden, for the purpose of founding bursaries in the Medical Faculty. It was unanimously resolved to accept the gift and to tender the warmest thanks to the donor. The same gentlemen a few weeks ago handed over the sum of £4,000 for distribution among the most prominent of the Aberdeen charities.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 4th inst., the mortality in Edinburgh rose from 77 to 96, and the death-rate was 22 per 1,000. Diseases of the chest accounted for 50 deaths, and zymotic causes for 6 of which 1 was due to fever, 1 to diphtheria, and 4 to scarlatina; the intimations of those diseases being respectively 13, 14, and 61.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday were at the rate of 26 per 1,000 per annum, against the same number last week, and 25, 29, and 22 in the corresponding periods of 1881, 1880, and 1879.

NEW CHAIR OF PATHOLOGY AT ABERDEEN.—At a meeting of the Senatus of the University of Aberdeen, recently held, a deputation of students was heard regarding attendance upon the new Chair of Pathology in the University, the object of their representation being that the study of Pathology and Medicine should be combined, as they have been hitherto. The Senatus, after hearing a statement of the case on behalf of the students, resolved to intimate their decision in writing.

DALKEITH.—ERECTION OF A HOSPITAL BY THE DUKE OF BUCCLEUCH.—A hospital for Dalkeith, which has been erected at Newmills at the expense of the Duke of Buccleuch, and nominally handed over to the Commissioners of Police as Local Authority for the use of the inhabitants, was opened recently for the inspection of the public previous to occupation. The new hospital is a handsome building of two storeys, the upper flat of which is divided into airy and commodious wards, capable of accommodating from forty to fifty in-patients. The wards are so arranged that cases of infectious disease can be isolated, separate entrances and staircases having been provided for that purpose. The under flat is entirely devoted to nurses' accommodation, baths, and other necessary offices. Particular attention has been paid to the ventilation and drainage of the whole building. The water-closets are ventilated into the open-air, and there is a complete system of drainage from the outside to the river Esk.

Literary Notes and Gossip.

WE understand that Dr. Charles Cameron, M.P., is about to publish in book form a paper he lately read before the Philosophical Society of Glasgow, in which he pointed out the strong analogies in, and the close relationship between, the minute organisms believed by some to be the active causes of putrefaction, disease, and fermentation.

A REVIEW of the late Professor Spence's "Lectures on Surgery" appears in the *Scotsman* of the 11th inst. We wonder what our professional Puritans have to say to this egregious departure from "medical ethics"—a science devised to protect those born in the purple and repress the just and legitimate claims of those who have not been so fortunate.

A NEW and enlarged edition of Otto Spiegelberg's "Hand-book of Obstetrics for Practitioners and Students" (*Handbuch der Geburtshilfe für Aerzte und Studierende*), has recently been issued by Lahr, of Schanenberg. A part of the work (the chapters devoted to puerperal fever and obstetrical operations) has been revised by a friend of the author—Dr. Wiener. It is said to sustain in every way the reputation of the previous edition.

THE *Centralblatt für Klinische Medizin*, hitherto published by Rühle and Finkler, of Bonn, will henceforth appear from the office of Breitkopf and Haertel, of Leipzig, and, as the title-page announces, will be published by Professors Frerichs, Gerhardt, Leyden, Liebermeister, Nothnagel, Rühle; and director, Dr. Struck; and edited by Professors Brieger, Ehrlick, Finkler, and Dr. A. Fränkel. It is intended that, as heretofore, the paper shall represent the department of "Medicine."

THE College of Physicians of Philadelphia offers the sum of twenty-five dollars, or a gold medal, to be awarded at the first meeting in April, for the best pathological report, with or without specimens, read before April 1st, 1883, by any member of the Society who, at the time of presentation, shall hold the position of Resident in a hospital. This is following the example of the Dublin Pathological Society, which, for many years, granted a gold medal for a prize essay written by a student. The award has, however, been discontinued of late.

ANATOMICAL enthusiasts will welcome the appearance of a new edition of Quain's Anatomy, and general satisfaction will be created by the improvements introduced into the work. The sections dealing with the vascular system are enriched in this edition with coloured engravings, which add much to the value and clearness of the work, while, under the able supervision of Dr. Allen Thompson and Messrs. Schäfer and Thane, the whole of the text is brought fully abreast of all the latest discoveries. For the higher examinations in anatomy it is indispensable and invaluable.

THE Index Catalogue of the Library of the Surgeon-General's Office at Washington, U.S.A., is now advanced to the end of the third volume, and to the completion of the letter D. This last instalment of the great undertaking committed to the care of Dr. Billings by the United States Government, includes 9,043 author-titles, representing 10,076 volumes and 7,386 pamphlets. It also includes 8,572 subject-titles of separate books and pamphlets, and 23,846 titles of articles in periodicals. The volume also catalogues 4,335 medical portraits, and certainly derives much interest from this fact. We heartily congratulate Dr. Billings on the progress of his incomparable labours.

MESSRS. LONGMAN AND CO. are to be congratulated on the publication of the "Dictionary of Medicine," edited by Dr. Quain, the issue of which within the last few days marks an era in medical literature. This magnificent work has been long and eagerly anticipated, and will be found to realise the fullest estimate of its importance. It consists of one large volume of 1,816 pages, closely printed in double columns, and every article bears the full signature of its author. The list of contributors includes 158 names well known to the profession as those of authorities on the subjects about which they write, and the whole work will long remain an indispensable book of reference to every working practitioner of medicine.

A SUPPLEMENTARY Catalogue of the Pathological Museum of St. George's Hospital has just been issued. It consists of a description of the specimens added to the museum during the years 1866 to 1882, and has been prepared by Dr. Isambard Owen. The book commences with thirty-four pages enumerating the order of specimens in the permanent index number and in the catalogue number of 1866, all of which could have been easily explained in less than half a page, and could have been, therefore, omitted. The rest of the work has been very carefully prepared after recent examinations of the specimens and of the clinical details of the case. The method adopted is a description of the pathological specimens, followed by an instructive abstract of the history, signs, and symptoms of the case during life. The classification is complete, so that reference to the work

would at once show whether any particular case or its varieties were represented in the museum. Such a printed catalogue of all the museums of the London hospitals would be welcome to all who devote time to literature, and would be to them a great saving of both time and labour.

WITH the present number (xxvi.), the first half-yearly volume of Coles' "Studies in Microscopical Science," the new aspirant for fame in microscopical literature, comes to a close. From the first number of the "Studies" to the present nothing short of the most unqualified praise can be bestowed upon them. The editor has thoroughly fulfilled the promises made to his subscribers by furnishing with great punctuality a weekly journal containing an amount of valuable information in histology and microscopical research not to be found elsewhere. The illustrations which adorn the text, and the accompanying mountings, have in no instance failed to sustain their interest and the reputation of the work, that given in the present number being elaborately coloured and forming quite a picture, as well as an interesting study of geological structure. It is a section of Dolerite, cut from a carboniferous rock, central Scotland. The method of preparing all similar specimens is described, and an exhaustive bibliography added. The work as it proceeds will certainly supply the student in microscopical science with a fund of information which he can obtain from no other source.

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NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, October 18th :—Politzer's Text-book of the Diseases of the Ear and adjacent Organs, translated by Dr. Cassells. Quain's Elements of Anatomy, Vols. I, II, edited by Drs. Allen, Thomson, E. A. Schäfer, and G. D. Thane. The Pathology, Diagnosis, and Treatment of Diseases of Women, by Graily Hewitt, M.D., F.R.C.P. Whooping-cough: its Pathology and Treatment, by T. M. Dolan, F.R.C.S. Ed. (Fothergillian Prize Essay). Spinal Curvature, by R. Heather Bigg, C.E. Guide to the Examinations at the Apothecaries' Hall, by W. E. Dawson, L.S.A. Ambulance Lectures, by Lionel A. Weatherly, M.D. Fifteenth thousand. Index Catalogue of the Library of the Surgeon General's Office, United States Army, Vol. III. The Student's Pocket Prescriber, by H. Aubrey Husband, M.B., F.R.C.S.E. The Chamberlens and the Midwifery Forceps, by J. H. Aveling, M.D. A Supplementary Catalogue of the Pathological Museum of St. George's Hospital, by Isambard Owen, M.D. Cerebral Hyperæmia: Does It Exist? by C. F. Buckley, M.D. A Treatise of Diseases of the Liver, by George Harley, M.D., F.R.S. A Dictionary of Medicine, edited by Richard Quain, M.D., F.R.S. The Visiting List for 1883 (Smith and Co.). The Germ Theory of Phthisis Verified, by Wm. Thomson, L.R.C.S.

Literature.

THE TRUTH ABOUT OPIUM. (a)

A VERY large portion of the revenue of our Indian Empire is derived from the sale of Indian-grown opium to the Chinese, by whom it is used for the purpose of smoking; and this traffic has been for the last forty years a subject of keen, and often bitter, controversy between the Anglo-Indians on the one hand, and what may be described as the Exeter Hall Party and the Anti-Opium Society on the other. The Anglo-Indians maintain that without the opium revenue Indian Government cannot be carried along; and they contend, moreover, that opium smoking is much less injurious than the tobacco smoking or dram drinking common in Europe. On the other side, Exeter Hall denounces the Chinese opium traffic as a great national sin; asserts that the opium smoker is a kind of moral *cretin*, lost to all political, social, and domestic ties, and that no considerations of political expediency ought to sanction a Christian nation in continuing it. No end of brochures have been written on both sides, and the present volume may be described as a "brief" on the Anglo-Indian side of the controversy, and is most appropriately the work of a solicitor. We

(a) "The Truth about Opium: being the Substance of Three Lectures delivered in St. James's Hall in February last" By William H. Erereton (late of Hong Kong), Solicitor. London: W. H. Allen, Publisher to the India Office. Medium 8vo, pp. 375.

have read it with interest, and must say that—assuming his facts to be true—the author establishes his case, viz., that opium smoking, if used in moderation, adds considerably to the enjoyment of human life, and is occasionally beneficial. Further, he shows that, as a rule, it is but little abused—certainly to a much less extent than alcohol is in these countries. It appears to us that the anti-opium party have not always drawn the difference between opium smoking and opium eating—a practice of the most baleful character, and which is making a good deal of head in these countries, and still more in the United States. Every physician knows that tobacco chewing is much more injurious than tobacco smoking; and there is the same difference, but in an aggravated degree, between the eating and the smoking of opium, for it is very doubtful whether, in the latter practice, some of the most powerful ingredients of the drug enter the system to any extent. Mr. Brereton mentions one fact which to us appears crucial, and the accuracy or otherwise of which ought to be easily ascertained, viz., that the Chinese Government permit opium to be grown for smoking in such parts of the country as are suitable for it. The cry against opium is principally on moral grounds; but surely it cannot be contended for a moment that a Government is justified in objecting on moral grounds to the import of an article of the alcohol, tobacco, or opium class, if they permit the same article to be manufactured or grown for the same purpose within their own jurisdiction.

There is a very interesting chapter (p. 249) from the pen of Dr. Thudichum on the "Mode of preparing Opium for Smoking, of Smoking it, and of its Effects." Finally, there is the testimony (p. 278) of Dr. Ayres, Colonial Surgeon of Hong Kong, in which, after showing that in prison opium smoking (in a person who had smoked two ounces a day for nineteen years) had been broken off without any injurious effects, he says:—"I am no advocate of opium smoking. My experience is that it may become a habit, but that that habit is not necessarily an increasing one. Nine out of twelve men smoke a certain number of pipes a day, just as a tobacco smoker would, or a beer or wine drinker might drink his two or three glasses a day without desiring more. I think the excessive opium smoker is in a much greater minority than the excessive spirit drinker or tobacco smoker. My experience is that the habit does no physical harm in moderation. In the greatest case—just mentioned—in the jail a better nourished or developed man for his size it would be difficult to see."

It would be difficult to upset the testimony of this eminent and responsible public medical official, particularly as his statements and opinions are amply corroborated by other evidence. One other word: Mr. Brereton states that he applied to the authorities of Exeter Hall for leave to deliver his lectures in that establishment. To make such an application required a certain amount of courage; but it was peremptorily refused. We think that this refusal was not wise on the part of Exeter Hall: had the matter been in our hands we would have granted him the platform free of cost. Q.

Correspondence.

THE CONDITION OF OUR SOLDIERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There seems to be considerable discrepancy between the public and the private reports on the maintenance and condition of our troops on the field in Egypt and on the voyage home. I do not think there were any complaints respecting their treatment on the voyage out to Egypt in the troop-ships. One would, therefore, be led to suppose that their supplies of food had been more abundant when going out than when coming home. The physical appearance of the troops going out and coming home was very different, the former having been in good condition and robust health, the latter looking gaunt, seedy, and depressed. This great contrast will occur to any one who has been to visit the departures and arrivals of the troop-ships. The condition and health of the horses sent out and returned offers the same striking contrast. Both bodies have evidently suffered from prolonged starvation; and this cast of physiognomy has been well hit off in the illustrated journals.

This ought not to have been brought about in Egypt, as the climate is not tropical, and would be healthy but for

the insanitary conditions of the people and the land. In the accounts of the Indian forces, under Sir D. Baird, in the former campaign of 1801, it is stated that these troops left the country for India in 1802, after ten months' service, in a high state of efficiency and health. They had not, however, been engaged in the battles the British forces fought against the French army, under General Marion; which campaign lasted only six months, including arrival and departure.

This was quick work then, but it has been eclipsed by our present performance of only three months. It will be suggested, therefore, that the energy necessary for the work had now been concentrated into half the time; and that there must have been twice the amount of nervous power consumed in our present campaign than in that one of 1801. It may be hazarded that this nervous energy, if it had been more slowly utilised, would have served for a whole year of ordinary soldiers' duties.

The deduction to be made from this postulate is that the amount of food and rest should correspond with the extra waste of energy, and that the constitutions of the men would really have required to use twice the amount of rations of Abercrombie's force, and four times that required in peace duties. If such increased quantities be not supplied for food to men after unusual action, then collapse of the nervous system will set in, and failure of the heart, which will render the subjects a prey to fevers and dysenteries when camping in infected localities.

The inference, therefore, follows that the soldiers' rations in time of war should be increased to double; whereas, we actually find that they have only had the usual "pound of flesh" served out to them as when in barracks. Even this poor dole of sustenance was frequently denied them under pressure of military exigencies. The preserved meats were issued on the same scale only as the fresh meat; and the former, the men say, never filled them in that quantity, but might if the allowance was increased. Labourers in the open air consume large quantities of food and drink during field work; and these will be found to exceed our barrack rations very much.

Under these inferior conditions of dieting, the starved appearance of our returning troops and horses may be explained, leaving out of account the want of sufficient rest and shelter in the work of campaigning. One would have supposed that the fortnight's rest and dieting on board ship on the voyage home would have reinstated the loss of condition previously acquired. Such has not been the case, however, and the reason may probably lie in the continuance of the inferior dieting the men had been subject to before leaving Egypt.

The soldiers will need, therefore, all the welcome dinners they can get at home to set them up again, which could not probably be done by the ordinary barrack rations in four times the time.

Your obedient servant,

EGYPTUS.

Portsmouth, October, 1882.

MEDICAL ADVERTISING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read your editorial comments on "Medical Advertising" in your last impression with interest, and venture to make one or two observations thereon. You state, "There is no objection, nor has any College a right to object to the extensive advertising of a medical work, so long as that advertising is done for the legitimate purpose of selling the book. Again, to express one's opinion about medical preparations or appliances is reasonable and proper, so long as the opinion is expressed *bona fide*, and for no other purpose save the approval or disapproval of an article of disputed merit." Now, will any reasonable man for a moment doubt that every one found fault with for so doing would maintain that these were precisely the objects and motives under which he acted? Who is to be the judge? It seems to me that this is a question on which every one has to judge for himself, and I thoroughly agree with you that the resolution of the King and Queen's College of Physicians "goes beyond the censorship which the College is entitled to exercise."

As for those who are guilty of the reprehensible conduct on which you animadvert, it is for the public and the profession to distinguish between them and their honest brethren. In the face of so much oblique advertising in the medical pro-

fession, I submit that really too much seems to be made of the fair and open advertising of medical books. It is surely a very venial crime in comparison with the thousand-and-one Protean forms of medical quackery, mainly begotten of the keen struggle for existence, and the scandalous and demoralising excess of charity so subversive of professional integrity and interest. Are the Glasgow "Health Lectures" not huge advertisements? Is there not a vast amount of trash printed in this city of a pseudo-scientific kind, and distributed broadcast to patients? Is the great pecuniary success of the present President of the Royal College of Surgeons not based on a petty half-crown book "On Healthy Skin" extensively advertised in lay papers? As well tell a man that he must wear or not wear a particular garment, as to interfere with his infeasible right of advertising his book for behoof of whom it may concern. It were, in my opinion, an impertinence which no one should brook.

I am, Sir, yours, &c.,

D. CAMPBELL BLACK, M.D.

Glasgow, November 8th, 1882.

THE DIAGNOSIS OF AORTIC ANEURISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Whilst thanking Dr. G. F. Duffey for his useful criticism on my report of the case of aortic aneurism opening into the œsophagus, I must express my regret at the somewhat loose phraseology, which, to the inexperienced, would be, perhaps, misleading.

I ought to have said, "with reference to the size and situation of the tumour;" for I am, of course, aware that murmur is not a constant sign of thoracic aneurism. In the words of Sir Thomas Watson, whose clinical clerk I was, at the Middlesex Hospital, about the time of the two pulsating aneurismal tumours referred to in his book, and in which no sound was audible, "a bellows sound is more often absent than present," though it is, he says, frequently present. Roberts Culling, like Watson, from every credible authority, writes:—"Auscultation gives extremely variable results. There may be nothing whatever heard, or only indefinite sounds." Still, I venture to think that, in this particular case, where a large aneurism was situated so near to the surface in the back of the patient, there would, had the ear been applied, have been some auscultatory evidence of its existence, or, failing this, pulsation might have been detected. One of my objects in reporting the case was to point out, more particularly for the benefit of younger practitioners, the importance of taking nothing for granted. I said "probable," and I had good reason for using the word.

Faithfully yours,

CHARLES R. FRANCIS, Surgeon-General.

Clapham Common, Nov. 2, 1882.

NON-REPRESENTATION OF SURGERY ON THE SENATE OF THE ROYAL IRISH UNIVERSITY.

PROBABLY one of the causes for the existing slight to the medical profession is the absence from the Senate of any representative of Surgery. We are far from blaming, or in any way depreciating the capacity of our brethren who have seats on the Senate. On the contrary, we have reason to know that they did their duty to the University and the profession with energy and ability in resisting, without avail, the recent vote, but being short-handed, were defeated. Irrespective of this matter, it is a monstrous state of things that a senate of lawyers and clergymen, tempered with a few pure physicians and Queen's College professors, should have the making of regulations to govern the teaching of surgery and the granting of surgical degrees, respecting which department of education they must be more or less ignorant. It was an item in the miserable bungling of administration which marked the reign of Mr. James Lowther as Chief Secretary that the Senate was framed in utter forgetfulness of this omission, and immediately on its becoming manifest, the Council of the College of Surgeons addressed to the Lord Lieutenant a remonstrance on the subject. That representation elicited a

statement that the propriety of appointing a Surgical Senator would have every consideration on the first occasion that seat became vacant, it being inferred the omission had been inadvertent.

Now the opportunity is afforded to the Lord Lieutenant to redeem his implied pledge. Three vacancies on the Senate exist, one by the death of Dr. Hayden, and two others by the appointment of Dr. Redfern and Rev. Gerald Molloy to Fellowships; and in accordance with the law, one of these offices must be filled by the Lord Lieutenant and two by the Convocation of the University. We confidently hope that Lord Spencer will recognise the anomaly of allowing the Senate to make surgeons without a surgeon amongst them to guide them, and will mend Mr. Lowther's muddle by the appointment which he makes.

THE IRISH ACADEMY OF MEDICINE.

THE Rules of the new Academy having been finally revised and adopted, nothing remains but to elect officers and commence the work of the societies which are co-operating in their new capacity of sections of the Academy. The meeting for election of officers takes place on Saturday next, and circulars have been issued calling on those who desire to become Members or Fellows to send in their subscriptions before that date. Fellows only who have paid will be entitled to vote. The Dublin Obstetrical Society had stood aloof from the movement—at least its Council had—for the members of the Society had, by an enormous majority, declared in favour of amalgamation with the new Academy. However, second thoughts have prevailed, and the Council has, after a meeting held last Saturday, decided to co-operate. Meanwhile, in case any circumstance should intervene to prevent or delay the accomplishment of the scheme, the various societies have met as usual and appointed their councils, so that they may be in a position to carry on their work as separate societies if any hindrance to conjoint action should arise.

PASS LISTS.

University of Glasgow.—The following candidates have passed the respective examinations for the Degrees of M.B. and C.M. of this University:—

FIRST PROFESSIONAL EXAMINATION.

Alexander, A. S.	Hutchinson, T. B.
Alexander, W. M.	Johnston, D. G.
Anderson, J.	Marshall, W. G., M.A.
Bamber, H.	Martin, J.
Bankier, A. M.	Melville, H. B.
Bannerman, G. G.	Mitchell, T.
Baxter, C.	Muir, D. C.
Broom, J.	Muir, W. C. C.
Bryce, A. J.	M'Arthur, J. T.
Buchanan, J.	M'Dermid, J.
Buchanan, W.	Macdonald, J.
Cameron, J. W.	M'Eachern, D.
Campbell, A.	Mackie, J.
Campbell, I. E.	Maclean, J. N.
Campbell, W. D.	Macphail, Digby M.
Christie, W. W.	Macquarrie, J. A.
Countess, J.	Neilson, J. F.
Crowford, R. K. B.	Orr, J. F.
Dodd, J.	Paterson, W. W.
Dunlop, J.	Ralley, J.
Farguherson, J. D.	Ramsay, R.
Ferguson, R. T.	Rankin, W.
Fleming, R. M.	Richmond, A.
Foster, H. S. H.	Robertson, W.
Fulton, A. B.	Routledge, R.
Gibson, J. R.	Rutherford, T.
Gordon, J. B.	Seright, W.
Hallett, C. H.	Smith, J. C. A.
Hamis, Yonup.	Sprott, G.
Hay, W.	Stones, R. W.
Hichen, H.	Wands, J.
Hughes, J.	Whish, C.

Forty-nine candidates were rejected.

SECOND PROFESSIONAL EXAMINATION

Beveridge, Jno.	Macleod, R. L. R.
Birrel, J. R.	Macrae, Alex. M.
Colvin, F. H.	Parker, James.
Cross, David.	Peacock, Alexander.
Cullen, William.	Ritchie, Jno.
Greener, M. H.	Robertson, Alexander.
Hawthorne, O. O.	Rutherford, Hy., M.A.
Blasbewood, Jas., M.A.	Scanlan, Jas.
Jack, Alexander.	Scott, Robert.
Jones, Evan.	Service, R. M.
Kendall, F. K.	Shaw, Jas.
Keogh, Arthur G.	Sinclair, Jno.
Logan, Hugh.	Somerville, Wm. F., M.A.
Miller, Robert A.	Smith, Jas. F.
Montgomery, A. N.	Smith, W. M.
Morris, Geo. A.	Smith, D. M.
Mardoch, J. W. A.	Spence, W. W.
Macartney, Duncan, M.A.	Taylor, Francis.
M'Cracken, Wm.	Temple, Charles D.
M'Creadie, Wm.	Wilson, George.
Macdougall, Alexander.	Wright, Jno.

Twenty-nine candidates were rejected.

THIRD PROFESSIONAL EXAMINATION.

Arthur, D.	Kerr, Jno.
Beveridge, R. E.	Marquis, D.
Blanie, B.	Martin, W.
Brown, W.	Morrison, A.
Brown, W. M.	Macarthur, B. N.
Cameron, J.	Macdonald, J.
Campbell, J. J.	Mackenzie, D.
Crawford, J. C.	Maclean, A.
Dunlop, J. I.	MacNaught, J. B.
Forayth, W. A.	Prangwell, J. T.
Gemmell, J. F.	Prentiss, W. G.
Gibb, W. F.	Quaife, W. F., B.A.
Gourlay, R.	Richard, D. T.
Gray, W. L.	Russell, J.
Hamilton, W. T.	Soga, W. A.
Headrick, J. M.	Stafford, W.
Herbertson, J., M.A.	Steele, R. G.
Hodge, P.	Taylor, W. C.
Hogg, G. M.	Turnbull, E. T.
Howie, A.	Vost, W.
Johnston, A.	Williams, A.
Johnston, F.	

Seventeen candidates were rejected.

Royal University of Ireland.—The following Degrees were conferred on Nov. 8th by his Grace the Duke of Abercorn, Chancellor of the University:—

M.D. DEGREE.

FIRST CLASS HONOURS.—Charles H. Wise.

SECOND CLASS HONOURS.

M'Murray, J. Adams, F. E.

UPPER PASS DIVISION.

Allport, C. W.	Kelly, Michael.
Austin, J. J.	Lindsay, J. A.
Barnes, W. S.	O'Keefe, W.
Bell, T. G.	Prendergast, J. M.
Cromie, Thomas.	Swan, S. A. L.
Heanen, Charles.	White, Daniel.
Jackson, Mark.	

LOWER PASS DIVISION.

Brown, H. R.	Hunter, J. F.
Chambers, A. B.	Legge, R. J.
Cooke, James.	M'Cambridge, J.
Gibson, William.	M'Dermott, Cornelius.
Good, William.	M'Manus, L. S.
Graham, J. S.	Mathews, R. H.
Graham, William.	Moran, John P.
Hamilton, William R.	Moynan, R. M.
Hawthorne, A. W.	Orr, J. Morrison.
Henderson, S. D.	Smith, R. Stafford.
Henry, James.	Wilson, James.

M.B. DEGREE.

UPPER PASS DIVISION.—John Riordan.

M.C.M. DEGREE

Atcock, M. H.	M'Cambridge, J.
Austin, J. J.	M'Connell, T. S.
Barnes, W. S.	M'Dermott, C.
Bell, T. G.	M'Donnell, J. R.
Black, J. G.	M'Manus, L. S.
Chambers, A. B.	M'Murray, J.
Craig, James.	Mathews, R. H.
Cromie, Thomas.	Moran, John P.
Gallway, P. J.	Morell, L. D.
Gibson, W. Walter.	Moynan, R. M.
Haines, H. A.	O'Connell, D. V.
Hamill, Samuel.	O'Keefe, Matthias.
Hamilton, William R.	O'Keefe, William.
Hawthorne, A. W.	Prendergast, J. M.
Heanen, Charles.	Riordan, John.
Henderson, S. D.	Rountree, G. A.
Henry, James.	White, Daniel.
Lindsay, J. Alexander.	Wilson, James.
Lithgow, J. M'G.	Young, J. V.

DIPLOMA IN OBSTETRICS.

Adams, F. E.
Allport, O. W.
Chambers, A. B.
Cromie, Thomas.
Gibson, William.
Hines, H. A.
Lyons, R. W. S.

M'Murray, J.
Maguire, C. J. O'F.
Mathews, R. H.
O'Keefe, William.
Prendergast, J. Moran.
Rountree, G. A.

Royal Colleges of Physicians and Surgeons, Edinburgh.
Double Qualification.—The following gentlemen passed their first professional examination during the October sittings of the Examiners:—

Beaumont, A. Wm., Cambridge.
Aspinall, Samuel, Blackburn.
Clarkson, T. J. R., Yorkshire.
Clarkson, H. G. H., Yorkshire.
Clay, Challoner, Wiltshire.
Pepillon, Thomas A., Berkshire.
Masters, Alfred T., Dorsetshire.
Evans, Wm. G., Cardiganshire.
Huels, E. I., St. Louis, U.S.A.
Anderson, David, Dollar.
Turner, Arthur C., Derbyshire.
Macnab, Joseph, County Cork.
Kean, Thomas, Galway.

Johnson, H. E. G., Liverpool.
Heyworth, T., Lancashire.
Patterson, T., County Donegal.
Nairn, David M., Dundee.
Beattie, James, County Antrim.
Clark, Smollett Samuel, Madras.
Donesan, James, Cork.
Wheeler, R. J. S., Clonakilty, Cork.
Callender, M. R., South Shields.
Martin, Thomas B., Sunderland.
Clark, Duncan, Argyllshire.

And the following gentlemen passed their final examination, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh, during October and November:—

Ross, Thomas, Southlandshire.
Steel, John, Poonah.
Munday, James, Poonah.
Wood, John C., Sunderland.
Cody, William, Longford.
Culpin, Millies, Buntingford.
Kees, Arthur, Madras.
Waddell, William, Ballymena.
Foggin, J., Newcastle-on-Tyne.
Fryer, Wm. F., County Carlow.
Roberts, Robert G., Liverpool.
O'Callaghan, Jeremiah, Cork.
Scully, Denis, Tipperary.
Tisdall, John J., Mullingar.
Rowe, Edmund Lewis, York.
Huey, David, Ballynaries.
Green, Henry, Manchester.
Preston, Henry H., Manchester.
Holdsworth, William, Whitby.
Fayson, William, Motherwell.
Fraser, Samuel, County Down.
Johns, Wm. S., Wells, Norfolk.
Davies, Daniel Rees, London.
Rogers, Harry C. E., Plymouth.
Powell, John, South Wales.

Williams, R. A. H., Dungarvan.
Wagner, Richard, Poonah.
Douglas, Edwin, Edinburgh.
Harrison, G. C., Nottingham.
Irwin, James R., County Derry.
Mackey, Samuel, Letterbratt.
Silverwood, W. B., Shelly, Huddersfield.
Hamilton, John B., Drogheda.
Storrer, Wm. M., Aberdeenshire.
Watson, A. O. C., Bombay.
Adams, John B., Caermarthen.
Babst, C. T. U., Newcastle.
Cousens, Wm. C., Ottawa.
Malony, M. J., County Tipperary.
Walsh, Edward P., Coolnagour.
Murdoch, Alex. Brown, Elgin.
Bake, C. J., County Galway.
Torrens, J. L., County Derry.
Coady, D. P., County Kildare.
De Watteville, W. F., Berna, Switzerland.
White, John Richard, London.
Gorham, John, Clifden, County Galway.

ing next, at 7.30 o'clock, in the rooms of the Anti-Compulsory Vaccination Association, Victoria Street, to be followed by a discussion, in which friends and opponents of the Acts are invited to join.

F.R.C.S.—We believe the announcement to be quite correct; but honours do not always fall into the lap of merit, nor rewards to those who have a right to expect them. We cannot answer your query—"What has he done to merit it?" but exclaim, What, indeed!

A MEDICAL MAN CHARGED WITH MANSLAUGHTER.—We regret to learn that Mr. Wm. Hawkins, late Assistant Medical Officer to the Gloucester County Asylum, has been charged before the Gloucester magistrates and committed to take his trial on a charge of manslaughter of a patient named Walter Partridge, who died recently in the Asylum from fractured ribs, said to have been caused by the violence of Mr. Hawkins. The prosecution was ordered by the Home Secretary in consequence of the sudden death of Partridge after a bath. He was a dirty, troublesome patient, fifty-three years of age. About two hours before his death the accused bathed deceased and another patient, and it is stated he, along with two keepers, got the deceased down, jumped on his stomach, and made him cry "Murder."

MEETINGS OF THE SOCIETIES.

HARYKIAN SOCIETY OF LONDON.—Thursday, Nov. 16th, at 8.30 p.m., the Report of the Alcohol Committee.—Dr. Francis, "On the Treatment of Neuralgia."

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—Friday, Nov. 17th, at 7.30 p.m., Mr. Rogers Field, "On some of the less recognised but important points in the Drainage and Ventilation of Houses."

MEDICAL TEMPERANCE ASSOCIATION.—Wednesday, Nov. 22nd, at the rooms of the Medical Society of London, at 4 p.m., Dr. Richardson, F.R.S., in the chair, paper, "On Inebriety caused by Mental Injuries;" to be followed by a discussion, in which all medical men are at liberty to take part.

Vacancies.

Bradford Fever Hospital.—Resident Medical Superintendent. Salary, £150, with board, &c. Applications to be made to Mr. C. V. Woodcock, Albany Buildings, Bradford, on or before Nov. 21st.
Callan Union, Ballingarry Dispensary.—Medical Officer. Salary, £100, and £20 as Medical Officer of Health. Election, Nov. 22nd.
Cane Hill Asylum, Surrey.—Medical Superintendent. The salary and emoluments will be £700, with unfurnished house, &c. Applications to be addressed to the Clerk to the Committee of Visitors not later than Nov. 20th.

Dundalk Union, Carliford Dispensary.—Medical Officer. Salary, £100, and £25 as Medical Officer of Health. Election, Nov. 25th.
Ennisecorthy Union, Killan Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Nov. 21st.
Galway Union, Arran Island Dispensary.—Medical Officer. Salary, £120, and £15 as Medical Officer of Health. Election, Dec. 1st.
Royal College of Surgeons, England.—Examiners in Anatomy and Physiology. Applications to the Secretary on or before Nov. 26th. (See Advt.)

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—House Physician. Salary, £100, with board, &c. Also House Surgeon. Salary, £120, with board, &c. Applications to be addressed to the Chairman of the Medical Committee not later than Dec. 4th.

Appointments.

ASHB, St. G., L.R.C.S.I., Medical Officer for the High Street Dispensary of the South Dublin Union.

BREBENOT, J. L., F.R.C.S.I., L.K.Q.C.P., Resident Medical Officer to the Scarborough Friendly Societies' Medical Association.

FIRTH, E., M.B., C.M. Edin., Medical Officer to the Norwich Dispensary.

JACKSON, J. H., M.B., C.M. Ed., Junior House Surgeon to the Wigam Infirmary.

KEMPE, J. A., M.R.C.S., L.R.C.P. Lond., Senior Demonstrator of Anatomy at University College.

KIDD, P., M.B., M.R.C.P. Lond., Pathologist and Curator to the Hospital for Consumption and Diseases of the Chest, Brompton.

LUCAS, R. C., B.S., F.R.C.S., Surgeon to In-Patients at the Evelina Hospital for Sick Children.

MACLEAN, K., L.R.C.P., L.R.C.S., Honorary Surgeon to the Stockport Infirmary.

MOORE, J. B. G. G., M.R.C.S., Medical Officer for the First District of the Onger Union.

ROBINSON, C. W., M.R.C.S., Medical Officer for the Tynemouth District.

Marriages.

ALLT-NEVE.—Nov. 8th, at St. Botolph's Church, Aldersgate, London, Nathaniel Wm. Allt, L.K.Q.C.P., of Wittersham, Kent, to Catherine Fanny, eldest daughter of T. E. Neve, of Wittersham.

MCNEILL-PITT.—Nov. 2nd, at Cullumpton, Devon, John P. McNeill, B.A., M.D., T.C.D., of Knockmore, co. Antrim, to Louisa, youngest daughter of the late William Pitt, Esq., of Woodcockswell, near Cullumpton.

NASMYTH-DENNY.—Nov. 7th, at Woodlee, Dumbarton, Thomas Goodall Nasmyth, M.B., C.M. Ed., Cowdenbath, Fifeshire, to Violet Nicol, elder daughter of the late Archibald Denny, of Dumbarton.

Deaths.

BOYD.—Nov. 10th, Isabella, wife of Robert Boyd, F.R.C.P., of 1 Bolton Row, Mayfair, and Southall Park, Middlesex.

HENRY.—Nov. 6th, at Stewartstown, Robert Henry, M.D., aged 32.

LATHAM.—Nov. 7th, at Ballymoney, William Thomas Latham, F.R.C.S.I.

SOULEY.—Nov. 4th, very suddenly, from disease of the heart, at Waverley House, Hull, Henry Souley, M.D. St. And.

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. CLIPPINGDALE (Kensington).—Your communication is unavoidably held over, the engraver having failed at the last moment to furnish us with the necessary illustration.

DR. BELLA (Paris).—Our Publisher, considering your advertisement of a doubtful character, has handed it to us. In this country it is unusual for any but quacks to advertise the cure of "secret maladies," and we cannot allow the advertisement columns of the *Medical Press* to be made the vehicle of such objectionable announcements.

CETTAGE HOSPITAL.—We have seen the peat-moss used in some of the larger hospitals, both as a styptic in wounds and surgical operations, and also as a deodoriser on dissecting-room floors. In both cases it has answered admirably.

STUDENT (Edinburgh University).—The book referred to is an excellent example of what a class-book should be. You cannot do better.

AN INHABITANT.—The question may now be considered settled by the delivery of judgment by the final court of appeal. What action the Board intend taking is shadowed forth by the following resolution which was passed on Saturday last:—"That having regard to the fact that the judgment of the House of Lords in the Hampstead Hospital case has now been delivered, the General Purposes Committee of the Metropolitan Asylums Board be empowered, in accordance with the recommendation contained in their report of the 28th July, 1881, to institute inquiries with a view of ascertaining whether a site or sites suitable for the erection of one or more convalescent hospitals can be obtained within a reasonable distance of the metropolis."

DR. WILSON.—The appointment is filled up. This, like most of the class, resulted from personal influence.

ANIMAL VACCINATION.—We are requested to announce that Dr. Chas. Jenner will read a paper on "Animal Vaccination" on Monday even-

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 22, 1882.

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Original Communications.

ON SOME IMPLICATIONS OF DISSOLUTION OF THE NERVOUS SYSTEM. (a)

By J. HUGHLINGS-JACKSON, M.D., F.R.C.P., F.R.S.,
Physician to the London Hospital, and to the National Hospital for the Epileptic and Paralyzed.

(Continued from page 414.)

I HAVE been said not to take note of the "Suppleance" (I use the word Compensation) of one part of the cortex for another. As a matter of fact I have, so far as I know, long ago carried the doctrine of compensation, and that as to all centres, further than any other physician; for example, *Edinburgh Medical Journal*, Oct., 1868. The following, referring to the constitution of the cerebrum (the *Medical Mirror*, Oct., 1869), surely carries that doctrine far enough. The quotation by itself may be taken to imply "universalisation," but before that time I had stated the doctrine I re-state in this paper:—"When in the cerebrum we have arrived at an interrelation so great that each part of that organ contains processes [nervous arrangements] for movements of the whole of the body, we can, as aforesaid, understand that destruction of much of that organ may lead to no symptoms; but if part of the grey matter of the organ be not destroyed, but unstable, it is plain that there must be symptoms by its discharge." The fact is that I then carried the doctrine of compensation further than I now do. The quotation implies absolute compensation, whereas I believe now that there is no such thing. There are many degrees of compensation, from slightest to seemingly complete.

Let us return to the crude symbolisation to illustrate Compensation. One part of what follows may be looked on as an endeavour to show how it is that what we call recovery follows in some cases of paralysis resulting, not from "impairment of function" of part of a motor

centre, but from permanent annihilation of part of it. We of necessity recapitulate, for the doctrine of Compensation is only another aspect of the doctrine of Localisation I have propounded.

If any one of the seven terms be destroyed, there will be some loss of power in the three muscles, X, Y, Z, although on destruction of some one of the terms the loss of power in one or two of the three muscles may be inconspicuous. Really there is loss of a movement in which each muscle serves in a different degree. But X, Y, and Z are still represented in every other term, and thus six other movements, each of all three muscles, remain. Observe, otherwise stating the preceding, the paralysis from loss of any one term is widely distributed, although it may appear to be much more of some one of the three muscles, according to the particular term destroyed. Instead of saying that the "muscular region is weak," or that there is "partial paralysis," we say that one movement of the whole region is absolutely lost, and that six other movements, each of the whole region, remain as perfect as ever; the condition is duplex, negative, and positive. Supposing the first term to be destroyed, there is loss of x^1, y^1, z^1 ; the muscle X appears much weakened, but it remains still represented in other movements by x^{23} ; Y and Z appear to suffer scarcely at all—not appreciably at all—because they remain almost as fully represented in the centre as when it was intact, by the other terms. There is loss only of two P's out of thirty-four, and of but one Z out of twenty-six. The loss of the movement $x^1 y^1 z^1$ is largely compensated in time by greater activity of the six remaining terms. Compensation does not, in this scheme, mean that nervous arrangements take on duties they never had before, but that, having more or less closely similar duties, they serve—not as well, but only—next as well as those destroyed. Plainly, the compensation is in no case of destruction of part of a centre absolute, and in the illustration given it is very imperfect. In many cases we may say that compensation is "practically perfect. An hemiplegic man seems to

(a) ERRATA.—In the last line of footnote (a) in first column of page 418, read "from most to least automatic."

recover perfectly, although some nervous arrangements of his motor centres are annihilated. Prompt recovery in some cases leads to the hypothesis that there is a "functional lesion." I contend that recovery follows when some nervous arrangements are gone, never to be restored. The reader must bear in mind that we speak of cases of apparent recovery in which some nervous arrangements are gone for ever—there is a "hole" where they once were.

When the first term is destroyed there *appears*, we repeat, to be decided paralysis of X only, but slowly the other terms come to serve for moving the whole region more efficiently, and what is called the paralysis of X diminishes. There is *some* compensation. If we suppose there to be destruction of the third term only, there would be rapid compensation. There is from its destruction loss of but five *x's* out of fifty-four, of seven *y's* out of thirty-four, and of four *z's* out of twenty-six.

One of my critics describes my endeavour in an exposition of the hypothesis of Compensation I gave (*Brit. Med. Journ.*, May 10, 1873) to be to show that cerebral centres *do*, and also that they *do not*, represent movements. I simply try to show that when a part of a centre is destroyed, the rest of the centre—the part not destroyed—serves next as well as the part lost, and that in some cases compensation is practically perfect.

We have spoken of destruction of terms; now we speak of abnormal discharges of terms; we have already done so incidentally.

Suppose that the cells of one term become highly unstable, and that they occasionally discharge excessively. Discharge of the first term, $x^{21} y^3 z$, will convulse the whole region, but the muscle X will suffer most spasm—twenty-one times more than Z. The spasm will *appear* to be limited to the muscle X, since Y and Z, being so little represented in the term discharged, will not appreciably suffer.

If we suppose the third term, $y^6 x^7 z^4$, to become highly unstable and to discharge, the whole region will be strongly moved—more strongly than from healthy discharge of the term—in a particular way, and the muscles, X, Y, and Z, will be nearly equally engaged in that movement—the spasm appears to be thin and evenly "spread" throughout the region; popularly the whole region is a "little stiffened," or has slight twitches; the region is but slightly convulsed. Then, to return for a moment, to destruction of terms. If the third term be destroyed, the whole region cannot be moved in a particular way, and the three muscles will exhibit a nearly equal degree of impotence—the paralysis appears to be thin and evenly "spread" throughout the region; popularly the region is a "little weak;" a nomenclature which hides the real thing that a movement of the whole region is lost from annihilation of one term of the centre and that six other movements remain. We now illustrate a further matter—that a negative and a positive lesion may co-exist in a centre.

Suppose the third term to be destroyed; there is for ever a loss of power in moving the *whole* region in one particular way. Suppose next that the fifth term, $x^3 y^4 z^3$, becomes highly unstable; it will occasionally discharge strongly and thus convulse the *whole* region; that is, it will develop a movement, not quite like the one lost but very like it. This illustrates, very artificially, what often occurs, convulsion of the whole of a region, the whole of which is permanently somewhat paralysed. We are here repeating a former illustration with some unessential modifications. We next try to show that there is a far greater difference betwixt the effects of destruction of terms and discharges of terms than has been so far pointed out.

Besides the obvious difference betwixt destruction of a term and excessive discharge of a term, there is another difference. When a term is destroyed the other terms are left intact, are not interfered with; for the local negative lesion is a nothing—a hole. But in the case of excessive discharge of a term it is otherwise. The

highly unstable cells may be likened to a fulminate; by the rapidity of their decomposition they discharge collateral *healthy* terms. More or fewer of the healthy terms, according to the gravity of the initial discharge (that of the term become highly unstable), will be discharged. In other words, the currents from discharge of one term spread in two ways, for besides "downward" lines to the periphery, there are, in centres, "cross" lines—lines of integration. The energy liberated by any term will give rise to "cross" as well as to "downward" currents. (a) Suppose the term $x^{21} y^3 z$ to become highly unstable, the other six remaining healthy. The excessive discharge of this term will produce convulsion of X Y and Z, or rather develop a movement in which X is largely, Y slightly, and Z very slightly, concerned. Next will be added on to the continuing discharge of the first term the secondary discharge of the healthy term $x^{14} y^3 z^3$, so that by this time the discharge will be of $x^{35} y^6 z^3$, and the spasm of X Y and Z will be corresponding. Strictly speaking, two different movements, each of the whole region, are at this stage being developed at once, and are co-operating with and antagonising one another. There is a compound sequence of spasm. We need not illustrate further, as to do so would be essentially repeating the principle stated as to compound order of paralysis. What is said on both is only another way of describing the principle of Compensation, and is in entire harmony with what was said on convulsion of the whole of a region, which is, "paralysed to the will," and with what has been recently said of the case of destruction of the third term with instability of the fifth.

(To be continued.)

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.,
Surgeon to the London Hospital.

I.—SYMPTOMS AND DIAGNOSIS. (b)

THE primary symptoms of rupture of the urinary bladder will be more or less marked, according to the condition of the patient at the time of the occurrence. If the sufferer, as is too frequently the case, happens to be intoxicated, he may be unconscious of anything amiss. He may be found lying insensible on the highway, or be picked up in the street as simply inebriate, and be carried to a police station or to the hospital, or walk into an adjoining room and go to bed, or stagger to his home, and only become alive the next morning, or, after the lapse of several hours, to the fact that he has sustained a grave injury. If the accident occurs to a sober individual, or to one who is only convivial, or slightly tipsy, there will be at the moment of rupture intense pain at the umbilicus or in the hypogastrium, and, perhaps, faintness or complete syncope, and a feeling of something having given way within the abdomen. To quote a few instances, more especially in illustration of the last symptom, in addition to those reported by Scott, Lynn, Garry, Wilmot, Howship and Lloyd adduced in the previous part of this paper. A stout young man of seventeen, who, fortunately, came under Mr. Syme's care, and happily recovered, experienced immediately an intense pain, with a feeling as if the bowels had protruded. His brother remarked that his clothes were distended over his belly. In Mr. Prescott Hewett's collection, a woman thrown down by her husband in a scuffle, and knelt upon with great force, was immediately sensible of having sustained a severe internal injury. A woman in labour, whose case is given

(a) In some cases, as in *le petit mal*, the "cross currents" are chief; the "downward currents" slight; the currents from the primary local discharge in the highest centres can overcome the resistance of many collateral centres of those highest centres—hence complete loss of consciousness—but can only overcome the resistance of small cells of the middle centres. Hence little, but yet widespread, convulsion, or miniature convulsion (described as "shuddering," "slight tremor," &c.).

(b) The first part of this paper appeared in the *Lancet*, June 3, 10, 17, 24, 1882, and an Abstract of this part appeared in the *Lancet* for Oct. 22, 1882.

by Dr. John Ramsbotham, and already referred to, had a sudden pain on the right side of the navel, and a feeling of something giving way. Mr. Collis's patient, a woman, 26 years of age, of intemperate habits, retired to rest without emptying her bladder, and got up for the purpose. Being unsuccessful, she endeavoured to get into bed again, but fell across the footboard. She felt something give way inside her, fainted, and was lifted into bed. Mr. Cusack's first patient, M. G., æt. 26, a servant, who had drunk largely of whisky punch before going to the theatre, feeling a desire to void urine, attempted to leave the gallery of the theatre, and, while doing so, fell and struck his hypogastric region against the edge of one of the benches. He felt as if his heart had burst. His second patient, E. S., an ostler, æt. 30, who fell a height of twenty feet from the battlement of a bridge into a garden, experienced a peculiar feeling about the præcordia, as in the preceding case. Mr. Gamack's patient, an adult male of 21, in good health, caught under a falling bank of earth, felt something give way in the belly. Mr. Willett's patient, a man 48 years of age, called up in the morning to fight another man, and in too great a hurry to give his adversary satisfaction to stay and empty his bladder, which he knew was full, felt, at the moment when he received the fatal kick, that something had given way in his abdomen. Reference to the cases in which the bladder has given way from over-distension, and which I have already quoted, will show that a similar sensation was experienced. Mr. Garry's patient felt something "suddenly jump in his belly," and Sir E. Home's patient, after an urgent desire to make water, felt a rush from the upper part and a severe pain in the region of the bladder, the desire ceasing at once.

In the majority of cases of intra-peritoneal rupture the power of locomotion is either abolished or very greatly impaired. Mr. Cusack's first patient was incapable of raising himself up, or of standing without support, and was compelled to incline his body forward. Montague's patient stood for a few moments and then fainted. Mr. Willett's patient was seized with acute pain, was helped up, and taken into the house. McGuinness, a patient under Mr. Hamilton, of Dublin, (a) was engaged in a fight after a brawl in a public-house; his antagonist fell on him. He got up, complained of great pain, and was carried home. Mr. Wathen's patient, a surgeon, 31 years of age—whose horse had fallen on him after conviviality—helped to undress himself and stood up leaning a little forward. A woman of 28, intoxicated, whose case is reported by Mr. Stokes, (b) was unable to rise after her fall, and was carried upstairs. The following morning, when admitted into Richmond Hospital, she was barely able to walk.

Even if the sufferer be able to walk he will, in all probability, do so slowly, painfully, in a stooping position, or with the assistance of others. Thus, Wm. Sykes, 31 years of age, whose case is reported by Mr. Hiley, (c) received several kicks on the abdomen in a drunken brawl in an ale-house. He was sobered by the accident, and walked home a quarter of a mile in great agony with cries and groans, and he was compelled to walk in a stooping position. J. L. Baker, 29 years of age, under Mr. Bower, (d) fell in a scuffle, and his abdomen came in violent contact with the corner of a table. He was placed on a form, complained bitterly of pain in the abdomen, but, supported by two men, walked home, where he passed a restless night. A few have been able to walk a short distance after the injury, or on the following day. Mr. Poland's patient, John P., æt. 35, stout and well-built, had been drinking, and betook himself to jumping over a stile; he succeeded in doing so, but came violently on a heap of stones on the other side of the stile, striking his abdomen as he fell. Though suffering much, and bleeding from the wound caused by the injury, he

managed to walk some thirty yards to a surgeon who tried to catheterise, but failed. The man passed a little drop of blood instead of urine that night. After thirty-six hours had elapsed he was brought to Guy's Hospital. Mr. Stapleton's (a) patient, Charles Scarlett, 22, labourer, drunk, fell from a ladder, a distance of 12 feet. He was taken to Jervis Street Hospital, Dublin, in a cab, but sent home. The following morning he walked from his lodgings in Britain Street to the Hospital. Dr. McDougall states that a man came to his hospital thirty-six hours after a severe fall, walked into the out-patient room, and from thence to his bed, making all the while little complaint of pain. He died five days afterwards, and his bladder was found to be extensively ruptured, but whether through the peritoneum or not is not mentioned. Anton Graw's (b) patient, a man of 37, thrown to the ground in a fight, and injured by some one falling on his belly, experienced intense pain. The following day he could merely reel without help and drag himself slowly along.

In five cases the power of locomotion seems to have been retained to a more remarkable degree. In his standard work on medical jurisprudence Dr. Alfred Taylor adduces, *but only on the verbal authority of a pupil*, the case of a gentleman who had been compelled to retain his urine, and had his bladder distended. He descended a staircase, fell and struck the lower part of his abdomen against a stair. The sense of fullness of his bladder ceased and he walked to a friend's house to dinner. He recounted the accident to a surgeon present, and the latter at once suspected that the bladder was ruptured. The patient died in 24 hours. Stephen W., a bricklayer, æt. 36, after drinking with his friends at a public-house, was knocked down, while intoxicated, and run over by a cab. He was taken to the house of a surgeon in Lambeth, who dressed a slight wound in his head. After this he walked home to Pimlico, a distance of nearly two miles. Mr. Hird, (c) who reports the case, saw him at 11 o'clock the same evening, about three hours after the accident. He found him in bed, but unable to give any account of his sensations at the time of the accident, as he had drunk to excess.

Dr. Harrison gives an extraordinary case. A man, of 35, intoxicated, was fighting, he was thrown down, and his antagonist fell across the lower part of his belly. He felt excessive pain in the hypogastrium. Sick and weak he rallied and walked home alone, tried to urinate, but could not. He passed a restless night, but had some sleep. He made ineffectual efforts to urinate, took some breakfast, and walked three miles to a surgeon. The catheter was introduced, and drew off six ounces of urine. He walked home again and passed two ounces of urine. On the third day he rose and began his usual labour. At noon he felt so sick that he drank some whisky and walked again to town, three miles, for medical relief. On the fourth day he still kept about and passed urine at frequent intervals, but the symptoms increased in severity. He got worse and gradually sank eight days after the injury. The result of the post-mortem examination is noteworthy. There was an oblique fissure in the bladder an inch and a half in length, and the cavity of the pelvis was separated from that of the abdomen by agglutination of the lower intestines with the bladder. A quart of colourless urine containing shreds of lymph was found in the pelvis. In Dr. Gillespie's case, (d) which is worthy of careful study, remarkable powers of locomotion were shown.

M. M., æt. 31, a tailor, was drinking in a tavern on 29th November, 1858, and had some altercation with another man. A wrestling match ensued which ended in M. M. being thrown, his adversary falling on the top of him. He left the tavern, and shortly afterwards fell backwards upon his nates down a flight of steps. He was very

(a) *Dublin Quarterly Journal*, 1844.

(b) *British Medical Journal*, March 23rd, 1872.

(c) *Lancet*, 1842.

(d) *Lancet*, Dec. 12th, 1816.

(a) *Dublin Quarterly Journal*, 1850.

(b) See Max Bartel's paper—Case 49.

(c) *Lancet*, October 31st, 1886.

(d) *Edinburgh Medical Journal*, 1859, p. 811, at seq.: see also p. 844 for discussion at Edinburgh Medical Chirurgical Society.

drunk, but complained of severe pain in the lower part of the belly. He was assisted by the police to the station, where he passed the night, and in the morning he walked fully half a mile to his lodgings. He was suffering much from pain in the abdomen, and was unable to pass any urine. Medical assistance was obtained in the afternoon, and urine to the extent of six or eight ounces, untinged with blood, was drawn off. During this day and the next he was confined to the house with the pain increasing in intensity, and without any further introduction of the catheter. The first night at his lodgings he was in and out of bed, and walking up and down the room, complaining of desire but inability to micturate. On the 2nd of December, at 8 a.m., he walked up to the Infirmary and complained of retention of urine. A catheter was passed, and between five and six pints of clear normal urine were evacuated. He expressed relief and left the hospital. About two hours afterwards he returned complaining of general malaise, his countenance indicating much suffering, and his pulse rapid and thready. He was accordingly admitted as a patient. His skin was moist and cold; there was general uneasiness over the abdomen, most localised at the epigastrium; the pulse was 120 small and thready; the tongue coated at the centre with a dry red margin. In the afternoon the catheter drew off twenty ounces of high-coloured but not bloody urine. Vomiting was almost incessant throughout the day. There was little variation in the symptoms on the two following days, the vomiting, uneasiness, depression, and inability to void urine continuing, and the catheter drawing off urine almost normal in quantity and quality. On December 6th the vomiting had been much relieved by the application of a large mustard blister, but the patient had been excessively restless and slightly delirious, and there were anxiety of countenance and cold perspirations all over the body. On December 7th the patient in a semi-delirious state got up and dressed himself and signified his intention of returning home, and was with difficulty persuaded to return to bed. Before doing so he passed urine voluntarily to the extent of eight ounces. Extreme prostration speedily followed and he died at half-past eight on the morning of December 8th. At the post-mortem the great omentum and visceral layer of the peritoneum presented numerous patches of scarlet vascularity; serous exudation was found in the pelvis with some flakes of lymph. There was no gluing together of the intestinal coils. The bladder was contracted, being a little larger than a hen's egg. There was a vertical rent on the posterior surface an inch in length, proceeding downwards from the urachus. The opening was almost closed in consequence of a protrusion of the mucous and muscular coats. The edges of the wound in the peritoneum were thickened and infiltrated; those of the substance of the bladder presented a decidedly granulating appearance. There was a moderate submucous infiltration of blood.

Another remarkable case is recorded by Mr. Crossley (a) A. O., 24 years of age, received during a fight a blow in the hypogastric region from his antagonist's knee. He experienced a sensation of something having given way, followed by severe pain. These symptoms passing off, he walked two miles to his home, which he reached without difficulty. He tried to pass water but failed. He sent for his medical attendant, Mr. Robinson, who introduced a full-sized gum-elastic catheter, and drew off twenty ounces of bloody urine. This was repeated twice daily up to the day of his admission to the Leicester Infirmary, November 20th, 1871. The patient walked without assistance from the Infirmary door to his bed. His countenance was rather anxious; his pulse 80; his skin cold. There was a sensation of weight in the hypogastric region, but no tenderness on pressure. On percussion the area of dullness over the abdomen was increased, and there was a distinct sense of fluctuation on palpation. A silver catheter was immediately introduced, the abdominal dullness and fluctuation entirely disappearing. A gum-elastic catheter was passed night and morning. He went on well till the evening

of December 1st, when, without premonitory symptoms, he was attacked with convulsions, rapidly followed by coma. Every effort was made to rouse him. A catheter was immediately introduced, and about twenty ounces of urine were drawn off, consciousness returning in about an hour. On the following day he was again attacked in a similar way, and on December 3rd he was seized with a more violent form of convulsions, and sank in three hours into a comatose state which ended in death. An oblique laceration two inches in length was found on the posterior surface of the bladder.

(To be continued.)

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

I.—ANATOMICAL CONSIDERATIONS.

THE anatomy of the hip-joint presents many details of surgical interest, the principal of which are as follows:—

The floor of the acetabulum is the weakest part of the innominate bone. In the dry specimen it is generally thin enough to be translucent. In the natural state it is protected from injurious pressure by the Haversian gland—a mass of fat and blood vessels; and when this succumbs to the action of disease, which it does readily, there is no periosteum to protect the bone beneath; hence the frequency of perforation.

The inner side of the pelvic wall deserves attention, as it indicates the direction pus may take after passing through a perforation in the acetabulum. In Fig. 1 the circumference of the acetabulum is represented by a circle; the attachment of the obturator internus muscle by a dotted line. It is obvious that a perforation of the acetabulum must open internally in one of three positions: it must open either into the obturator muscle, in front of it, or behind it. If it opens into the muscle, then pus will pass through its substance and emerge with it at the small sciatic notch (in the direction of arrow A), and point upon the natis. If, however, perforation takes place behind the obturator, then matter will pass into the ischio-rectal fossa, and may open either upon the perineum or into the rectum (arrow B). In most cases, however, perforation takes place anterior to the origin of the muscle, and then the matter passes upwards (arrow C) in the sheath of the obturator vessels, and points in the groin.

It may be noticed that the matter is well shut out from the peritoneal cavity, perforation of which has never been known to occur consequent upon hip disease; for beneath the peritoneum is the strong and elastic pelvic fascia, which forms an efficient protection. This fascia, however, does not pass above the ilio-pectineal line; and if pus should find its way into the iliac fossa, it would come into contact with the uncovered surface of the colon, and into the bowel at this point it has been known to pass.

The extent of articular surface exposed to disease is larger than may be supposed. The circumference of the articular portion of the head of the femur averages six and a-quarter inches in the adult, and, assuming the head to be two-thirds of a true sphere, then the articulating area will be about nine and a-half square inches. With similar measurements for the acetabulum, it may be inferred that about twenty square inches of bone and synovial membrane are exposed to disease in a case of inflammation of this joint. (a)

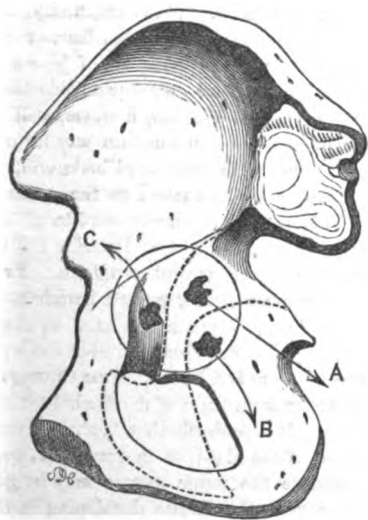
The neck of the femur in structure is cancellous, devoid of medullary canal, and invested by a layer of compact tissue. This dense layer is thick below and thin above; hence we find that caries travels more quickly upon the upper than upon the lower surface of

(a) *Medical Times and Gazette*, 1872.

(a) For this estimate I am indebted to my friend, Mr. Arthur Ellis B.A. of Worcester College Oxford.

the neck. In young subjects, however, before the dense tissue is fully formed, disease encroaches with equal facility upon both surfaces.

The round ligament is supplied by nourishment by vessels which enter it both by its pelvic and femoral ends; its nutrition, therefore, is weakest in the centre. Hence we find that when an inflammatory exudation constricts the vessels at either end, the ligament yields in the centre, being in some cases perforated, in others thinned, and in others ruptured.



Development.—It is important to remember that all diseases of, or operations upon, the hip-joint during the first year of life affect cartilage only; from the first to the eighteenth year young, soft, growing bone in increasing proportion; and after this period, well-formed bone.

Nervous supply.—The hip-joint is not supplied by a single nerve whose function is solely the nerve-supply of the articulation. Accordingly, we find *reflected sensations* are common, and pain is felt in the thigh, knee, leg, ankle, penis, and elsewhere in disease of the articulation.

MILK POLLUTION AND DISEASE.

By JOHN DOUGALL, M.D., M.B., F.F.P.S., Glasg.,
Physician to, and Lecturer on Materia Medica, Glasgow Royal Infirmary.

THE lecturer having selected "Milk Pollution and the Spread of Disease" as the subject for the opening address at the eighty-first annual meeting of the Glasgow Philosophical Society, began by referring to a communication on the dissemination of zymotic diseases by milk, which he read to the sanitary section of the society about ten years ago, when strong suspicion was culminating in fact that milk was a vehicle of specific infection. At that period several medical men had either clearly traced or strongly suspected impure milk to have caused numerous cases of typhoid, scarlatina, cholera, and small-pox. Still, a considerable number were sceptical about the matter, while many actually refused to believe it. It was in consequence of this diversity of opinion that he set about collecting the facts of alleged cases of milk-poisoning, and of examining the chemical constitution of milk with special reference to its forming a favourable *nidus* for the reception and dissemination of zymotic poison. The results of his investigations clearly showed that sweet milk was a congenial soil for the preservation and probably even the multiplication of infectious viruses. Since that time the views he then enunciated had had many sad witnesses to their truth in the shape of a great number

of epidemics, chiefly of typhoid, throughout Britain, due to the distribution and swallowing of poisoned milk. The serious character and frequency of these outbreaks latterly obtained for Local Authorities power to control their milk supplies, so that milk-retailers in many towns were now placed under certain restrictions to prevent contamination of the milk. Dr. Dougall then described the chemical composition of milk, showing how perfectly it was adapted for building up all the tissues of the body. The changes which ensued in milk were noticed, and he observed that it was obviously to prevent these changes that milk was intended by nature to pass at once from the milk gland of the mother into the stomach of her young. Such changes were hastened in milk by its being jumbled about in carts and railways, and being exposed to the air by remaining on sale and frequently transferred to different vessels. He also remarked that the large percentage of water in pure milk rendered it very prone to absorb gases and vapours of an offensive nature. Dr. Dougall then related his experiments, which consisted in exposing uniform portions of milk in a glass jar to the emanations of coal gas, paraffin-oil, turpentine, onions, tobacco smoke, sulphuretted hydrogen, ammonia, sulphide of ammonium, musk, assafoetida, stale urine, creosote, stale cheese, chloroform, putrid fish, camphor, decayed cabbage, &c. In every instance he found the milk had become more or less impregnated with the characteristic odours of these bodies. After stating his strong conviction that milk absorbed and could communicate infection, the lecturer referred to the belief of some germ theorists, who hold that the alleged germs of infection withstand a temperature of 212 Fah., and yet they recommend the boiling of milk to render it non-infective by destroying such germs. It had always far exceeded the utmost boundary of his conception to fancy that a temperature which utterly destroys every form of tangible ovum, and every kind of visible seed known, would be resisted by ultra-microscopical organisms. He would accept this statement as true when he was shown a hen hatching a chick from a hard-boiled egg, or a boiled potato sprouting. It followed as a corollary to his view that he believed the boiling of milk destroyed every organism and germ which it contained; and not only so, but he was certain also all infective putrid particles, which he still believed was the form assumed by zymotic poisons. Specimens of milk sugar and sealed capillary tubes filled with milk directly from the cow's teat were shown to illustrate some of his remarks.

Clinical Records.

ST. MARY'S HOSPITAL.

Apparent Cystitis—Renal Cysts and Calculus—Death.

Under the care of Mr. A. T. NORTON, F.R.C.S.
(From Notes by Mr. ARTHUR W. ROWE.)

PATIENT had been twice married, and had had five children, the last being a miscarriage, from which time the mischief seemed to date. Between two and three years ago had a miscarriage. Previously she had had bad health for a few weeks, principally owing to bronchitis. From this miscarriage she made a slow and painful recovery. Five or six months ago she had some little trouble with her water. Her water was like jelly, and offensive. Then followed a little pain in passing water, and slight incontinence. Three months ago the pain increased exceedingly. Catamenia absent for two years. The incontinence had become extreme during the last three months. She had had leucorrhoea for the last seven years, and this had much increased since her miscarriage.

Present Condition.—On admission the patient had piles. When she passed water voluntarily it gave her great pain. She had constant pain over the bladder, and also in the loins. She said that lately she had had no appetite, and but little sleep, and that she had lost flesh considerably. She coughed a great deal. She had never noticed any gravel in her urine. Urine—weakly alkaline, abundant

phosphates, 1020, epithelium, no casts, mucus and pus, and one-fourth albumen.

February 8th.—Was ordered diet simple. Milk, Oj.; beef tea, Oj.; pot. bicarb., gr. xx.; inf. buchu, ʒj.; t. d. s. Fomentations when necessary. 11 p.m. Pot. bromidi, gr. xx.; chloral hydrat., gr. x.; aq. ad ʒj.

On February 9th there was considerable abdominal pain; by no means confined to the region of the bladder. Pain also in back. Pain of a cutting and scalding character. Pulse 80, regular, of rather poor force.

12th.—Fomentation to perineum.

On the 13th the bladder was washed out with quinine twice a day. Pain had been severe in last thirty-six hours, especially that afternoon. Felt very low. Held the last injection for half-an-hour. Had hot fomentations over bladder.

15th.—Was very weak, but pain not quite so bad. Pulse 64, small, hard, and regular. Bowels not open. Port, ʒvj.

16th.—Pain principally over right kidney. She felt rather better on this morning. The urine slightly alkaline and very offensive, and swarming with forms of bacteroids. The amount of sediment varied greatly. On morning of 15th there was one-third of an inch; this morning a good half was sediment—almost all pus—and this afternoon about three-quarters of an inch was sediment.

18th.—Brandy, ʒiv.

19th.—Patient is very low to-day, and complained of great weakness. Pulse 89, regular, small, and weak. Towards evening she became much weaker, and her friends were sent for. She was then almost pulseless. At about 10 p.m. she died.

A post-mortem examination was refused, but subsequently permission was obtained to examine the kidneys, to be removed by loin incisions. There was very little kidney structure left on either side. The left was contracted after rupture of numerous cysts. The right was almost destroyed by cysts; its pelvis contained a calculus, and was the origin of the pus contained in the urine.

The chief important point to be noticed in the case is that the symptoms have been mostly referred to the bladder, though it is probable that the disease first commenced in the kidneys, both of which were nearly destroyed; and the case is an example of the necessity of considering and of ascertaining the exact state of the kidneys in all bladder affections, the difficulty of which is often very great, owing to the symptoms and signs of the renal disease being masked by those of the bladder affection.

Special.

ANTISEPTIC TREATMENT OF TYPHOID.

At a recent meeting of the Academy of Medicine, M. Vulpian read a paper on the result of several experiments made in L'Hôtel Dieu by him on the treatment of typhoid fever. It will be remembered that last year when he read portions of a work by M. Hallopeau, on the curing of this disease by sulphate of quinine, calomel, or salicylate of soda, he remarked that it would be a very interesting experiment to introduce into the digestive tube of the patient substances calculated to destroy the morbid fermentation from which this disease is thought to originate, and that one could, by this means, if not altogether stop its development, at least moderate its intensity and decrease the time of its duration.

M. Vulpian has since tried the effects of iodoform, salicylate of bismuth, boric acid, phenate of soda, and salicylic acid. Iodoform was found to have absolutely no effect on the sufferer from typhoid fever; this is perhaps owing to its being a substance which is but little antiseptic. M. Vulpian then tried salicylate of bismuth. This substance is usually very badly defined; there exists in it liberated salicylic acid, and perhaps also bismuth. It is scarcely soluble and very antiseptic. Mixed with liquids obtained by putrid maceration, it renders them perfectly clear and limpid, kills the ani-

malcules of fermentation which they contain, and takes from them the unpleasant odour which they generally have.

The results of the use of salicylate of bismuth in doses of 10 to 12 grammes daily were not very satisfactory. The disease was not stayed in any particular, but M. Vulpian observed that there was a considerable lowering of the temperature of the patient. The cells were completely disinfected, and there was a general amelioration of the condition; but as against these advantages there are certain disadvantages which compelled M. Vulpian to discontinue the use of this remedy. These are, firstly, an excessive dyspnoea, which appeared two, three, four, or even five days after the administration of salicylate of bismuth; and secondly, nasal and intestinal hæmorrhage outside the proper influence of the disease. M. Vulpian, however, still believes that this remedy may be useful in a certain way for curing or relieving typhoid fever. He then tried boric acid, which is an excellent antiseptic, and harmless to the patient. He gave it in doses of 12 grammes per day in one litre of lemonade. The results were, however, *nil*, neither lowering the temperature nor amelioration of the general condition. Phenate of soda in doses of 9 grammes per day proved harmless also, but its results did not influence so much the local as the general condition. M. Vulpian has therefore arrived at the conclusion that it is not possible to relieve typhoid fever through the intestines, the extraction from them of the morbid fermentation being quite useless. It is probable that typhoid fever results from an intoxication of the blood, as in small-pox, scarlatina, and measles; therefore the septic matter may be got rid of, but it will not prevent the disease developing in the usual way. M. Vulpian hoped to do away with the effects of the poison in the system itself and to improve the condition of the blood after the absorption of the poison, but he admits that as yet he has not succeeded. After the experiment with phenate of soda he tried salicylic acid in doses of 6 to 7 grammes per day, mixed sometimes with phosphate of lime, sometimes with sugar of milk, given in doses of 25 to 30 centigrammes every second hour. He found it quite harmless except with young people who showed a tendency to cerebral salicylic delirium of a particular kind, which M. Vulpian attributed to the action of salicylic acid, as when the latter was discontinued the former ceased entirely. Thus has he proved that salicylic acid, like salicylate of bismuth, produces neither dyspnoea nor nasal nor intestinal hæmorrhage, but what most attracted M. Vulpian's attention, a lowering of the temperature in 48 hours from 40·5 to 37·5 Cent. A similar temperature was obtained by the use of phenic acid, but it only lasted for a short time, whereas in the use of salicylic acid the result lasted as long as the medicine was continued. In other ways the results were also remarkable: there was less prostration and agitation at night, and salicylic acid had a very soothing effect. These results were produced more in light cases than in the more serious ones, but in no case was the duration of this disease shortened. To prove the influence of this treatment on the mortality in typhoid fever a much greater experience would be necessary than the 20 cases examined by M. Vulpian; but the fact remains that salicylic acid ought to be considered one of the most potent remedies for typhoid fever that have up to the present ever been discovered, and far superior to sulphate of quinine, boric acid, phenate of soda, &c. M. Vulpian, in conclusion, declared that, without actually curing typhoid fever, salicylic acid was one of the most powerful remedies yet used for this disease, and asked whether it could not be used as a prophylactic means in epidemics of this nature, and also whether the daily ingestion of this medicine would not annihilate the poison of typhoid. The experiments made in

England on healthy persons prove that salicylic acid can be taken without inconvenience in doses of 2 grammes per day.

M. Roger asked M. Vulpian how he administered the acid, and the latter replied that he gave it in the form of a powder mixed with disinfected bread, and immediately after it some broth or wine. In some cases there was a difficulty in taking it, but with the majority of persons this did not occur.

France

[FROM OUR SPECIAL CORRESPONDENT.]

UNHEALTHY CONDITIONS OF THE DWELLINGS OF THE POOR.—At the last meeting of the Académie de Médecine, M. Marjolin drew the attention of the members to the unhealthy conditions of the poor in Paris, and considered that the spread of the epidemic now reigning was in a great measure due to overcrowding and insufficient drainage. Where six or eight persons were huddled together in one room as is often the case, isolation of the patient as well as proper ventilation and disinfection is impossible. M. Marjolin would wish to draw the attention of the Government to the law relating to the insalubrious habitations which in his opinion was more a dead letter than anything else. M. Lagneau regretted that the law in question was not applied, especially as immigration into the city has considerably increased. Other members took part in the discussion, and having expressed their opinions, which coincided with that of the first speaker, the meeting separated. The President of the Hygienic Council addressed a letter to the Prefect of Police inviting him to aid, in his official capacity, the researches to be made as to the cause of the epidemic; thereupon the Prefect sent round a circular to the mayors of the different arrondissements inviting their co-operation, so that soon we shall have a complete account of the origin and all that has favoured the extension of the fever.

POSSIBILITY OF PERFORATION OF ARTERIES.—At the Société de Chirurgie, M. Monod reminded his colleagues that at the last meeting the possibility of perforation of arteries in purulent collections was contested. Since then he had examined the subject, and he came to the conclusion that not only was it possible, but that many examples were to be found where the artery was perforated spontaneously, especially in the case of chronic or cold abscess or those of osseous origin.

A HIGHER GRADE IN MEDICINE.—The Minister of Public Instruction has addressed a letter to the Rector of the Academy of Medicine, proposing to him the creation of a higher grade in medicine, which should bear the title of "Doctor of Medical Sciences," *Docteur en Sciences Médicales*.

CHLORAL IN CHILDREN'S CONVULSIONS.—Dr. Bouchut, of the Hôpital des Enfants Malades, orders, in the convulsions of children, chloral in rather large doses. This medicament according to him is of the most important necessity in the treatment of all nervous affections in the young, he does not fear to give as much as twenty grains in one dose to a child under a year old. In the above affection, he orders a draught of hydrate of chloral 20, 40, or 50 grains, according to the age, in syrup; the dose of 50 grains is reserved for children of ten years old; or a suppository of chloral thus composed: spermaceti 50 grains, cacao butter 30 grains, hydrate of chloral 20 to 50 grains. The oxide of zinc he considers very useful, and gives it with sugar, oxide of zinc 10 grains, sugar 10 grains, for four powders, two or more to be taken in the

twenty-four hours. Where the convulsions are dependent on the presence of worms, he orders (for lumbricoides), senega contra 10 grains, Corsican moss 10 grains, calomel 2 grains, sugar 30 grains, for four powders, to be given in the twenty-four hours. If the parasites belong to the class of thread worms, he gives a suppository of mercury ointment 1 or 2 grains, incorporated with cacao butter.

Department of Lunacy.

THE ROYAL EDINBURGH ASYLUM.

THE Royal Edinburgh Asylum, we gather from its annual report, continues to prosper under the energetic superintendence of Dr. Clouston, but if its managers wish to attract private patients to it, we should recommend them to omit from their future reports the frontispiece which graces the one just issued—a wood-cut representing Craig House, a branch establishment recently added to the resources of the Asylum. Craig House, if this drawing does it no injustice, must be a lugubrious residence. It is an ancient building in deep shade, and recalls a haunted manor or moated grange, rather than a sanatorium for cases of mental disease. Dr. Clouston's idea of the proper composition of the institution over which he presides is that it should contain 800 patients—400 of the pauper class, 250 lower middle-class patients, and 150 private patients of affluent means. This may be very well for the Royal Edinburgh Asylum, circumstanced as it is, but if Dr. Clouston advances this computation as being not merely suitable to Morningside, but to asylums generally, he will not carry his English brethren along with him. Compound asylums, such as exist in Scotland, in which private and pauper patients are associated either under the same roof or the same administration, have never found favour on this side of the Tweed.

THE WILTS COUNTY ASYLUM.

DR. IRELAND BOWES, the recently appointed Medical Superintendent of the Wilts County Asylum, at Devizes, has issued a very practical and satisfactory report on the condition of the institution under his charge. He makes the curious observation that three cases of typhoid fever, all of mild type, occurred last year in patients resident in different parts of the Asylum, and who had been inmates of it a considerable time. They all made good recoveries, and one, whose mental condition was previously considered comparatively hopeless, has since recovered and returned to her friends, affording, therefore, another instance of what may be called the clearing-up influence of acute febrile diseases, and especially of the exanthemata, in cases of chronic mental derangement of very unpromising type. No definite cause could be discovered for the outbreak of typhoid fever, but Dr. Bowes mentions incidentally that diarrhoea and erysipelas have been prevalent in the Asylum in former years. It is more than probable, therefore, that some grave sanitary defects exist, and a searching inquiry should therefore be at once instituted into the state of the drains and quality of the water and milk supply. If this be neglected we shall expect to hear in future reports of the occurrence of other cases of avoidable disease. Dr. Bowes supplies an unusually full account of the causes of death in the patients who died during 1881, adding to the statement of the primary cause of death in each case a summary of the principal lesions found on post-mortem examination.

FEMALE EDUCATION IN RELATION TO ITS MENTAL AND PHYSICAL RESULTS.

At the Edinburgh Philosophical Institution last week, Dr. T. S. Clouston, Physician Superintendent to the Edinburgh Royal Asylum, delivered the first of two lectures on this subject before a very large audience. There were a good many reasons, the lecturer said, why physicians and physiologists should have opinions about the education of youth rather different from those held by the professional educators; and he proceeded to show that the former viewed the human being as a unit, with the body and mind inseparable, and that the practical aims of modern medicine, founded on this enlarged study of man, were getting more to be concentrated on measures for the prevention of diseases, rather than on measures merely for their cure after they had arisen. Now, to prevent disease one must control the conditions of life, especially in youth, when the human being is most amenable to influences for good and evil that affect the whole future life. The process and the method of education most undoubtedly influenced health very strongly. Vital energy, which was available for many purposes, should not be appropriated for one; and if in a girl they applied to education the energy which ought to go towards growth, and towards the strengthening of the body, they would produce a small and unhealthy specimen of humanity. At the different periods of life nature used her energy in different ways. In babyhood it was chiefly in body growth; in girlhood, partly growth and partly brain development; while in adolescence Nature's effort was to attain a full development of the various functions. The period of adolescence was not one of production, but of acquisition, and they had to see that it was acquisition all round, and not in one single direction only. If the original constitution derived from ancestry has been good, if the conditions in childhood have been favourable, if education has been right, and the development of the whole being in all her faculties equal and harmonious after Nature's plan, then they must have a woman in perfect health, which meant happiness, with the full capacity for work, for resisting evil influences, and for living her allotted time. In pointing out that one might use up by undue pressure at one time of life the power that ought to have been spread over a much longer period, he remarked that the physician must look at the human being from the cradle to the grave, and not one portion only, as unfortunately, the educationist must necessarily do, having nothing to do with life after the period of education was over. He (Dr. Clouston) would have the educator's reputation partly to depend, not on what he turned out at eighteen but on the result at forty, fifty, or sixty. If it had helped life to be healthy, happy, successful, and long, then education had been good; if unnecessary disease, unhappiness, unhealth at any period of life had been the result, then it had been bad. One generation, he submitted, might by living at high pressure exhaust its share of energies, and might thus draw a bill on posterity without transmitting to the next generation enough to pay it. He believed many of them were now having the benefit of the calm, unexciting, lazy lives of our forefathers of last generation. Proceeding to speak of some of the bad results which he thought were caused by the present system of the education of young women, he referred to the physical and mental changes which accompanied the transformation from girlhood to womanhood, and strongly urged the importance of the whole brain and the whole body coming to maturity, pointing out that the developing process stopped at adolescence. Whatever was done then, or left undone, was final. Who

in his senses, he asked, would deny that it was far better for nineteen women out of twenty to begin life healthy than well educated? Alluding to the danger of developing hereditary nervous diseases, he asked, why should they spoil a good mother by making her an ordinary grammarian? It had been said that most great men had had mothers with strong minds, but he believed that few of them had highly-educated mothers. There was usually an innate force and good development of mind and body in the mothers of such men, and they had usually led quiet, uneventful, and unexciting lives. One great argument for higher education was that it made woman a fitter companion for highly-educated men; but he held this view to be erroneous; and, in conclusion, illustrated his contention by pointing to the ideal pictures of young women drawn by Tennyson, Shakespeare, George Eliot, and Thackeray.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 14TH.

JOHN MARSHALL, F.R.C.S., F.R.S., President, in the chair.

DR. JOHN HARLEY read a paper (for Dr. Vasy Lyle, of Durban, since deceased) on

THE ENDEMIC HEMATURIA OF THE SOUTH-EAST COAST OF AFRICA.

This paper discussed the physical characters of the infested country, and the extent of the country infested. In it the author stated, as an almost completely proven fact, that the Bilharzia hæmatobia infested the whole eastern littoral of Africa, from Egypt to the Cape; and that the entozoon found amongst the people of the Nile valley was identical with that found in South Africa. It appeared to inhabit the sluggish parts of rivers and low marshy lands, and to be absent from high lands; the interior plateau of South Africa being free from the disease. The present immunity of Port Elizabeth was attributed to the substitution of rain-water stored in tanks for that of wells and pits. Opportunities were obtained of examining the bladder in a case of the disease, and both the male and the female parasite. The bladder in one case was healthy near the neck, but was crossed thence diagonally to the fundus by fungous-looking growths, and the mucous membrane over these was granular and ulcerated, and contained embedded ova. Referring to the symptoms and progress of the disease, the author remarked that no symptoms of the affection had been observed antecedent to the appearance of the hæmaturia, the general course of the disease being that described by Dr. Harley, in his communication to the Royal Medical and Chirurgical Society some years since. The portion of urine first passed was clear, but the last few drops contained blood, being expelled by the muscular action of the bladder. The presence of the Bilharzia usually caused little distress; only some lumbar or perineal pain in a few cases. Long after the cessation of the hæmaturia, the eggs of the parasite remained. In some cases, the discharge of blood was so great as to cause the urethra to become blocked by clots; and occasionally vesical catarrh was produced. He had never met with a case in which death could be traced directly to the presence of Bilharzia; it was, however, uncertain what influence it might have in the production of inflammation of the liver. In cases of long standing, nephritic colic was liable to occur; perhaps from the impaction of a clot of blood in the ureter, but more often from renal calculus of phosphatic nature. He had not been able to arrive at any satisfactory explanation of the cause of the affection. Griesinger had attributed it to the use of fish, bread, and fruit; but was not supported by facts. Its cause probably lay in the water used for domestic purposes. With regard to the supposed relation of the endemic hæmaturia to the Natal sore, he believed the latter to be an expression of general debility, but not to be connected with the

hæmaturia. New comers were much more liable to the Natal sore than the old residents; and he did not think that the two diseases co-existed in the same person. He had not met with hæmaturia from Bilharzia among residents in Durban; but it was not rare in the rural districts of the infected regions where impure water was used. European females above puberty were not liable to it; but it occurred among European males, especially hunters and overseers of labour, who often used impure water. The Bilharzia affected the ox, sheep, and other animals as well as man; in those animals, it differed in size from that of man, and the ova were cylindriciform at both ends. In 1851, the parasite was discovered in Cairo by Bilherz, who at first called it distoma; it had, however, been thought better to give it a name derived from that of its discoverer. In 1864, Dr. John Harley made an interesting series of observations on its clinical importance. It had since been found in India; and was extending in Egypt. Some of the patients had resided near the so-called "Sweet Water Canal," and had been attacked a few days after drinking the water. As regarded treatment, three methods had been proposed; the heroic plan, the do-nothing plan, and the rational plan. Under the heroic system, medicated injections into the bladder had been carried out to an extreme degree. One author had recommended the injection of two drachms of a saturated solution of alcohol; this set up violent cystitis, and caused the patient great agony for twenty-four hours or even more. It had been concluded, because the patients did not return after this treatment that it was successful; but a patient who had been subjected to it told Dr. Cobbold that he would rather endure the most severe torment than have it repeated. The do-nothing plan was based on the supposition that the patients would outgrow the disease. In 1870, he had under his care a patient aged 6 years, who was passing myriads of ova, and apparently bleeding to death. Under the use of iron, with a nourishing diet of milk, cream, eggs, etc., the fatal result was averted. He would, in cases of endemic hæmaturia, recommend supporting the system by nutritious food, and by the administration of iron and quinine. Buchu was also most valuable in soothing the irritation of the bladder. In severe cases, it would be worth while to try strong parasitocides. In some recent experiments on the larvæ of the Bilharzia, he had found that they were instantly destroyed on coming into contact with a very dilute solution of corrosive sublimate; one part in 10,000 had a decided effect. He did not agree with Dr. Sonsino in thinking that any bad results would follow this treatment.

Dr. RADOLIFFE CROKER referred to the case of a boy, æt. 12, who, at the beginning of the year, passed much blood with his urine, but now scarcely any; a few ova, however, were still voided. The boy was born in the Orange Free State, and contracted the disease in Natal. Specimens of the ova were exhibited.

Dr. JOHN HARLEY, in reply, said that what they had to deal with was one or two nematode worms in the mucous membrane of the bladder, or in the prostate gland, or at the sides of the urethra. As to the mode of introduction of the Bilharzia, various suggestions had been made, but it most probably entered by the urethra during the act of bathing. It was rare among females, but was common amongst school-boys. The natives of South Africa prevent its ingress by tying a piece of tape round the penis while bathing. The affection in Natal was mostly confined to the pelvic organs, while, in Egypt, the parasite was no doubt taken in with the drinking water, and affected the blood generally. He had early advocated injection of the bladder, and had found that, when properly carried out, it not only relieved but cured the patient. In the *Medico-Chirurgical Transactions*, he had described the case of a colonist in Natal who had the disease in a severe form. Solution of iodide of potassium was injected once or twice a week, and, at intervals, male fern. Both these medicines were well tolerated by the bladder. Whether iodide of potassium killed Bilharzia he did not know, but a weak solution killed a leech. The oil of male fern, injected in doses of about a drachm, in barley-water, was retained three or four hours; it was then expelled with an abundance of *débris*. The patient above mentioned, under this treatment, was cured of his malady; and he had remained hearty and active since 1870. Even after the disappearance of the hæmaturia, the patient might still carry the parasite. Dr. Harley referred to the case of two sons of a medical man who had suffered from hæmaturia. Both were apparently in good health, but in the urine he found ova. He afterwards had to attend them for

nephritic colic. He expressed his great satisfaction with Dr. Lyle's paper, which he had the honour of bringing before the Society. The author was apparently the only medical man who had undertaken the investigation of the disease in South Africa.

THE LIFE-HISTORY OF THE LIVER-FLUKE IN SHEEP.

Mr. A. P. THOMAS, of Oxford, exhibited and explained drawings and preparations illustrating the life-history of the liver-fluke, and the mode of its introduction into the bodies of sheep. This parasite caused a great loss among flocks, amounting in 1879 and 1880, it had been calculated, to three millions. Sheep were especially liable to it, especially those fed on low-lying grounds; but, though experiments had been made, especially by Leuckart, to discover its source, none had succeeded. In 1879, the Royal Agricultural Society offered a grant of money for the prosecution of researches on the subject. It was suggested that the late Dr. Rolleston should make the investigation: he, however, could not do so; and it was, therefore, entrusted to Mr. Thomas. He began to work in two directions; he tried to find whether there was an intermediate host, and, if so, what it was. He had made infection experiments on all the common molluscs, and on some small crustacea. He visited every field near Oxford where the parasite had been found, and examined the fauna very carefully, but could not for some time obtain a clue to the history of the fluke. He found in a field that had been badly infested a *Limnæus truncatulus*, which he subsequently found to harbour a peculiar cercaria, the origin of the liver-fluke. This cercaria had the habit of encysting itself on objects; the body became spheroidal and covered by a mucous exudation, presenting granules similar to those which he had observed in follicular organs at the sides of the animal. For some time afterwards he had not been able to find the *Limnæus*; but, on visiting the fields after the floods last July, he had found an abundance of specimens. The floods had cast these snails over the lower lying grounds, and, in receding, had left them there. One cause of the difficulty of investigation was the fact that the *Limnæus* was amphibious. The eggs of the liver-fluke, which was very prolific, passed with the bile into the sheep's intestines, and were dropped over the field. If the ova were dropped into the water or were washed into a ditch, development proceeded. He had watched the hatching of the embryos in water. The head-end was always turned in the direction of the operculum of the egg; this operculum suddenly gave way, and the embryo escaped and began to move about in the water. It moved very rapidly, and, when in contact with an object, stopped as if examining it. When it came in contact with the right snail, it began to bore into the animal, in which it became embedded. It was not all snails that it would enter; only the *Limnæus truncatulus*. When it had entered the snail, the body contracted and became elliptical; an outer covering of cells with cilia was formed, and the spots, which the embryo had possessed, became detached. It thus became a degenerate spore-cyst, with a number of germinal cells, which increased in number and broke up into rounded masses, the germs of the second generation. These increased in size, became oblong, and provided with a pharynx and intestine, assuming the form of a *Redia*, which forced its way through the spore-cyst. The spore-cyst was developed in the pulmonary membrane of the snail; the *redia* reached the liver and fed on the liver-cells. A further formation of spores took place in the *redia*; one end was formed into a tail, while at the other the cells arranged themselves so as to form a sucker. A *Cercaria* was thus formed, which was very active, until it came into contact with some body, when it became encysted. In this way it became encysted on grass, and was devoured by sheep; it then escaped from the cyst and wandered into the liver of the animal. It might be asked whether and how far this investigation would lead to the prevention of the disease. Mr. Thomas believed that it would. The real preventive was salt, which, in a solution of 0.75 per cent., killed the snails. It should be scattered over all spots of soil infested with the worm. It was also very advantageous to feed the sheep on salt. Mr. Heath, a veterinary surgeon, had divided a healthy flock into two parts. Both flocks were placed in an infested pasture-ground. To one he gave daily half-a-pint of corn with half-an-ounce of salt, well mixed. When they were killed, in the next summer, not one of the sheep that had been fed with salt had a single fluke; while of the others, not one was free. It was long

known that salt prevented the disease; but its action was not understood, and farmers were slow to use it. When the sheep had once become infected, there appeared to be no real cure; the only thing that could be done was to keep up the strength of the animal.

Dr. COBBOLD remarked that he had been interested in the subject many years. Even the elephant and giraffe were affected with flukes, and these were also found in whales, dolphins, and porpoises. He thanked and congratulated Mr. Thomas for his researches. Before Mr. Thomas announced his discovery (and it was a real discovery), it had been stated that Professor Leuckart had found that *Limnæus truncatulus* was the intermediate host of the liver-fluke. It had, however, been ascertained that the snail on which Leuckart made his experiment was not *Limnæus truncatulus*, but *Limnæus pergeri*. In Leuckart's experiments, the snails were infected, but the embryos did not arrive at the cercarial stage. It was reserved for Mr. Thomas to throw a flood of light on the subject, and to work out the entire process of development; and it would be an honour to him to have his name associated with that of Leuckart in the work.

Dr. GEORGE HARLEY said that in 1879 a labourer, set 52, was admitted into the Dorset Hospital with anomalous symptoms. He had pain in the region of the liver, with sickness, but no jaundice; there was also abscess. He died in four months. At the necropsy, twenty-six flukes were found in the hepatic duct. He had not been in the habit of eating meat; his ordinary diet consisted of bread and cheese, with which he often ate water-cress.

Dr. T. J. MACLAGAN said that a gentleman, residing near Dorchester, had informed him that in 1879 and 1880, when many sheep were lost, the whole of a flock that had been fed with corn and salt was preserved.

The PRESIDENT, in expressing the thanks of the Society to Mr. Thomas, said that his researches clearly showed the close relation between diseases of man and those of animals; much might be expected from their combined study. They also pointed to the extreme importance of prevention in preference to attempts to cure.

Specimens.—The following microscopic specimens illustrated the discussions.

Dr. COBBOLD showed: 1. Specimens of *Bilharzia hematobia*; 2. Eggs and living embryos hatching out (the living embryos were very active in this specimen); 3. *Distoma heterophyes*, the small Egyptian fluke, from the only known case (presented by Professor Leuckart); 4. *Anthomyia* or *Homalomyia scalaris*, from the human intestine (this parasite has been figured, but not named, by Dr. Lionel Beale). Dr. Cobbold also exhibited Lung-sputum full of fluke's eggs; Human liver with flukes; *Filaria Bancroftii*, in the adult state, commonly spoken of as the *Filaria sanguinis hominis* of Lewis, removed from a tumour (helminthoma elasticum) of the axilla by Dr. Bancroft; Five samples of urine containing eggs of *Bilharzia* from patients from Egypt and Natal.

Dr. RADCLIFFE CROCKER showed: 1. Ova of *Bilharzia hematobia* from blood from bladder of a boy set. 12; 2. and 3. Ova and embryo in process of hatching.

Dr. BASTIAN showed: 1. *Trichina* from the muscles of a wild boar; 2. *Syngnathus* (a nematode allied to *Pleodera*, causing tubercular nodules in the roots of cucumbers); 4. Embryos of guinea-worm (*Dracunculus*), stained with Bismarck brown.

Dr. STEPHEN MACKENZIE showed: 1. *Filaria sanguinis hominis* (embryo), from stomach of Australian mosquito; 2. The same, from stomach of Chinese mosquito; 3. The same, from human blood; 4. The same, embryos stained to show sheath.

Mr. A. P. THOMAS showed specimens of the liver-fluke in sheep (*Fasciola hepatica*): 1. Eggs of *Fasciola hepatica*; 2. Free embryo; 3. The same, stained with picro-carmin, the embryo being very transparent; 3. *Redia* (one of the nurse-forms of the liver-fluke), containing cercariae and germs of cercariae; 4. Cercariae of the liver-fluke killed in the act of forming their cysts. Also specimens of the shell of the univalve mollusc *Limnæus truncatulus*, the intermediate host of the fluke.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.
MONDAY, NOVEMBER 6TH.

Mr. S. LEE RYMER, President, in the Chair.

SOME interesting casual communications were made by

Messrs. A. Coleman, Chas. Tones, and Redman. The latter showed an upper molar, the pulp cavity of which was almost completely filled by a mass of secondary dentine. The patient, a lady, had suffered for several years from acute attacks of pain, which she referred to this tooth; but it appeared so perfectly sound that none of the dentists whom she had consulted would consent to extract it. Mr. Redman also could find no evidence of anything wrong until he directed a very strong light upon it. He then noticed that, whilst the neighbouring teeth appeared slightly translucent, this one was opaque; he therefore diagnosed calcification of the pulp, and an examination after extraction proved this to be correct.

Dr. ALFRED CARPENTER, of Croydon, read the paper of the evening, entitled

A CONSIDERATION OF SOME OF THE CAUSES WHICH LEAD TO DENTAL DECAY.

Dr. Carpenter first traced the history of dental caries, so far as it could be gathered from early writers and from a careful examination of ancient burial-places, showing that, although never so generally prevalent as it was now, caries was not a new disease, and that the evidence thus obtained went to prove that luxury, indolence, and vice tended very much to promote the development of this disease. He then went on to discuss some of its predisposing causes. There could be no doubt as to the effects of inherited tendencies, such as the syphilitic and gouty, or of others of a less distinctly-marked character, which showed themselves in the form of defective nerve power, or of inefficient nutritive force. These, then, were the consequences of accidental injury to the fetus, or young child, to wear and tear of the organ itself, to improper diet, and other causes, which might be conjoined with the hereditary tendency, and produce still more serious results. Most of these causes acted chiefly in early life, but improper diet was not an uncommon cause of disease of the teeth in later life. The most marked example of this was seen in the loss of the teeth from scurvy, but less striking cases were frequently met with in which loss of these organs were caused by gouty inflammation of the periodontal membrane, brought on by indulgence in a too highly albumenised diet. Dr. Carpenter then discussed in turn the effects produced on the teeth by hereditary tubercular syphilitic strumous and gouty taint. The bad results of the first seemed to be due to imperfections of growth, certain groups of cells undergoing fatty degeneration instead of the normal calcification, producing structurally weak dentine, in which caries made rapid inroads unless promptly checked by proper treatment. Syphilis and struma produced marked effects upon the teeth, as they did upon other parts of the cutaneous system. The effects of the gouty diathesis were not so distinct, which might be due to the fact that the disease was not usually fully acquired until an age at which procreation had ceased. Of the effects of the rheumatic diathesis upon the teeth little was yet known. In conclusion, he called upon the dental profession not to be satisfied with improving their methods of treatment, but to look forward to the time when the prevention of disease would be considered by the dental surgeon of greater importance than its radical cure.

The discussion on the paper was postponed until the next meeting.

WE are happy to notice the steady decline in the epidemic of typhoid in Paris, which last week was further reduced to 112 fatal cases, against 250 three weeks previously. Diphtheria appears to be on the increase in several Continental and American cities, notably in Berlin, St. Petersburg, and Baltimore.

In our obituary column of to-day will be found an announcement of the death of a very venerable and much-respected member of the profession at the age of ninety-two. The deceased, Dr. Francis De Grave, had retired for many years to Croydon, where he resided at the house of a relative. He was at one time President of the Society of Apothecaries.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 22, 1882.

HYGROMA.

It would be wholly incorrect to speak of the advance of medicine and surgery as being characterised by the discovery of new diseases, because it is impossible for us to imagine a condition of mankind with which existing forms of illness would be unassociable. There can be no question, on the other hand, but that in former times the general *facies* of human ailments has differed materially from that distinctive of our own period; whilst it is equally certain that in the ages to come familiar diseases of to day will yield to other and now unknown forms, whose evolutionary phases lie impenetrably hidden in the mysteries of futurity. Why this is so, and how it is, we owe the understanding of to the mighty genius of him who gave new life to latter-day biology, and through his magnificent conception, in its universal applicability, enabled even the pathologist and the physician to elucidate, by aid of the hypothesis of evolution, very many of the darkest problems of disease. Now the philosophical student of physical signs, exhibited during life and after death, is armed with the means of ascribing something more to them than a merely indicative value to guide him to the experimental application of the particular empiricism he affects. Rather they become for him the record of a series of changes of indefinite extent, but of very definite tendency; and he knows, too, that accordingly as he reads, aright or incorrectly, the story these signs are able to reveal he is approaching towards, or receding

from, the goal of his aspirations, a perfect system, namely, of otiology.

But, although the duration of the historical period is of too limited a nature to permit our accepting the idea that new diseases have arisen within it, it is yet abundantly clear that each step in advance in scientific medicine is marked both by a fuller appreciation of the signification of recorded facts, and the recognition, sometimes for the first time entirely, of forms of disease which either occur unfrequently, or have been hitherto confounded with others of like appearance. There are many reasons why we are compelled to accept the latter explanation as applying in reality to all such cases; and even also in those diseases which almost seem to be created *de novo*, to attend the introduction of new industries or a new mode of living. Within recent dates the history of myxœdema affords an example of this confusion of diseases, and without mentioning many that will occur to each reader of this page, "hygroma" may be cited as a somewhat older but not less typical instance.

The reflections indulged in above have been suggested by the report of cases of "congenital cystic hygroma," read to the Medical Society of London by Mr. Edmund Owen, F.R.C.S., on the 6th inst. Mr. Owen refers to a description of the subject of his paper contributed in 1839 to the Medico-Chirurgical Society by Mr. Cæsar Hawkins; and which he regards both as the first treatise on the subject, and the most complete, pathologically. The tumours to which this term "hygroma" is given are cystic in character, and, in so far as they appear to be usually filled with a pellucid fluid, deserve the name they have received. In the Clinical Society's Transactions for 1880 (vol. xiii.), Mr. Thomas Smith records two cases of congenital cystic hygroma, successfully treated by the induction of local inflammation by the agency of fine silk setons. Both he and Mr. Owen regard the disease as not very uncommon, and express surprise that it is not more generally described in works on surgery. If their conclusions are correct, it is indeed surprising that so little is heard respecting a disease which carries with it such evident and dangerous symptoms as these so-called hygromata. It is difficult to imagine that two surgeons, to each of whom cases are even frequently brought, should monopolise the treatment of a disease, and hence it seems very necessary to discover a sufficient reason for the silence of other observers.

These either do not discriminate any remarkable evidences of unusual classificatory value in the tumours, and unhesitatingly rank them with other and more familiarly named growths, or they fail to accept the distinctions conferred by the possession of so circumscriptive a title as "cystic hygroma." In this we cannot help being, to some extent, in sympathy with them, for even in its strictest etymological meaning the term hygroma scarcely seems to be happily used in connection with a cystic tumour. The invention of the affix *oma* was never intended to cover the mass of confusion it serves to cloak under existing arrangements. It is doubtful if a thought is ever given, when it is being delightedly applied to this, that, and the other root, to the fact that its utmost limitation includes so much as, and no

more than, its original form, *ow*, to make. Much as we are indebted to Virchow's nomenclature, the olla podrida of growths included under his *omata* tends oftener than not to perplexity and confusion.

In the twelfth volume of "Transactions of the Clinical Society" there is recorded a case under the care of Sir James Paget and Mr. Norton which, in the light of strict appropriateness, is much fitter to be described as a hygroma than any to which the term has yet been applied. In this case the patient, a lady, was long troubled with copious discharge of a thick, watery fluid from one nostril. As much as sixteen or twenty ounces might thus be lost *per diem*, and after some time Sir James Paget cured the excessive flow by the employment of zinc sulphate internally, and as a wash. Subsequently, the patient having died from another cause, post mortem examination of the skull was made, under the impression that the discharge might have been from the intra-cranial cavity. Nothing was found, however, to confirm this view, but on the wall and floor of the left antrum were found several polypi, which resembled very thin-walled cysts, but were, in reality, masses of very fine membranous or filamentous tissue infiltrated with serum. Other masses, presenting the appearance of collapsed, degenerated polypoid growths appeared, and so unusual was the whole structure that it was preserved, and may now be seen in the museum of the College of Surgeons.

As a "maker" of moisture—the literal meaning of hygroma (*ὕγρως*, moisture)—this example of polypus of the antrum is unequalled; but it was not, properly speaking, a cyst at all; nor is it reconcilable with pathology and etymology both to speak of a "cystic hygroma" under the character of a continuously existing tumour. The pathology of these bodies, too, notwithstanding Mr. Owen's inspiring confidence in the prescience of Mr. Caesar Hawkins when writing for us forty years ago, is still capable of receiving explanation to make it more completely "understood by the multitude." By Mr. Owen's own discovery, the majority of practitioners are shockingly neglectful of "congenital cystic hygromata." Would they be so if the "pathology, diagnosis, and treatment" of the disease were as well known as they ought to be if forty-four years have added nothing to our knowledge of them?

MEDICAL OFFICERS AND HONORARY QUEEN'S CADETSHIPS.

THE subject brought to notice by the question which Dr. Lyons, M.P., addressed to the Secretary of State for War with reference to the exclusion of the sons of medical officers from the privilege of obtaining honorary Queen's cadetships in recognition of the "long or distinguished service" of their parents, is but another phase of the "combatant" and "non-combatant" grievance to which, in relation to sick leave and half-pay resulting from wounds or ill-health, the attention of Mr. Childers has been called more than once, and which the right honourable gentleman promised nearly two years ago to take into his consideration.

Two years in the official life of a cabinet minister, threatened with the vicissitudes of popular favour, is a very long span; and it is not unreasonable that the many whose prospects are so seriously involved should expect either a distinct refusal based upon substantial grounds, or a liberal concession, the result of that mature reflection for which there has, without doubt, been ample time. Should any longer period elapse without some utterances on the part of the Secretary of State in redemption of his promise publicly given to Mr. Findlater, M.P., in March, 1881, or should Mr. Childers during a further postponement, as rumour suggests, pass to another department of the State, leaving his pledge unfulfilled, medical men must learn the unpleasant truth that official veracity is to be relied on only in proportion to the number of votes imperilled by a broken vow, and that at present the chief main-spring of honour is the caucus. The word "combatant" in its original meaning, no doubt, denoted those who came into personal conflict with the enemy, and certainly this signification could not embrace the duties of medical officers; but of the thousands who have of late received medals and decorations, how many could be said to have ever been within striking distance of the foe?

To exclude, therefore, the members of a department whose duties compelled them to be present with the fighting line at Tel-el-Kebir because they had not been sent into that dangerous position for the purpose of personal encounter, is to seek, by adherence to an obsolete title, to deprive medical officers of the privileges and advantages for which they have in all justice qualified.

LIMITATION OF OVER-POPULATION.

THE difficulty of providing for an unlimited family with a limited income is felt in all civilised countries, where the unhappy *pater familias* too often realises the truth of the Irish lamentation, that "children are not pigs, and don't help to pay the rent." We find the difficulty encountered in different ways in different places. In these countries and in most parts of Europe Nature is allowed to take her course; and a long, weary, and too often a losing, struggle is bravely kept up by many an unknown hero or heroine. In France, and in parts of the United States, particularly among the native Americans, the families are seldom allowed to exceed three or four; and in each of these countries the object is accomplished in a different way. In France well-known preventive means are employed; but in the United States the difficulty is often approached by systematic abortion, which we fear we must add is not entirely unknown to certain members of the medical profession. In the Proceedings of the Detroit Academy of Medicine of the 7th of last March, reported in the *Detroit Lancet* of last month, a paper on "Abortion" was read by Dr. Petershausen, and was followed by a discussion, in the course of which Dr. Noyes is stated to have said:—"I will mention a case that came under my observation. Within two years, a young man, prospectively

deh, married a young woman, prospectively rich ; they were married but a short time when he came into my office and said he was in distress. I asked him what was the matter. He says : 'My wife has missed her turns, and she declares she will not eat or drink until they are brought about. She says she will die before allowing this thing to go on.' This is only one of hundreds of such cases. *As I have said, I have never produced criminal abortion in my life.* I asked him how long she had passed her time. He said, 'about two or three days.' 'Well,' I told him, 'just let her sit in a tub of hot water, and give four compound cathartic pills.' That is all I said. Whether she did use the hot water and pills or not I do not know, but the turns came on all right. I mention this case as a striking illustration of cases that could be adduced if only known. As I said before, why is it that even the wealthy and the educated resort to this thing, who are able to bring up children in good health? There must be some cause for it. It seems to me preaching from the pulpit is sadly lacking in these days. These persons are members of churches ; some of them are ladies in society ; in the church-work of churches ; they hear nothing from the pulpit but the great evil ; society is poisoned from top to bottom. I have known ministers apply for means of prevention of having children. Dr. Andrews mentions a reason, and a very plausible one—that the husband does not want children because it forbids greater indulgence in sexual appetite ; and I think the woman does not want to be laid up or kept out of society, as they say it spoils the figure. We all know these things exist."

This is pretty plain speaking, and inference made tolerably plain (whether so meant or not), both to professional and lay hearers. Still more remarkable are the observations of Dr. Cleland, who said :—"A very common way among women is the hot water douche. They will buy a large fountain syringe and sometimes use it for hours at a time, and ultimately bring on expulsive pains. I think, as far as my observation goes with women in that way, it is the most innocent way and least likely to induce trouble." Another speaker described the case of a young lady who consulted him for painful menstruation ; and in whom, on examination, he discovered what he thought was a congested and tight os, but which was in reality the early stage of pregnancy. He dilated this os, and abortion instantly followed. He concluded his case by a complaint that he had thus been "taken in by this young girl,"—who evidently had had some very effectual advice, medical or otherwise, as to the best method of getting out of her difficulty. It is but right to add that each and every speaker deprecated in the strongest manner the idea that he would have anything to say to criminal abortion ; and one of them put the case in the following clear way :—"If the people had this matter properly presented to them by the physician, this crime would not be so frequent. Intelligent people very many times have no idea of the thing they are asking the physician to do for them. A woman comes to me, says she has too large a family—too many children ; she supposes herself pregnant again. If I say—'Very well,

the older children cost the most, and you have too many children, just bring your eldest little boy and we will shoot him,' it presents it in a very different aspect."

We have read the whole discussion with pain, for it plainly proves that abortion for the decrease of population, one of the cardinal sins of the decayed Roman Empire, is making way among a certain class on the other side of the Atlantic. In the United Kingdom abortion is sometimes produced to save the life of the mother, and mostly where a contracted pelvis renders delivery impossible, and in cases of dangerous exhaustion from continued gestative vomiting. It is always done after proper consultation, in the open light of day ; and the child's life is always, if possible, saved. No medical society in these countries would listen to some of the speeches delivered at the Detroit Academy ; nor would any of our profession undertake abortion unless legitimately, properly, and under the conditions just described.

Notes on Current Topics.

The Academy of Medicine of Ireland.

THE penultimate and most important step in the formation of the Academy was taken on last Saturday when the Fellows met to elect Sectional Councils and Honorary Officers. It had been already decided that there should be four such Councils to preside respectively over the Sections of Surgery, Medicine, Pathology, and Obstetrics, there being also Sub-Sections in Anatomy and Hygiene. Each of these Councils consists of ten Fellows, and each will elect a Secretary and two other of its members as delegates to the General Council of the Academy. As we have said, the Sectional election took place on Saturday, and over one hundred Fellows voted, none being permitted to do so who had not paid their subscription of two guineas. For the Surgical Council there were fourteen candidates, the President of the College of Surgeons being *ex officio* President. The following gentlemen were successful :—Messrs. Colles, Porter, Hamilton, Stokes, H. G. Croly, Mapother, Wheeler, A. H. Jacob, O'Grady, and Thornley Stoker.

For the Medical Sectional Council there were twelve candidates of whom the following were chosen. The President of the College of Physicians being *ex officio* President of the Section, viz. : Drs. Gordon, H. Kennedy, Grimshaw, J. W. Moore, J. H. Benson, Finny, C. Nixon, Cameron, R. Hayes, and A. Montgomery.

For the Pathological Council there was no contest, the following ten candidates only having offered themselves :—Messrs. MacDonnell, Foot, Corley, T. E. Little, Duffey, Coppinger, Story, Abraham, Bennet, and W. Smith. Dr. J. M. Purser was chosen President.

In the Obstetrical Section the contest was hottest, there being two candidates for the Presidency, Drs. Denham and Kidd, for the presidency, and fifteen for the ten seats on the Council. Dr. Denham was elected President, and the following for Council :—Drs. Johnston, Athill, Macan, Kirkpatrick, Madden, Churchill, Jones (Cork), Purefoy, Neville, and W. J. Smyly. Several of the

members of the Council of the Obstetrical Society who had resisted the proposal to merge the Society in the Academy lost their seats.

The Sectional Councils will meet at once to elect their secretaries and delegates to the General Council, and the Academy will, we believe, be in a position to hold its first Sectional meeting at latest on next Friday week.

A New Electrical Danger.

OUR contemporary *Iron* draws attention to the promise held forth by theatrical managers of new effects to be introduced into this season's pantomimes with the aid of electricity. The plan held in view is, it seems, to arrange manners so that the tinsel splendours associated in the past with fairies' dress and surroundings, shall give place to actual points of light emitted from electric lamps constructed for the purpose. That the effect thus produced will be unusually brilliant and beautiful there can be no question; but the possible cost at which the improvement must be made is of a nature to raise the strongest feelings against its adoption. The pecuniary outlay involved is the least consideration in this respect, and one, too, on which managers may be safely allowed to embark at their option; but the risk to life is quite another and a far more serious matter. In order to produce the promised result with electricity, free use of conducting wires—all more or less exposed, because all subject to constant motion—must be made, and thus the probabilities of even fatal accidents will be increased a hundredfold as compared with former years. An impossible suggestion has been made to the effect that the electricity required for personal illumination in pantomimes shall be supplied by means of accumulators carried by the performers—a mode of obtaining it unlikely to succeed until a much more portable accumulator than any yet devised has been invented. In the interests of public safety, therefore, it is urgently necessary that a prompt and efficient expression of adverse opinion should convince the more enterprising theatrical caterers that their proposal to enlist the services of electricity in a way that will grievously endanger the lives of their *employés* is repugnant to the better feeling of their patrons, as it is unmistakably inimical to safety.

Royal University of Ireland.

THE Senate of the Royal University have adopted the following regulations with respect to the student-ships:—The first examinations for student-ships shall be held in the autumn of the year 1883. In 1884 one studentship shall be awarded for proficiency in Experimental Physics and Chemistry, and the courses for the examinations shall be those which shall be prescribed for the examinations for the M.A. degree in that year in those subjects respectively. In 1885 one studentship shall be awarded for proficiency in Biology (including Physiology, Zoology, and Botany), and in Geology (including Mineralogy and Physical Geography).

Medical Courses.—The following alterations as to the courses for medical examinations were enacted:—1st. As to certificates of acquaintance with mental diseases, candidates will not be required to produce certificates of having attended courses of lectures on those diseases; but every candidate for the M.B. degree will be required

henceforth to produce a certificate of attendance for three months in a recognised lunatic asylum where clinical instruction is given. 2nd. After the year 1883, all candidates for the degree of M.B. shall be required to exhibit proficiency in the use of the ophthalmoscope and laryngoscope. 3rd. After the year 1883, all candidates for the degree of M.Ch. shall be required to present a certificate of having attended a three months' course of lectures on Operative Surgery. 4th. After the year 1883, all candidates for the degree of M.Ch. shall be required to pass a special written examination.

Lady Students of Science and Medicine.

WHATEVER explanation may be accepted of the fact, it is indisputable that the successes gained by female students at the outset of the movement in favour of admitting them to equal examination with males have not been maintained. In the Cambridge University Higher Local Examinations a marked decrease is yearly observable in the number of women who succeed in passing in the Natural Science group of subjects. Moreover, it would seem as though women are generally recognising the fact of their being better fitted to pursue other branches of study than the purely scientific, for in each year, though the total number of candidates for the Higher Local Examination increases, yet a steady diminution is going on in the numbers who take up the science papers. Thus, the total entries for examination were 882 in 1881, and this year 961. During the last three years, however, the number seeking to pass in the Natural Science division of the examination have shrunk from 99 in 1880 with 26 failures, to 39 in 1882 with 9 failures. In 1882, 17 failed out of 89 who presented. The examiners report that the candidates seemed to be at a loss respecting the meanings of the terms they employed in their answers; and in physiology very serious mistakes were commonly committed, and that too in matters of the utmost importance. Perhaps the most significant fact of all, however, is, that in September last a supplementary local examination was held for the convenience of candidates who sought to avoid the University Previous examination; some of these also, who intended to enter on the study of medicine. Of the latter class of students 19 entered for examination, not one of whom was able to satisfy the requirements of the General Medical Council in respect to registration.

A Retractation on Compulsory Notification.

It is an admitted fact that until the question of compulsory notification of infectious diseases by medical men was first mooted and resolutely opposed in these columns, the profession was quite unaware of the cankerworm which was making its insidious progress in their midst. Certain of our contemporaries ignored it altogether, and such of them as were subsequently compelled to refer to it—the *British Medical Journal* and *Lancet* to wit—sang psalms of joy in its favour, and commended it to the hearty acceptance of their readers. But gradually a little light was let in here and there from the practical experience of the one or two towns on which the Act had been ignorantly forced, and the profession began to perceive what an iniquity so-called sanitary legislation was capable of producing, and that our denunciations were the outcome

of personal knowledge and an earnest desire to protect their interests directly, and those of the public indirectly. We are, therefore, truly glad to be able to quote from the *Journal* of the British Medical Association (which was one of the strongest of compulsory notificationists) the following virtual recantation :—

Nothing can more strikingly illustrate the practical difficulties that surround the question of the compulsory notification of infectious diseases, than the result of proceedings in Liverpool, of which we published a report in a recent number. It is a very significant fact, and one which points strongly to the desirability of a full parliamentary discussion of the subject, that on this, the first occasion, when a decision has been come to after the consideration of evidence gleaned in towns subject to compulsory Acts, which, though *ex parte*, are not obtained entirely from those favourable to compulsory notification by medical men, it is practically opposed to any scheme which embodies that principle. The deputation from Liverpool wisely heard some few of the general medical practitioners of the towns which they visited ; and where this was done the existence of such an amount of "friction" was made manifest, as to render it obviously necessary that serious modifications be introduced into any system yet in force before it can be hoped to make it generally satisfactory, either to the medical profession or the public. It is very significant that the Vice-Chairman of the Health Committee of Liverpool, who last year made strenuous efforts to carry through a Bill to impose indirect compulsion on the medical men of that city, should this year be one of its strongest opponents, and should be reported to say, "Anyone who read the whole of the evidence," i.e., the evidence collected by the Liverpool deputations, "would come to the conclusion that the system in the towns where it was nominally compulsory was, in reality, voluntary, for the authorities winked at the infraction of the law ;" and that to impose compulsory notification on medical men was shown to be "neither equitable nor expedient."

The Unqualified Assistant System.

We are glad to find that the suggestions made in the articles on the unqualified assistant system which appeared in this journal earlier in the year, are being followed with the result pointed out by us. The advice we gave was, that whenever patients were imposed on by practitioners palming off on them the services of unqualified assistants, payment for visits so rendered should be steadily refused. In the City of London Court such a case came recently before Mr. Commissioner Kerr. In this instance, a medical man sued a patient for three guineas for professional attendance. One of the witnesses for the plaintiff was an unqualified assistant of the latter, who, in reply to a question from the magistrate, described himself as *sine diploma*, admitting at the same time that he, as well as his employer, had visited the defendant professionally. Mr. Commissioner Kerr at once decided that that practice was illegal, since the law insisted that no medical man could recover on account of services rendered by his unqualified assistant ; judgment was accordingly entered for the defendant, with costs.

It is impossible to exaggerate the importance of this ruling, or to over-rate the influence it may probably exercise in helping to crush out of existence the worst features of the unqualified assistant system. We trust that the widest possible publicity will be given to the case referred to, and that every person who may discover a similar imposition being practised on himself, will adopt a

like course of action to that pursued by the defendant referred to, and decline payment for services improperly and illegally rendered.

Erasures from the Medical Register.

THE Registrar of the General Medical Council has issued on behalf of himself and the Branch Registrars a notice, which will be found in our columns, to the profession at large, reminding them of the peremptory necessity that each practitioner shall notify to the Branch Registrar any change of address which he may make. Any man of business habits will naturally make this notification in order that he may appear in proper form in the next year's issue of the Register, but those who are too indolent to do so may be induced to comply with the Registrar's request when we remind them that by omitting to do so they leave themselves open to have their names erased altogether from the official list, and to lose thereby most of the privileges which they possess as registered practitioners. It is the duty of the Registrar, under the Act, to send letters of inquiry to every one who is believed to have disappeared, and—in case he gets no reply—to strike the name out of the Register, and if—with the knowledge that this must be done—any practitioner will not take the trouble to reply to the Registrar's communication, it serves him right, in our opinion, that he should lose his privileges.

Honours to the Army Medical Officers.

We are glad to be able to announce that the omissions in the list which Sir Garnet Wolseley submitted to Her Majesty for honours or promotion on the conclusion of the Egyptian campaign have been filled in, and that the Medical Department is now fairly represented amongst the recipients of honour in the official *Gazette* just issued. First comes Surgeon-General Hanbury, who will henceforth bear the title of Sir James Hanbury, K.C.B., the Queen having been pleased to approve of the bestowal of this honour on the head of the Medical Department of the expedition. The following are to receive the dignity of C.B. (Companion of the most honourable Order of the Bath):—Deputy Surgeon-General Colvin Smith, M.D., who was in medical charge of the Indian Contingent ; Deputy Surgeon-General James Ekin, M.D. ; and Surgeon-Major John Henry Beath, M.D. The following promotions have been also gazetted :—Brigade-Surgeon Jeffrey Allen Marston, M.D., and Brigade-Surgeon William George Nicholas Manley, to be Deputy Surgeons-General ; Surgeon-Major John Sarsfield Comyn, M.B., and Surgeon-Major Byng Thomas Giraud, M.D., to be Brigade Surgeons ; Surgeon-Major, with relative rank of Major, Thomas Francis O'Dwyer, M.D., and Surgeon-Major, with relative rank of Major, Laurance Corban, M.D., to be Surgeons-Major, with the relative rank of Lieutenant-Colonel ; and Surgeon John Godfrey Rogers, M.B., and Surgeon Benjamin Bloomfield Connolly, to be Surgeons-Major.

FROM the report of the Medical Officer of Health for Hastings just to hand, we learn that the death-rate during the past quarter was only 12·38 per 1,000 in a population of 44,000. This will compare favourably with any other health resort in the United Kingdom.

Metropolitan Water Supply.

DR. FRANKLAND reports that the Thames water sent out by the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth Companies during the past month was in every case inferior in quality to that of the previous month. How could it be otherwise, when it is recollected that for weeks past the whole of the low lands situated above the intake of the water companies have been constantly flooded, and that with every partial subsidence of the flood tons weight of manure and all kinds of filth have been swept into the Thames, and which no filtration can be expected to remove. Nevertheless it is the kind of contaminated water London is compelled to pay for and drink. Can it be wondered at that typhoid fever is very rife at this moment?

Public Health Law in England and in Ireland.

WE read that the Local Board at Sandbach, near Crewe, have recently been threatened with dissolution for neglecting their duty. Some time ago the Local Government Board drew their attention to the fact that a supply of wholesome water was much needed for the town, and pointed out the grave responsibility which would rest upon the members should any evil consequences arise from their neglect. As the Sandbach Local Board took no notice of this warning, the clerk has just received a communication from the central authority stating that, if the Board does not at once move in the matter, it will become the duty of the Local Government Board to take steps for dissolving the urban authority of Sandbach, and resolving it into a rural sanitary authority. To those who know the extent and value of the public health system of Ireland, as administered by "gombeen" guardians, under the superintendence of the Irish Local Government Board, this paragraph is very entertaining.

In England a sanitary authority is threatened with dissolution because it omitted to provide a water supply for its district. In Ireland the wildest sanitary enthusiast would not venture on such a revolutionary suggestion as that a sanitary authority should trouble itself about so unimportant a matter as water supply. Probably there are not three boards of guardians in Ireland which could soar to such a consideration, most of them not being up to the level even of clearing the pig out of the parlour, the fowl out of the bedrooms, or the manure heap out of the parterre. But if they did rise to consideration of water supply, it would not in the least surprise us to find the Irish Local Government Board tabooing their action, and objecting to their expending money on such a luxury as clean water. The real truth is that the public health system in Ireland is a discreditable sham, in which the medical officers of health are forced to occupy a very sorry part. That it is a sham, and an imposition on the ratepayers, is the fault of the Irish Local Government Board, and no one else. By every means, legal and illegal, that Board has striven for the last twenty years to save itself the responsibility of sanitary administration, to snub the medical officer of health who displayed any assiduity, and to encourage boards of guardians who resisted the performance of their

duty. This is literally true, and the result of that policy is that Ireland is as dirty, as unhealthy, and as uncivilised to-day as it was twenty years ago, while the medical officers of health are paid an unwilling pittance on the strict understanding that they will give no trouble about sanitary matters. If Parliament cannot deal with the question in any other way, it ought either to sweep away Irish public health law altogether, or else supersede the Irish Local Government Board in supervisory functions which it has shown itself unwilling and incompetent to discharge.

The late Visitations of Examinations.

THE General Medical Council has issued in a complete form, in a volume of 300 pages, the Reports of the Visitors recently deputed by the Council to inspect the examinations of Colleges of Physicians and Surgeons, and the Apothecaries' Halls of England, Ireland, and Scotland. The Reports are prefaced by an introductory statement by Mr. Teale, and are divided into three parts:—I. The criticisms of the Visitors; II. The detailed description of the examinations; and III. The documents, examination papers, &c., which have reference to these examinations. To the Reports are appended the observations made by the respective Colleges upon the criticism of the Visitors, the whole volume being a very valuable contribution to contemporary medico-educational history. We believe that the General Medical Council is especially anxious to have the opinion of competent critics upon the points raised and suggestions made by the Visitors, and certainly the time expended in reading, noting, and discussing this volume will not be lost to those who take an interest in the future of our profession.

The Government and Mr. Wheeler.

IN our recent remarks respecting the parliamentary debate on the claim of the Vice-President of the Irish College of Surgeons for attending Mr. Carter at the request of the Irish Government we confined ourselves to pointing out that—considering all circumstances—the amount claimed by Dr. Wheeler is, in no sense, excessive, and that payment of it could not be resisted either on the ground of its being extortionate, or on the ground that the attendance was given without the full cognisance and sanction of government. On the law, departmental etiquette or precedent, or parliamentary aspect of the matter it is not our business to express an opinion, but we think it right to supplement our observations by saying that, in our view, Mr. Wheeler is fully entitled, as a matter of professional propriety, to demand his fees from Government, and, if refused, to obtain them by any means that the law or parliamentary procedure leaves open to him. We altogether dissent from the view that there is anything undignified in a medical practitioner using all legitimate means to obtain his rights, and we will add that, in our experience, Governmental departments are just as likely to require legal pressure to pay their just debts as any other debtors. We have an abundant knowledge of the readiness of such departments to avail themselves of any legal evasion to escape paying a fair claim, or to force a medical man to perform for nothing what it is his right to be paid for, and we do not think that

a medical man is acting meritoriously in permitting himself to be officialised out of his rights.

We are aware of a comparatively recent case in which two surgeons were sent by the Irish Government to visit at a considerable distance from Dublin, and were put off with a cheque for a little more than the third of their proper reasonable fee. They submitted rather than assert their rights, and we think that they did wrong, because they acknowledged thereby the principle which is now sought to be applied to Mr. Wheeler.

The late Dr. Spencer, F.R.O.S.I.

We understand that a subscription list has been opened for the purpose of presenting the widow of the late Dr. Spencer with a testimonial. Dr. Spencer was for a time Assistant-Librarian to the Royal College of Surgeons in Ireland, and was most courteous in the discharge of his official duties. Mr. Colles, 21 Stephen's Green, and Mr. Blake, College of Surgeons, have consented to receive subscriptions.

Alcoholic Droppings.

At an inquest held at Chester, before the City Coroner, on the 13th inst., it was given in evidence that the deceased, Joseph Carter, who was possessed of private means, had been more or less drunk for forty years. He and his wife and son had latterly been in the habit of drinking together, their beverage consisting of the droppings from the taps of the various vaults in the city, which they purchased at about a shilling a gallon. The inquest was adjourned in order that a post-mortem examination might be made, as the cause of the sudden death of Joseph Carter was somewhat obscure. The extraordinary fact was that he was sober the night before he died, and it seemed as if the temporary suspension of a life-long state of toxicæmia had proved too much for him. The craving for alcohol must be strong indeed when filthy tap-droppings are bought up at a shilling a gallon!

Statistics of Diseases in Prussia.

ACCORDING to the *Deutsch Med. Zeit.*, there were in Prussia on December 1st, 1881, 22,677 persons affected with blindness—at the rate of 8·3 per 10,000 of population. With regard to sex, the rate was 8·4 per 10,000 males, and 8·2 females. The rate amongst Evangelicals (Protestants) was 8·2, amongst Roman Catholics 8·4, amongst Jews 11, and amongst professors of other religions 15·3 per 10,000.

There were 27,794 deaf-mutes, or 10·2 per 10,000; 11·3 per 10,000 males, and 9·1 females. In regard to religion the rates among Protestants, Roman Catholics, and Jews were respectively 9·89, 10·37, and 14·34 per 10,000. The rate amongst professors of other forms of religion was 7·27. Of the separate provinces, East and West Prussia have the highest rate, 18·2 per 10,000; and Schleswig-Holstein the lowest, 5·9.

66,345 persons were affected by lunacy, or 24 per 10,000; the rate in males being 25 per 10,000, and in females 23. Amongst Protestants the rate was 24 per 10,000, amongst Roman Catholics 23·7, amongst Jews 38·9, and amongst professors of other religions 18. The rate was highest in Schleswig-Holstein, 33·7 and lowest

in the Province of Posen, 16·1. On the average, 28·5 per cent. were in asylums or other institutions, the highest percentage being in Brandenburg, 40 per cent., and the lowest in Posen, 13·4 per cent.

Belfast Royal Hospital.

At the nineteenth annual meeting of the Belfast Royal Hospital, last week, the Board of Management reported on the recommendation of medical and surgical staff and a special committee appointed by the board, that it had been decided to establish two new departments in the hospital—one for the treatment of diseases of women, and the other for the treatment of diseases of the eye and ear. The report was, after some dissent and discussion, adopted.

Pumpkin Seeds as a Tæniifuge.

A CONTEMPORARY, the *Pharmaceutical Journal*, gives Dr. Wolff's (Pennsylvania) method of preparing and administering the seeds of the pumpkin (*Cucurbita pepo*), a remedy pretty extensively used in the States for the expulsion of tape-worm. This property seems to be inherent not alone to the common pumpkin, but also to other species of the *Cucurbitaceæ*, and of other countries. Pepo has long been known as an anthelmintic, but it was brought more immediately to the notice of the profession in 1845 by Brunet, who extolled its virtues and published numerous cases which he had successfully treated with it. The peculiar principle upon which its action depends has not yet been uniformly established. It has been variously examined, and found to contain a resin, fixed oil, starch, pectin, protein compounds, free fatty acids, sugar, and even a glucoside. Dorner and other chemists claim to have discovered an alkaloid. Heikel maintained that the active principle is its resinous constituent, and that this chiefly resides in the menisperm; and having separated the resinous extract, he administered seventy-five centigrammes in pills, which expelled the tape-worm. Dr. Wolff's experiments have led him to entertain the views of Heikel; and he took a quantity of recently dried and well comminuted seeds and exhausted them with petroleum benzine—previously proven not to extract the active ingredient—and the residue he repeatedly treated with ether, chloroform, and strong alcohol. The product, on evaporation, was a soft resin of a greenish-brown colour and acrid bitter taste. This resin administered in fifteen-grain doses proved to be an active tæniifuge. As, however, neither the resin nor fluid extract was found to possess laxative qualities, it is necessary to administer in two or three hours afterwards a full dose of castor oil.

Promotions in the Royal Navy.

THE honours and promotions which fall to the lot of the Navy Medical Department at the close of the Egyptian Campaign, are of course fewer than those to the sister service. There are no Knighthoods, and but one C.B., this has been bestowed on Fleet-Surgeon Ingham Hanbury. The following promotions in the Royal Navy are gazetted:—Surgeons Charles Cane Godding, Herbert Mackay Ellis, and Evelyn Richard Hugh Pollard to be Staff-Surgeons.

A LEGACY of £1,000 has been received by the Adelaide Hospital, £500 by the Hospital for Incurables, and £500 by St. Mark's Ophthalmic Hospital, under the will of Miss Anna Graydon, of Dublin.

THE Hull General Infirmary celebrated the centenary of its existence on the 12th inst. A temporary erection was used for the first two years, until the present building was opened in 1784. In 1838 a large wing was placed at each end of the building at a cost of £3,000; and more recently there have been added a new block at the back of the main portion, and several detached fever wards.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Brighton 12; Wolverhampton, Leicester 15; Norwich 16; Edinburgh, Newcastle-on-Tyne 17; Bolton, Derby, Halifax 18; Bradford, 19; London' Oldham, Huddersfield, Portsmouth, 20; Bristol, Birmingham 21; Sheffield, Salford, Plymouth, Nottingham, Glasgow 22; Birkenhead, Blackburn 24; Hull, Preston, Leeds 26; Dublin 27; Liverpool, Cardiff, Manchester 28; Sunderland 32.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 27, Bombay 24, Madras 37; Paris 36; Geneva 18; Brussels 18; Amsterdam 25; Rotterdam 27; The Hague 20; Copenhagen 22; Stockholm 23; Christiania 16; St. Petersburg 41; Berlin 23; Hamburg 19; Dresden 21, Breslau 27, Munich 24, Vienna 22, Prague 26, Buda-Pesth 22, Trieste 26; Rome 20; Naples 30, Turin 19, Venice 24; New York 22, Brooklyn 19, Philadelphia 17, and Baltimore 31.

THE annual death-rates per 1,000 in the large towns last week, from diseases of the zymotic class, were:—From scarlet fever, 1·8 in Sunderland, and 3·6 in Cardiff; from measles, 1·6 in Hull, 1·8 in Cardiff, 2·4 in Birkenhead, and 3·5 in Sunderland; from whooping-cough, 1·2 in Norwich and Birkenhead, and 2·1 in Preston; and from fever, 1·1 in Newcastle-on-Tyne, 1·8 in Sunderland 2·0 in Liverpool, and 2·4 in Portsmouth. The 38 deaths' from diphtheria included 19 in London, 6 in Glasgow' and 4 in Edinburgh. Small-pox caused 4 deaths in London, one in Wolverhampton, and one in Newcastle-on-Tyne.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—The directors of this hospital, at their last meeting, elected Dr. Carmichael, of 22 Northumberland Street, to be one of the ordinary physicians of the hospital. They also elected Dr. Burn Murdoch, St. Bride's, Morningside, to be one of the extra physicians. We congratulate Dr. Carmichael, who is also a lecturer on the diseases of children at Minto House Medical School, on his appointment. We would also suggest that a course of clinical lectures systematically delivered at the hospital would be of immense importance to the students. The advantages which the hospital affords are unfortunately

not fully appreciated by students, who are apparently unaware of the value of a knowledge of the diseases of a large proportion of their future patients.

THE MEDICAL SCHOOL, EDINBURGH.—The classes at the Extra-Mural School, except that of anatomy at Minto House, show a large falling off in numbers this year. This is owing, not to a weakness on the part of the Extra-Mural teachers, but to the tacit recognition by the students of the fact that a sound general knowledge of their profession obtained from sources open to all is not so requisite as being well posted in the crotchets of their future examiners. The great success of Edinburgh as a medical school is certainly due to the powerful vitality of the Extra-Mural School founded a century or more before the Medical Faculty of the University was conceived. This vitality is threatened with extinction, on the one hand, by the weakness of the Colleges, who fail to support the school to which, and not to the intrinsic value of their diplomas, they owe their incomes and existence, and on the other hand, to the concupiscence of the Professors. The truth of these statements is to be found in the fact that a brisk traffic is done in the sale of the Professors' notes. Notes valuable to the taker cannot but give a most superficial knowledge to the purchaser; yet the knowledge so acquired is sufficient to obtain the highest degrees in the University. If the Colleges had the wisdom to see and take advantage of the present state of matters, they could show that their diplomas are of more value than those acquired by the slavish pandering of the unfortunate student to his examiner. To indulge in such a hope in the face of the constitution of the governing body of one at least of the Scottish corporations is an unrealisable dream. As long as men indulge the idea that they owe no duty to the future, and only seek to aggrandise themselves, no hope of progress can be entertained, and one can only feel that a just future will appreciate their acts, and punish them with the contempt they so richly merit.

MEMORIAL TO THE LATE SIR C. WYVILLE THOMSON.—The acting committee of this fund have now resolved to provide a bust for Edinburgh University, and it has been resolved to place a stained glass window in the old church of St. Michael at Linlithgow, of which congregation Sir Wyville was for long a member.

MEDICAL CANVASSING.—It is not too much to say that exact modesty of statement is not expected of a medical candidate for offices vested in laymen in urging his claims. Yet there is a limit to this sort of thing; and the limit has been distinctly exceeded lately in Glasgow in the case of the most recently contested appointments. One well-known and distinguished aspirant after public appointments stated that his "professional standing" was such as to render canvassing unnecessary, when it was well known that the friends of this gentleman were strongly using their influence on his behalf. The gentleman in question has written several papers of a kind, and he modestly assured laymen that he had the satisfaction of knowing that some of them were translated into at least *three* languages. There is one language into which none of them, so far as we know, has yet been translated—viz., the English!

JOHNSTONE.—NEW FEVER HOSPITAL.—The Johnstone Town Council, on the 13th inst., agreed to ask several of the neighbouring local authorities to join with them in the erection of a fever hospital for Johnstone, Kibbarchan, Houston, and Lochwinnoch, in view of the serious epidemic of scarlet fever. Dr. Wilson was appointed medical officer to the burgh.

ST. ANDREWS.—INAUGURAL ADDRESS BY PROFESSOR M'INTOSH.—Dr. W. M'Intosh, the recently-appointed Pro-

fessor of Natural History in the University of St. Andrews, delivered his inaugural address on the 18th inst. His subject was "The Progress of Zoological Science," one of the most conspicuous features of which in recent times, he remarked, had been the fitting out of well-equipped surveying and dredging expeditions by various Governments, and the diffusion of the same mode of exploration on a less costly scale amongst the natural history and scientific societies of their own and other shores. He advocated the erection of zoological investigation stations in different parts of the country, and pointed out there were few cities in this or any other country, so far as was known to him, better adapted on the whole for a combined zoological station and laboratory than St. Andrews. St. Andrews was also finely situated as a centre for researches on the habits and life-history of marine fishes, and it was the nearest University to the Tay, the finest salmon river in this country.

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 11th inst. the mortality in Edinburgh fell from 96 to 65, and the death-rate was 15 per 1,000. There were 15 deaths under one year, and 19 above 60, of which two were above 80 years. Diseases of the chest accounted for 32 deaths, and zymotic causes for 4. No death was reported from fever or scarlatina, the intimations of these diseases being respectively 17 and 84.

DEATH-RATE OF GLASGOW.—The death-rate of Glasgow for the week ending with Saturday, the 11th inst., was 24 per 1,000 per annum.

PRESENTATION OF AN HOSPITAL TO MUSSELBURGH.—At a meeting of the Musselburgh Town Council, held on the 14th inst., an offer of £700 was made by Mrs. Hope, of Inveresk Lodge (sister of the late Sir David Wedderburn), to build an hospital for the treatment of patients suffering from infectious diseases. It was agreed to tender a hearty vote of thanks to Mrs. Hope for her generous donation.

THE MEDICAL FELLOWSHIPS OF THE ROYAL IRISH UNIVERSITY.

We learn with much dissatisfaction that the Senate of the Royal Irish University, having adjourned the election of Medical Fellows for many months, has at last decided upon a step which illustrates the slight esteem in which they hold our profession. The Senate was empowered—as our readers will recollect—to appoint a number of Fellows at salaries of £400 a year each, it being arranged that, in case salaried officers of the Queen's Colleges were appointed, they should only receive such supplement to their collegiate income as would raise it to £400. Having hatched the Medical Fellowships for several months, they have now decided to grant such honours at the munificent emolument of £100 a year, with the proviso that the Fellows so appointed shall act as Examiners. This determination, coming at the moment when the University has made its *début* as a graduating body chiefly upon the strength of its medical, surgical, and obstetrical graduates, is inexplicable and most ill-advised. The Senate has, in fact, resolved to grant no Medical Fellowships, but to use the powers entrusted to them to create, under the name of Fellow, certain Examinerships, at an emolument which, even or an Examiner, is very insufficient. The Senate is, it appears, about to apply for a Queen's letter to enable it to make eight such Fellows. We understand that the entire proceeding was energetically but unavailingly resisted by the medical members of the Senate, and we think with good reason, inasmuch as the course adopted is a manifest alight to the profession.

IRISH PRISON SURGEONS.

We have reason to know that the working of the medical department of the Irish Prisons Service under the Prisons Act of 1878 and the New Rules formed upon that Act, is anything but satisfactory, and has given rise to much irritation amongst prison surgeons. It is not that there is anything very material to complain of in the rules themselves if they were administered in a liberal and conciliatory spirit, but that they are interpreted and enforced by the General Prisons Board in the most irritating way, every point being used by certain of the inspectors and by the central office at the Castle to gail the medical officers when possible. Hostile reports are made at every hand's turn, and the correspondence thereon couched in uncivil language is passed to the medical officer through the hands of other prison officials. We are not at all disposed to champion any officer who shows an unwillingness to perform his duty cheerfully, or who stands too closely by the letter of the regulations when prison efficiency is at stake; but we know of no medical officer of the department who can be fairly charged with this policy. On the other hand, we protest against the meddlesome officialism which induces certain Jacks-in-office to air their importance at the expense of the medical officer. The Irish Prisons Department has from the first been noted for more or less of this sort of bureaucracy, and—in so far—has shown that those in command are neither diplomatists nor successful administrators.

The Lord Lieutenant of Ireland, Earl Spencer, has made the following appointments to the Viceroyal Court:—As Physicians, Dr. Hatchell and Dr. Nedley; as Surgeons, Mr. Smyly and Dr. Mapother; as Surgeon-Dentist, Mr. Corbet. All of these gentlemen held office during Earl Cowper's Viceroyalty excepting Mr. Smyly, who, however, was one of His Excellency's Surgeons-in-Ordinary during a former tenure of the Viceroyal office.

Correspondence.

HINTS OF EXPERIENCE.—I.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Towards the autumn or winter of life the medical practitioner has acquired many glimpses of things not stated in lectures or text-books, and which might be preserved with advantage for those who come afterwards. As the farmer after the chief labour of the autumn is over retires to his chimney corner in the long and lengthening evenings of winter time, and thinks over the experiences of the former spring or of many preceding seasons, so any intelligent professional man at the sunset of life passes in review his experiences, and finds many things worth noting that were no part of his instruction at college, and are no part of the knowledge of the day. Many of these experiences recorded in memory are suggestive of questions such as "Why is such the case?" there being no doubt in the mind of the questioner as to the facts upon which his query rests. Other experiences are in the nature of observations which may rest on local circumstances and inferences which, though true of those circumstances, are false when generally applied. The observer then who desires to serve a scientific purpose will not place too much confidence in his observations or inferences, but will prefer to say that he *thinks* so-and-so. In this spirit and without dogmatism the writer proposes to record some observations and inferences which seem to him to be true. These will derive interest from the observations of others even if they may be contradicted by the experiences of others. Truth will be served in either case, whether the writer's observations are found to be correct or no.

Experience has led me to think that physiology has not

sufficiently emphasised the relations between man and the lower animals, especially in cases of disease. Anything which affects one of the limbs of a radiate animal has a certain effect upon all, and influences which affect one part of the human body seem specially to affect those parts which are their analogues. Now, in my limited sphere, it has seemed to me that the teeth are the analogues of the ova, and that women with badly-arranged or deformed teeth are usually sterile. On the other hand, where sexual passion is greatly developed decayed teeth are prevalent. The eye and the testicle seem to be analogues of each other; the nose and the penis, or the corresponding organ in the female. The syphilitic poison which attacks the one also attacks the other. The hands and feet are likewise analogues, and the gout that inflames the one is transferred suddenly to the other. The uterus and the stomach, and many other organs, seem to me to have similar relations, of which illustrations crowd upon my mind as I write.

In particular districts of the country medicines seem to me to derive special efficiency when combined with certain agents. For example, in the cotton districts nitrate of potash seems singularly useful in combination with all sorts of other medicinal substances; in the iron districts, sulphuric acid seems to exercise a similar special influence; while in the coal countries nitric acid seems to be specially necessary. It would be interesting to know to what extent my experience in this respect is confirmed by others, and whether any changes, and if so, what alterations time produces.

In my early days, bleeding either from the arm or by leeches, or by cupping-glasses, was considered a life-saving operation in many cases; and as a young dispensary surgeon I have taken bucketful of human blood out at the back-door in a morning from patients who had been submitted to phlebotomy by order of the physicians or surgeons. Now it would be interesting to know whether any, and what consequences, had been observed to arise from the discontinuance of this practice. My opinion has been that the women who were bled most *bred* most, and that large families followed extensive bleeding.

There may be something or nothing in these experiences of past medical work, but they can be sifted and taken for what they are worth.

Yours, &c.,

ALTER BROWN,
Surgeon retired from practice.

Literature.

DR. BALFOUR ON DISEASES OF THE HEART. (a)

In preparing a second edition of this work on Diseases of the Heart and Aorta, Dr. Balfour has been careful to include in it a description of the improvements introduced into this branch of medicine between the dates of the two editions, and has further enhanced the value of each by adding accounts of the progress made by living cases narrated in the earlier issue to the later one. The lectures included in this volume, seventeen in number, deal with the clinical phenomena exhibited during the progress of all well-recognised forms of disease affecting the heart and its arterial outlet. In the opening chapter on the general diagnosis of cardiac diseases, ample instruction and anatomical explanation is given in reference to the meaning of, and mode of eliciting signs of diagnostic value.

In lecture ix., on the variation and vanishing of cardiac murmurs, Dr. Balfour offers a good deal of sound advice to practitioners, many of whom, he very justly remarks, are not at all aware how frequently complete restoration to health may follow after perfect development of regurgitation through either, or even through both valves. The curious phenomenon of variation in the same murmur, which may completely disappear one day to be present again the next, and the failure to appreciate its significance, have sometimes led to erroneous and embarrassing statements of opinion of the most contradictory nature. Perceiving the great desirability, therefore of avoiding this confusion, Dr. Balfour gives directions for conducting a thorough examination of the

heart in such a manner as shall prevent all possibility of deception being caused by such murmurs, and during which the stethoscope need not be employed at all. "If we trust," he urges, "to auscultation alone, as it is generally understood and applied to the heart—that is, if we attempt to diagnosticate the exact nature of any given cardiac lesion by the discovery and discrimination of murmurs, assigning to each its appropriate physical cause in accordance with the position on the cardiac area at which it is best heard, as well as with its rhythm or relation in time to the several acts which constitute a cardiac pulsation, without being actually misled, we shall yet often fail in attaining an accuracy of diagnosis, which is perfectly possible and frequently important." It would do much to clear the future of errors like those witnessed in the past in connection with the treatment of heart diseases, real and imaginary, if every student and practitioner were duly impressed with the value to himself and patients of a right appreciation of Dr. Balfour's warnings and instructions.

The action of digitalis and the general therapeutics of cardiac disease form the subjects of discussion in the fourteenth lecture. The value of strychnia as a stimulant of the intrinsic ganglia is pointed out, and a strong defence of arsenic as a neurotic is presented. Dr. Balfour, moreover, insists that no drug can replace digitalis in the treatment of cardiac disease, and places little trust in ergot and belladonna in this connection. In earlier portions of the book the advantages attending the employment of particular drugs are pointed out under the headings of the various diseases in which they may be adopted with most benefit, the description of angina pectoris and its relief having afforded an opportunity (lecture xii.) of descanting on the marvellous effects produced by nitrates of amyl. Dr. Balfour ascribes these effects, not to a reduction of blood pressure produced by the amyl, but to the action of a volatile narcotic which escapes from the drug with lapse of time, so that only freshly-prepared specimens are potent to afford relief.

The diagnosis of aortic aneurism has a chapter devoted to its consideration, and is followed by another on the iodide of potassium treatment of aneurism, which Dr. Balfour describes as perfectly safe and free from risk, while being equally certain as any more dangerous plan to afford relief. He has "not yet seen any case where relief was not attained, though naturally enough that relief is not always to be got instantaneously, but requires the treatment to be continued for some time." He is, however, towards the end of the chapter, careful to warn us against expecting absolute cure, or indeed anything more substantial than relief, except in favourable cases which come early under treatment, and in which adjuvant treatment, such as rest, &c., can be carried out. Dr. Balfour's words are: "I do not claim that we can perfectly cure aneurism by iodide of potassium, or by anything else, yet I am quite certain that at the present day we possess no other remedial agent or mode of treatment which so surely gives relief, and so frequently prolongs life, as the iodide of potassium."

This work is worthy of the confidence reposed in its teachings, and derives a great additional value from the illustrative cases with which its author assists his descriptions, while at the same time he refrains from unduly crowding his pages with such examples of successful treatment or of suggestive failure. The thoughtful physician could find very much to interest him in the book; every practitioner will gain invaluable instruction from its perusal.

GUY'S HOSPITAL REPORTS. (a)

This will be found to be a most interesting volume of the well-known "Guy's Hospital Reports," and quite up to the level of previous issues. It commences with a paper by Mr. Hilton Fagge on "Purpura Hemorrhagica Accompanying the Growth of Multiple Sarcoma," and including a large proportion of the fatal examples of purpura which have occurred in that hospital for the last twenty years. Mr. Fagge holds strongly to the belief that multiple sarcomata, as in the cases detailed, are often developed in the connective tissues throughout the body, just as a number of nodules of molluscum fibrosum are found beneath the skin, altogether independently of any infective process. One interesting point in the cases recorded in this com-

(a) "Clinical Lectures on Diseases of the Heart and Aorta." By George William Balfour, M.D. St. And., F.R.C.P., Ed. &c. Second Edition. London: J. & A. Churchill.

(a) "Guy's Hospital Reports." Edited by H. G. Howe, F.R.C.S. and Frederick Taylor, M.D. Vol. xiv.

munication is that in two of them (the patients being men), the thymus gland was enlarged, and apparently infected with the growth.

Dr. Stevenson contributes an interesting account of the "Origin of the Three Common Thermometric Scales," and mentions the fact—not generally known—that Fahrenheit originally made use of the temperature of the axilla or mouth of a healthy man (96°) as a basis of his scale. We are glad to mention incidentally that medical men, who have so often been accused of an ignorant conservatism in their favouritism of the old Fahrenheit scale, are at last tending towards the universal adoption of the more recent and much more convenient scale of Celsius, known as the centigrade scale.

Mr. Davies Colley contributes a short paper on "Reduction *en masse* in Ilium," in which he gives the details of three most instructive cases. We are inclined to believe that this accident is of much more frequent occurrence than is generally supposed, as surgeons are usually not disposed to place on record cases of a fatal nature, even though the untoward result might not be in any way attributable to their unskilfulness. We are not aware that any writer has pointed out, as Mr. Colley has done, the risk of returning the intestine into an extra-peritoneal pouch, and we agree with him in thinking it very important that these cases should be placed on record, so that others may be made aware of the possibility of such an occurrence.

Mr. Carrington gives us some information about the "Anatomy of the Triangular Ligament of the Urethra," and clearly establishes the fact that the posterior layer is formed by the obturator fascia, contrary to the statements found in most of our anatomical text-books.

The volume contains many other papers of great interest, to which want of space prevents us from alluding, and it concludes with an inquiry into the "Physiognomy of Phthisis by the Method of Composite Portraiture," by Messrs. Galton and Mahomed. The method of producing these composite portraits has already been well described elsewhere, but we may mention that they are made from the individual negatives by throwing upon a photographic plate disposed in a special form of camera, the images of several negatives in succession, an equal fraction of time being given to each, instead of the whole time to one. A single plate that has been thus exposed to several negatives yields what is called a *composite*. The paper is illustrated with a number of these composite pictures, which are of very great interest. The result, however, of this inquiry lends no countenance to the belief that any special type of face predominates among phthisical patients, nor to the generally entertained opinion that the narrow, ovoid, or "tubercular" face is more common in phthisis than among other diseases. The conclusions arrived at are, therefore, negative, but, as the author remarks, it may be that they are no less valuable, as they at least succeed in refuting a commonly accepted error.

In conclusion, we may state that this volume of Reports will well repay perusal, and is worthy of the reputation of the staff of Guy's.

AN INDEX OF SURGERY. (a)

In the preface to this work we are told that the "Index" is intended to be used by the senior student, shortly before he presents himself for his final examination, and after he has carefully studied a complete text-book of surgery. If we could feel certain that the book would be used in this way only, we would not have anything to say against it; but we greatly fear that for the one student who will make use of it in this way there may be hundreds who will use it simply with a view to hurriedly cramming themselves for examination purposes with a mass of undigested facts, to the exclusion of a sound knowledge of the principles of surgery, and who will, consequently, neglect the larger text-books, by the study of which alone they can become reliable practitioners.

We are told that the work is a complete collection of facts, suited to take the place of the notes which the

student usually makes for himself; and which, according to Mr. Keetley, "being made with unripe knowledge, and consequently with the bad judgment which such immaturity implies," are often necessarily thrown aside as useless. But, on the other hand, every experienced teacher knows that the value of note-taking consists mainly, if not entirely, in the effort made by the student to generalise and mentally digest the mass of facts which have come under his observation; and that, unquestionably, the value of the notes for subsequent reference is merely of secondary importance.

Although this industrious compilation contains a great deal of really valuable information on surgical matters, yet errors of a grave nature are easily to be discovered in it. We may point, for example, to the treatment recommended for the relief of that serious surgical condition produced by stricture. No student could possibly be benefited by being directed to transform a bulbous bougie into a filiform one by the simple process of "snipping off" the bulb. Again, the treatment by trocar and canula of compound palmar ganglion will not recommend itself to experienced surgeons, who are familiar with the dangers that attend operative interference with this disease.

On the whole, we cannot but regret that such an amount of labour should have been expended on a work which we cannot but feel will be as much a source of detriment as of advantage to the student for whose benefit it is intended.

PASS LISTS.

Royal College of Surgeons of England.—The following candidates having passed the required examination for the diploma, were admitted Members of the College on Monday, November 13th:—

Atkins, George, L.R.C.P. Lond.
Baker, William Brain, L.S.A.
Bozal, Robert, L.R.C.P.
Bromley, Henry Urgent.
Butterworth, Samuel, L.R.C.P. Ed.
Coombe, Charles Frederick.
Furnival, Francis Henry, L.S.A.
Heathcote, Ralph G., L.R.C.P. Ed.
Herman, Christian L., M.B. Ed.

Lister, Joseph Herbert, L.S.A.
Littlewood, John Osceott, L.S.A.
Priestley, John, L.S.A.
Shirley, Matthew B., L.R.C.P. Ed.
Smith, W. A. Winwood, L.S.A.
Statham, Reginald W., L.S.A.
Waring, John Arkle, L.R.C.P. Ed.
Wilson, George, M.B. Ed.
Wyborn, Samuel, L.S.A.

The following were admitted on Tuesday, Nov. 14th:—

Aslanian, Bedros, L.S.A.
Banham, William Wilfred.
Beasley, William C., M.B. Dub.
Bown, Arthur Thomas.
Dacre, John.
Dale, Walter F., L.R.C.P. Lond.
Guinness, Thomas Archibald.
Harriss, Henry Jones.
Hall, Alfred.
Hind, Wheelton.
Hoar, O. de Sambler.

Horrocks, William Henry.
Maye, John, L.S.A.
Myles, James P., L.R.C.P. Lond.
Porter, Guy David.
Price, Thomas William.
Satter, George H., L.R.C.P. Ed.
Sells, Hubert Thomas.
Smith, J. E., L.S.A.
Sunderland, Septimus.
Winder, William Henry.

The following were admitted on Wednesday, Nov. 15th:—

Bailey, Charles Frederic.
Caiger, Frederic Foord.
Cardwell, Thomas.
Crick, William T., L.R.C.P. Lond.
Cuff, Robert.
Dakin, William Radford.
Davis, John Warren, L.S.A.
Dun, Walter A., L.R.C.P. Lond.
Ellison, William Augustine.
Fraser, James Alexander.

Harrison, John, L.R.C.P. Ed.
Hodges, Herbert Chamney.
Jennings, William Munro.
Kinch, George H., L.R.C.P. Ed.
Leon, Greville Ewing, L.S.A.
Masters, Edgar Ernest.
Mead, Herbert R., L.R.C.P. Ed.
Smith, Howard Lyon.
Tallier, George Arthur.
Woodhouse, Alfred E. Clayton.

Royal College of Surgeons, Edinburgh.—During the October sittings of the Examiners, Mr. Joseph Henry Zepeto, Trinidad, passed his first professional examination, and the following gentlemen passed their final examination, and were admitted Licentiates of the College:—

Schmidt, Alfred E., London.
Kirkham, F. W., Tilney, Norfolk.
Fletcher, Howard B., Lincoln.
Robertson, John M., Galston.
Wilson, William, Edinburgh.

Logan, John, Milngavie.
Gettings, John S., Staffordshire.
Snell, W. S., Stonehouse, Devon.
Hutchinson, Creighton, Kilrea.
Clark, John Robert, Coburg.

William Thomas Elliott, Diss, passed his first professional examination for the Licence in Dental Surgery of the College; and the following gentlemen passed their final examination, and were admitted L.D.S.:—

Thomson, Joseph S., Dublin.
Furdie, Hume, Alford.
Blandy, Henry, Chesterfield.

(a) "An Index of Surgery." By O. B. Keetley, F.R.C.S. London: Smith and Elder. 1882.

Notices to Correspondents.

THE CHARGE OF MANSLAUGHTER AGAINST AN ASYLUM OFFICER.—In our last we expressed regret at the announcement made in the public press of the committal of a former medical officer of the Gloucester Lunatic Asylum on a charge of manslaughter by violence on a patient. We are happy on unimpeachable authority to announce that our contemporaries were misinformed, and that the person so charged was a former male attendant at the Asylum, not medical officer, as reported.

ANXIOUS.—We cannot be of any assistance to you in the matter.

MR. SCOTT (Cornwall).—Mr. Sampson Gamgee's address, entitled "What has Vivisection done for Human Surgery?" will give you exactly the information you require. It is published, price sixpence, by Messrs. Churchill. Prof. Owen's recently published "Experimental Physiology" (Longmans) is a crushing refutation of the miserable pretensions of the anti-vivisectionists. In this country the law enacts that any scientific inquirer desiring to resort to experimental proof of physiological problems shall obtain a licence to do so from the Secretary of State. Such licences are, as a rule, refused, and thus the study of experimental physiology is "boy-cotted." In other countries scientific men are not insulted in this way, but research is encouraged, with the result that the lead once taken by England is being usurped by Germany and France. There is no vivisection society, but recently an "Association for the Advancement of Medicine by Research" was formed in London, with the object of teaching the public how they are being imposed upon by the mercenary pretensions of self-styled humanitarians.

POSTERIOR THORACIC.—Your information is not at all correct. You will find the facts accurately detailed in the *Medical Press* for July 17.

AMBIDEXTER.—No. It was Mr. Charles Reade who raised the discussion. The novelist who is ill is Mr. Anthony Trollope.

GNORRHOEAL COMPLICATIONS.

J. W. D. writes: A patient of mine, who suffered from gonorrhoea some ten years ago, complains now of scrotum sweating after going to bed, with darting pains in part (the pains are only very slight, something like what he calls prickling). Could you advise me as to treatment? I have had him on pot. iodid. and tonics for a month or so without any change for the better.

[The data given by J. W. D. are rather meagre, but it seems most likely that the symptoms depend on some defective innervation of the region affected—probably vaso-motor in character. We think a judicious course of arsenic, with the local use of some weak belladonna ointment, would meet the requirements of the case as it is described.—ED.]

A POLITE HINT FOR CONTEMPORARIES.—The *Deutsche Med. Zeitung* (Nov. 9th) prints in "big" type the following paragraph:—"We most respectfully request those esteemed editors who use or reprint verbatim our original reports or excerpts, always to mention the *Deutsche Med. Zeitung* as the source whence they are taken."

MR. S. WILSON (Liverpool) should write to the Secretary for information. We believe election is merely a formality if proposed and seconded by two members.

LIEBIG'S EXTRACT OF MEAT.—The somewhat protracted suit of the Liebig's Extract of Meat Company v. Anderson, for an alleged invasion and colourable imitation of their labels and rights, has been decided in favour of the defendant. Dr. Pettenkofer, who gave evidence in the case, stated that the prepared extract of meat was first invented by a French chemist, Proust, in the year 1801, and, therefore, Liebig was not the real inventor of what is sold under his name as "Extract of Meat."

MR. C. B. (Dublin).—It is necessary to have a personal interview with the head of the department, and this is not easy to obtain. We will, however, represent the case in the proper quarter and see what can be done for you.

CERTIFICATES IN SANITARY SCIENCE.

ARRANGEMENTS have now been made by the King and Queen's College of Physicians for granting a certificate in sanitary science to Licentiates in Medicine of the College. The first examination will take place in January, 1883, in the following subjects:—1. Engineering—including hospital and house construction, sewage, drainage, ventilation, water supply; 2. Law—the Acts relating to public health, duties of health officers; 3. Etiology and Prevention of Diseases—epidemiology, contagion, infection, hereditary influence, accommodation and conveyance of the sick, management of hospitals; 4. Chemistry—air, water, food; 5. Meteorology and Climatology, and Vital Statistics.

WAKEFIELD.—Thanks for the information; the mistake was an unfortunate one on the part of the newspaper press; not an unusual occurrence when they essay matters medical.

DR. C. THEODORE WILLIAMS will deliver a lecture at the Brompton Consumption Hospital to-day, at 4 p.m., "On Phthisis with Emphysema." Members of the profession will be admitted on presentation of their cards.

DR. R. N. (Hampstead).—The matter has not been forgotten; it is simply waiting its turn with other reviews.

THE UTILITY OF DRUNKENNESS.

MR. MATHIEU WILLIAMS writes in the *Popular Science Review* on this subject, holding that drunkenness is not an unmixed evil, but from a Darwinian point of view is really an important factor in the development of the species. He argues "that the survival of the coarser, more brutal, and purely animal specimens of the human race is prejudicial to its present interests and future progress. They must consequently be removed so as to permit the survival and multiplication of the more intellectual and refined specimens. This happy result is accomplished by the spontaneous self-extinction of the coarser specimens in a manner presumably pleasant to themselves by

means of the immoderate use of intoxicating liquors." This is truly a happy way of looking at the subject. By an extension of the same principle we may come to congratulate ourselves on typhoid, phthisis, gout, &c., as beneficent means of clearing out all the dirty, delicate, and gluttonous population.

MEETINGS OF THE SOCIETIES.

CLINICAL SOCIETY OF LONDON.—Friday, Nov. 24th, at 8.30 p.m., Dr. Cavay, "On two Cases of Symmetrical Congestive Mottling of the Skin" (patients will be shown).—Mr. J. E. Adams, "On a Case of Lumbar Nephrectomy for Carcinoma."—Mr. R. J. Godlee, "On Two Cases of Intussusception in Infants treated by Abdominal Section."—Dr. Dyce Duckworth, "On Two Cases of Subcutaneous Rheumatismal Nodes" (one of the cases will be exhibited).

HARVEIAN SOCIETY OF LONDON.—Thursday, Nov. 23rd, at 8.30 p.m., the first of the Harveian Lectures, "On Ophthalmic Medicine and Surgery in relation to General Practice," by Henry Power, M.R.C.S.

Vacancies.

Dewsbury Infirmary.—House Surgeon. Salary, £80, with board and lodging. Applications to be sent to the Secretary not later than Nov. 29th.

Dundalk Union, Carlingford Dispensary.—Medical Officer. Salary, £100, and £25 as Medical Officer of Health. Election, Nov. 25th.

Galway Union, Arran Island Dispensary.—Medical Officer. Salary, £10, and £15 as Medical Officer of Health. Election, Dec. 1st.

Kingston Union.—Medical Officer. Salary, £80. Applications to be sent to the Clerk on or before Dec. 4th.

Seamen's Hospital (late "Dreadnought"), Greenwich.—Matron. Salary commencing at £80, with board and lodging. Applications to be forwarded to the Secretary on or before Nov. 27th.

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—House Physician. Salary, £100, with board, &c. Also House Surgeon. Salary, £170, with board, &c. Applications to be addressed to the Chairman of the Medical Committee not later than Dec. 4th.

Appointments.

BARR, T. M.D., C.M., F.F.P.S. Glas., Aural Surgeon to the Sick Children's Hospital, Glasgow.

CAMPBELL, W., M.B., C.M., House Surgeon to the Royal Infirmary, Glasgow.

COATS, J., M.D., F.F.P.S. Glas., Pathologist to the Sick Children's Hospital, Glasgow.

DAVIDSON, J. H., M.B., C.M. Ed., House Surgeon to the Royal Infirmary, Glasgow.

FINLAYSON, J., M.D., F.F.P.S. Glas., L.R.C.S. Ed., Physician to the Sick Children's Hospital, Glasgow.

FORBETH, E., M.D., M.Ch. Glas., Medical Officer for the Birral District of the Dewsbury Union.

GELLATLY, A., M.B., M.Ch. Ed., Medical Officer for the First District of the Ashton-under-Lyne Union.

HUDSON, E., M.R.C.S., Junior Assistant House Surgeon to the Sheffield Public Hospital and Dispensary.

LAWRIE, W. J., M.B., C.M., House Surgeon to the Royal Infirmary, Glasgow.

MCNIVEN, E. O., M.B., C.M. Ed., House Physician to the Royal Infirmary, Glasgow.

NEWMAN, D., M.B., C.M., F.F.P.S. Glas., Extra Dispensary Surgeon to the Western Infirmary, Glasgow.

REID, T., M.D., F.F.P.S. Glas., Ophthalmic Surgeon to the Sick Children's Hospital, Glasgow.

RICH, A. C., M.B. Lond., M.R.C.S., Pathologist to the Liverpool Royal Infirmary.

SEMPLE, A., M.B., C.M., House Physician to the Royal Infirmary, Glasgow.

WILLOOCS, F., M.D. Lond., M.R.C.P. & M.R.C.S., Assistant Physician to Charing Cross Hospital.

YOUNG, C. S., L.F.P.S. Glas., Assistant Medical Officer to the Barnhill Hospital, Glasgow.

Births.

HARTE.—Nov. 17th, at 30 Athenum Street, Plymouth, the wife of Fleet Surgeon M. A. Harte, R.N., of a son.

HILL.—Nov. 17th, at 55 Wimpole Street, London, W., the wife of Berkeley Hill, F.R.C.S., of a son.

KIDD.—Nov. 15th, at 12 Montpelier Row, Blackheath, the wife of Walter Kidd, M.D., of a daughter.

LONGMORE.—Nov. 14th, at Woolston, Hants, the wife of Surgeon-General T. Longmore, C.B., of a son.

Marriages.

ADAMS—WILLIAMS.—Nov. 16th, at St. Mark's Church, Lyncombe, Bath, Henry Adams, M.R.C.P.E., of Greenwich, to Fanny Garrigues, granddaughter of the late Venerable Archdeacon Williams, D.D., of Jamaica.

DALY—VON DONOP.—Nov. 16th, at St. Andrew's Church, Bath, Edward Owen Daly, M.A., M.B. Oxon., eldest son of Dr. Owen Daly, F.R.C.P., Hull, to Alice Brenton, youngest daughter of Vice-Admiral R. P. Brenton von Donop, Bath.

Deaths.

BRICKWELL.—Nov. 9th, at Somersham, Hunts, Henry Brickwell, M.B.C.S., aged 66.

CRISP.—Nov. 15th, suddenly, Edwards Crisp, M.D., of 16 Beaufort Street, Chelsea, aged 78.

GULLIVER.—Nov. 17th, at Canterbury, George Gulliver, F.R.C.S. and F.R.S., formerly Surgeon Royal Horse Guards (Bde), and Hunterian Professor at the Royal College of Surgeons, aged 78.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 29, 1882.

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Original Communications.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.
Surgeon to the London Hospital.

(Continued from page 436.)

A QUESTION arises in regard to the powers of locomotion exhibited in these cases, whether the bladder was ruptured through all the coats at the time of the injury, or whether a partial rupture became complete some hours or days afterwards. Dr. Andrew Dewar, of Dunfermline, (a) has narrated a case in which it is probable that the bladder received some damage during a scuffle, and gave way the next day, at the time of a fall, and, perhaps, in consequence of it. William Niblo, 27, received some blows in a drunken brawl. He assisted in unloading a vessel for an hour without complaining of any injury. He staggered home at midnight, and went to bed. He rose in the morning, twice drank spirits, and was seen wandering about in a state of apparent intoxication. About mid-day he fell on smooth ground, and could not get up without assistance. He was carried home and put to bed, and never rose again. Dr. Dewar thinks that the bladder was not ruptured in the scuffle, but when the patient fell, and in this view I entirely concur. The occasional occurrence of ruptures involving only the mucous and muscular coats is shown by the appearances in Gruber's case (b). In addition to a complete intra-peritoneal rupture an inch and a-half long, there was a second tear lower down, involving only the mucous and muscular tissues. Another explanation has been offered to account for Dr. Harrison's case. At the post-mortem the recto-vesical *cul de sac* was seen to be shut off from the general cavity of the peritonæum by adhesions between the lower intestines and the bladder, and contained a quart of colourless urine. It has been conjectured

that the retention of the urine in the *cul de sac* would not be attended with the same immediate disturbance to the system as its diffusion through the general peritoneal cavity. This explanation, though possible, does not appear to me to be so probable as the occurrence at first of a partial rupture, afterwards becoming complete. Dr. Max Bartels alludes to the latter method of explanation, and appears to lean towards it. In Dr. Harrison's and Dr. Gillespie's cases I believe that the peritonæum did not give way for two or three days after the injuries, and that in Mr. Crossley's case the interval was much longer. As soon as the shock, pain, and peculiar feelings occasioned by a ruptured bladder have subsided, the subject of the injury, who had previously felt an urgent call to void urine, and may have been on his way to satisfy the call, experiences, perhaps, a temporary feeling of relief. Very soon, however, he begins to be tormented with a strong and frequent desire to make water. On attempting to do so, nothing comes away; but straining may cause a few drops of blood or bloody urine to issue from the urethra. Accompanying this distressing condition, pain will be felt in the hypogastric region, or there may be constant acute pain at the umbilicus, or all over the body, the pain being intolerable in the erect position. Pallor and anxiety of countenance, restlessness, thirst, difficulty in movement, nausea and vomiting, depression, and feeble pulse will be the evidences of grave constitutional disturbance. In this condition the patient is seen by his medical attendant, who introduces a catheter, and draws off blood, or a variable quantity of blood and urine combined, or fails to remove anything at all. The desire to micturate may not be relieved by the catheter. If the patient is not the subject of stricture, or of fracture or displacement of the pelvic bones interfering with the urethra, the catheter will pass readily enough into the empty and more or less contracted or collapsed bladder. Separation of the innominate bones at the symphysis may cause a deflection of the catheter to one or the other side. Having entered the bladder, the point of the catheter may impinge against a sound part of the viscus, and then it will be found difficult to rotate the instrument, and to depress it between the patient's thighs, but, if the rent be on the posterior wall, on withdrawing

(a) *Edinburgh Medical and Surgical Journal*, 1829.

(b). Quoted in Dr. Thorpe's paper, *Dublin Quarterly Journal*, vol. xiv., page 813. Reference given to *Dub. Hosp. Gaz.*, vol. v., page 263.

the catheter a little and altering its direction, it may suddenly slip through the rent into the peritoneal cavity, become freely movable, and withdraw, probably, a large quantity of fluid in place of the small quantity of blood, or the few ounces of blood and urine previously removed. When the rent in the bladder is large, the end of the catheter will most likely at once pass through it, entering the urethra up to the hilt, and drawing off a large quantity of bloody urine, mixed, perhaps, with serous fluid from the peritonæum. Mr. Poland's case is instructive on this point. Two days after the accident, five ounces of bloody urine were drawn off by Mr. Poland, but six hours later Mr. Durham removed with the catheter three quarts of bloody urine, and evidently from the abdominal cavity. So, also, in Mr. Cusack's first case. The catheter, when introduced on the second day, drew no water, but, on altering its direction with the finger in the rectum, three pints issued. In Fergusson's case, a very small quantity of bloody urine was drawn off, but shortly afterwards about 102 ounces. The amount of blood mixed with the urine is also variable. Occasionally pure blood passes, or blood-clot speedily blocks up the eyes of the catheter. Rarely the urine, though scanty, is clear. The quantity of blood in the urine diminishes steadily, and the urine will become clear by the second or third day, or, at most, be of a dull brownish red colour, or have the appearance of coffee-grounds. The quantity of urine drawn on occasions subsequent to the first introduction will vary, according to the frequency of catheterising and the position of the extremity of the instrument. A catheter confined to the cavity of a ruptured bladder will not remove more than a few ounces of urine—rarely, I think, more than four or six at the most; but whenever it traverses the rent, half-a-pint to thirty ounces, and even more fluid, may be expected to issue. The character of the stream issuing from the catheter is important. As the contraction of the muscular coats of the bladder no longer assists the flow, and as the abdominal muscles will probably be exerted only for the purposes of respiration, the urine will either well out gradually, and run down by the side of the catheter, come out almost *guttatim*, or pass from the instrument in an intermittent stream during the periods of expiration. It may be necessary for the medical attendant to compress the abdomen before he obtains any urine, but compression does not always assist the flow. As a general rule, the patient from the first is unable to pass water, and continues to display this inability to the end. In a few cases water has been passed voluntarily by the patient, either at the outset, or at some period during the progress of the case. Mr. Hiley's patient passed water several times in a stream at 5 a.m. on the third day, and at 10 a.m. made water, which ran down to his knees. This was accompanied by an evident improvement in the patient's condition. The pain abated, pressure on the abdomen could be borne, and he could turn over in bed without pain; vomiting ceased, his spirits revived, and a little later he voided three ounces of urine. The next day he relapsed, and speedily sank. One of Mr. Ellis's patients passed a little water on the second and third day. One of Dr. Ramsbotham's patients passed a small quantity of urine on the second day. Dr. Lente's patient, a lad of 18, is said to have discharged urine two feet from the meatus on the second day. Mr. Drake's patient passed water on the third day, and Mr. Bower's patient passed one and a half ounces of water voluntarily on the second day. On the first day Mr. Wathen's patient got on a night chair and passed one ounce of bloody urine, and on the ninth day while at stool he passed some ounces in a regular stream. In Mr. Le Gros Clerk's case on the sixth day, and in my second case on the fourth day, the patient rallied and passed water freely himself. In Mr. Hird's case two or three tablespoonfuls of urine dribbled away on the evening of the accident. All the foregoing were intra-peritoneal ruptures. A few of the patients with extra-peritoneal ruptures passed some blood when trying to make water, one passed a spoonful of urine, another half a pint

on the second day; a female passed a small quantity mixed with blood, whilst half a pint dribbled away, and in the course of her illness, she voluntarily passed urine more than once; another patient is said to have made water on the second day with tolerable freedom. In my fourth case, where the rupture was situated just above the prostate, there was at first *incontinence of urine*, and in a recent case of idiopathic rupture behind the prostate, brought before the Hunterian Society by Mr. Tay, urine seems to have dribbled rather freely from the urethra. In Dr. Kneeland's case the patient, on the third day, passed water standing with his feet on the floor, his hips resting against the edge of the bed, his body leaning forward, and his hands pressed on the abdomen. Drawing in a full breath and bearing down forcibly urine started in a full stream. When he expired the stream would stop, and on making a full inspiration would again start in a full stream. He complained of it hurting him over the bowels and being very hard work.

The primary symptoms which have been enumerated, pain in the abdomen, a feeling of something having given way within that cavity, difficulty in standing and walking, a certain amount of shock or depression, temporary relief to the desire to make water followed by a more urgent desire but inability to do so, and the results of catheterism in bringing away blood or bloody urine, or nothing whatever, are common both to the intra- and extra-peritoneal ruptures. Here, however, the two classes of cases diverge from each other. In the intra-peritoneal ruptures the symptoms are decidedly more severe. The shock at first is greater, and the symptoms of peritonitis, as a rule, set in within a few hours and increase in severity. A surgeon called to a case of the kind, having noted the history, will at once proceed to an examination of the patient's abdomen. Only in a severe injury or one occasioned by great force and accompanied by other lesions is he likely to observe any external mark of violence. "No sign of external injury" is a frequent note. But he will find most probably that the abdomen is swollen or prominent in front, tender on the slightest pressure, and tympanitic, but in the hypogastric region for a variable distance, and sometimes extending toward one or both of the iliac fossæ, the percussion note is likely to be dull, more especially in the erect position. There may even be a more or less defined swelling resembling the bladder between the umbilicus and the pubes, due, I believe, to the circumstance that the urine is temporarily confined by the disposition of the coils of intestine. A tumour of this kind was noticed in the case under Mr. Spence, who brings forward several arguments to show that the tumour was really formed by the bladder itself, distended with urine which had been confined accidentally within the organ owing to the peculiar character of the rent, and to temporary adhesion or occlusion of its edges. That the urine was really outside the bladder is proved, I think, by the details of other cases in which a swelling of the kind has been noticed. In Dr. Ramsbotham's second case of rupture in a woman in labour, it is stated that no vesical tumour was perceptible, but an irregularity was observed on the uterine tumour like a bent knee or elbow. In Mr. Partridge's case, which was complicated with stricture, there was a tumour in the region of the bladder, and, under chloroform, twelve ounces of urine were drawn off. Mr. Partridge was sent for on the second day after the admission of the patient because the house-surgeon could not pass the catheter. He cut into the bladder and found it empty, and observed that the catheter had evidently been passed through the rent. In a female under Mr. Stokes there was a large circumscribed tumour, very much resembling the gravid uterus, and very dull on percussion, filling the hypogastrium, and extending upwards to within an inch of the umbilicus. The woman had not passed water since the receipt of the accident; yet, when the catheter was introduced it drew off only one ounce of urine, slightly tinged with blood, which trickled slowly through the catheter. The tumour increased in size, and

was larger the next day, but on the third day it is noted that the tumour was larger, but no longer circumscribed, showing that the urine was gradually becoming diffused.

In the case under Mr. Heath, who made a very careful examination of the abdomen, the following particulars were observed:—"The abdomen is prominent in front; no bulging in the flanks; it is firm and tense to the feel, and very painful on the slightest pressure, notably over the hypogastrium. There is dulness above the pubes to a point midway between the pubes and umbilicus. The left flank is dull on percussion; the right resonant. There is no bruising of the back, but there is tenderness in the left lumbar region." The dulness was evidently the result of the effused urine, for directly an incision was made through the anterior abdominal wall a gush of urine followed. Examination per rectum will elicit tenderness and pain, and in some cases the finger may be able to detect a collection of fluid in the recto-vesical *cul de sac*. I could not feel this in either of my own cases, and Mr. Spence, whose attention was particularly directed to this point, found, at the post-mortem, that a little turbid urinous fluid, and some folds of small intestine occupied the inferior *cul de sac* of the peritoneum, but no fluctuation or distension could be detected, on examination with the finger, in the rectum.

In Mr. Hird's case the collection was readily demonstrated. The abdomen of the patient was distended, but did not evince the circumscribed form observable in cases of distended bladder from retention. A full-sized catheter was introduced, and withdrew two or three tablespoonfuls of water only. The bladder was contracted, and greatly opposed the moving of the catheter. On examination per rectum Mr. Hird could distinctly feel a swelling between the bladder and intestine, yielding to pressure, and returning to its original size.

In a typical case of intra-peritoneal rupture the patient will exhibit all the symptoms of peritonitis, in addition to those proper to the lesion itself. He will lie in bed, with his knees drawn up, or be propped up with pillows, to relax the abdominal muscles. He will have a pinched, anxious, haggard expression of countenance, look pale and anæmic, and be tormented with a frequent or constant desire to pass water, leading him to make ineffectual efforts to empty his bladder. He will suffer from thirst, and sooner or later be troubled with vomiting, bringing up a greenish yellow fluid, and even the water which he had drunk copiously to quench his thirst. Vomiting is sometimes present at the outset, sometimes sets in on the second day, or appears towards the termination of the case. Usually it increases in urgency, from its appearance till death ensues. With vomiting, hiccup is frequently associated. The pulse will be small, feeble, and rapid, ranging between 90 and 130 degrees. The temperature will probably be a little over the normal. The respirations will be hurried, accompanied, perhaps, by dyspnoea, or a feeling of oppression at the chest. The abdomen will be tense, tender, tympanitic above, dull, and possibly fluctuating below. The tongue will be furred and dry, and the bowels confined. Occasionally there may be rolling of the intestines and distressing tenesmus. Purgative medicines will probably produce foetid stools, and enemata may give exit to flatus, occasioning relief to the feeling of distension of the belly. Unless stupefied with alcohol, the patient may be expected to pass the first night after the injury in much torture, vainly endeavouring to obtain rest and sleep. Throughout the illness there will be marked restlessness and insomnia. As the case proceeds, the symptoms become aggravated, the swelling and tension of the abdomen increase; clammy sweats appear on the skin; the hiccup and vomiting become more urgent and distressing; the pain is intolerable; the countenance sunken and ghastly; and the patient may sink into a state of collapse, or into a typhoid condition, attended with delirium and coma. Not infrequently, after a few days, especially about the fifth or sixth, if the patient survive so long, there are marked signs of amendment. Nature has commenced the repair of the rent in the

bladder, and the edges of the rent have become agglutinated, or blocked by the sigmoid flexure, or a coil of small intestine. The patient passes water voluntarily, takes food without rejecting it, sits up in bed, is free from pain, and comparatively cheerful. An error in diet, or a purgative acting on the bowel, or the course of the disease itself, dispels the deceitful improvement; the former symptoms recur, and the patient may expire on the very day which follows the signs of hopefulness and recovery. In one or two cases, stercoraceous vomiting has occurred; and in a case at St. Bartholomew's Hospital, a coil of intestine entered the rent in the bladder, and gave rise to symptoms of intestinal obstruction which masked the symptoms of rupture of the bladder.

(To be continued.)

TREATMENT OF NEURALGIA. (a)

By CHARLES R. FRANCIS, M.B. Lond., &c., &c.,
Formerly Professor of Medicine in the Medical College, Calcutta.

My object in the present paper is to give a sketch of the treatment which, in common with many others, I have found beneficial in the management of idiopathic neuralgia, and of neuralgia which, of traumatic birth, has become persistent from habit after removal of the original cause. No new remedy is proposed, but I venture to suggest, in addition to other suitable treatment, the value of combining those that are already in use, giving them in sufficiently large doses, and at particular times.

It is not necessary to say much on the pathology of neuralgia. Gentlemen present are quite as familiar as myself—some even more so—with the work and writings of those who have told us all that is yet known (practically nothing) on the subject. Sir C. Bell, Rowland, Downing, Anstie, Chapman, Latham, Liveing, &c., in England; Eulenberg, Romberg and others in Germany; and Charcot, &c., in France, are names well known in connection with neuralgia and other diseases of the nervous system. The most exhaustive account, perhaps, of the disorder is to be found in the eleventh volume of Ziemssen's "Cyclopædia of Medicine." What may be the exact condition of the nerve in neuralgia is not known with certainty. Post-mortem examinations of persons who—victims to it during many years of life—have eventually died of something else, reveal nothing. The pain, variously described as boring, burning, plunging, shooting, crushing, cutting, dragging, a feeling as if the nerve were being drawn through a narrow ring, &c., may have been most agonizing; but no sign is left. Dr. Woakes says, that there is effusion of liquor sanguinis from arterioles in the track of the nerve affected, and that the sentient nerve fibrillæ are compressed by it. Doubtless there are such cases; and ergot of rye, which Dr. Woakes recommends, by restoring the vaso-motor function—the suspension of which had allowed the effusion to take place—acts beneficially. But this can hardly be the pathology in every case of neuralgia. Vascular spasm is the more probable condition. Considering that the disorder is, in those who are subject to it, most rife in cold, damp weather, we may, I think, fairly infer that the nerve is—so to speak—limp, irritable, and readily worried by the spasm of vessels which lie in its course. An old lady of 80, who had been a martyr for sixteen years to sciatica which had made her quite lame, thus expressed herself to me after taking one or two full doses of an anodyne antispasmodic and nervine tonic:—"Look, I am not a bit lame, now; the leg feels so much tighter. See, I can kick it out, and feel no pain!" and she kicked with vigour. The anodyne had unlocked the spasm, whilst the tonic gave temporary vigour to the nerve. Doubtless, there was more than

(a) Read before the Harveian Society of London, Nov. 16th, 1882.

mere spasm in this case, though it was a prominent feature.

Although in the practice of medicine a physician is guided by certain general rules which are applicable to the various classes of diseases, he finds by experience—with reference to the deranging influence of idiosyncrasies, &c.—each disease requires to be specially studied and dealt with on its own merits. True as this is of disease in general, it is especially so of neuralgia. Once started, the pathology of the disorder is probably the same in most cases; but not so the cause that started it. Now, it is cold; now, warmth; now, some local irritation which is tangible and capable of removal; now, the mischief is deep-seated, and either beyond our ken or removable with great difficulty. Uterine derangements are constantly associated with neuralgia—now as a cause, now as a consequence. The *fons et origo* of an attack is as often mental as physical; and frequently there is no apparent cause at all.

For the successful management of some forms of neuralgia there are two paramount requisites—*time* and *patience*. No true physician will be content with merely relieving the pain which, in chronic cases, will assuredly return again and again with unabated, and often with increasing, vigour.

There is almost always something preventively wrong in the *habits* of patients so afflicted, or in circumstances beyond their immediate control. So little importance, however, do patients attach to these circumstances, even if they be aware of their existence, that it is often only by patient investigation, which necessarily occupies more time than busy men have at their disposal, that the fact is elicited; but its elucidation makes all the difference to the patient. The outcome of a nervous temperament—the nervous constitution involving a proneness to neurotic disorders—that cannot be altered. But the condition, which enables the neuralgia to acquire a more powerful hold of its victim, may frequently be removed or ameliorated; so that the opportunities hitherto enjoyed by the disorder for effecting an invasion may become reduced to a minimum.

In the general treatment of neuralgia there are certain principal indications, one or other, or all, of which need to be fulfilled—viz., to eliminate, to soothe, and to strengthen. Besides these there is another more difficult of fulfilment—breaking through the habitual recurrence of the pain. In some cases elimination alone will effect a cure, as with decayed teeth, worms, or an over-loaded colon; in others—the nervous system being unusually irritable—soothing remedies suffice, as the hypodermic injection of morphia; in others, and these are the most intractable, a combination of remedial measures is required. In these last cases elimination, soothing, strengthening, and habit-breaking must frequently, more or less, all be had recourse to. The three first are the principles that guide the rational practitioner of hydropathy which, in the hands of such an one, becomes so valuable an adjunct to the medical armamentarium in the treatment of nervous exhaustion, amongst the victims of which neuralgia so frequently appears. Without taking up the time of the Society with any more prefatory remarks, I will now proceed to give the outline of a few cases in illustration of them.

Of the cases which come under the two first heads it is not necessary to say much. Neuralgia depending upon a decayed tooth disappears with removal of the offender, though too many teeth, alas! have been removed as supposed originators of the neuralgic pain, when they have had nothing whatever to do with it. The pain that is felt in a particular spot is sometimes so intense that malignant disease is suspected. And herein occasionally exists a difficulty in diagnosis. We now know that the pain of neuralgia may be quite as intense as that of malignant disease; and it is not always easy to decide which is which. Some who are present this evening may remember a case where, for supposed malignant disease, a kidney was extirpated.

The operator, holding up the organ before the vast assemblage of spectators, said: "Gentlemen, I am bound to admit that I never saw a healthier kidney."

Mr. M., a merchant in Calcutta, suffered intense pain over the centre of the middle portion of the left serratus magnus muscle. The pain was more or less intermittent, and the patient had been exposed to malarial influences. Nothing could be felt; there was no pain on pressure, nor any indications, personal or otherwise, of malignant disease. And, so, neuralgia of malarious origin was diagnosed, and he was treated accordingly. Six months afterwards, coming to England for further treatment, Mr. M. died of melanotic sarcoma affecting the part of the muscle before mentioned.

A married lady in India, subject to occasional attacks of neuralgia, was treated for severe pain affecting the right side over the hepatic region, and the whole of the right arm from the shoulder to the tips of the fingers. There was no increase of pain on pressing over the liver, nor any special indication, except one—of hepatic abscess; and yet the lady died (I believe, there was no post-mortem) of this disease opening into the lungs. The single indication was acute lancinating pain in the right hypochondrium; and it was most intense, the patient throwing herself on the floor in her agony. Had this acute pain occurred *suddenly*, as we sometimes see in the course of an attack of hepatitis, it would have been recognised at once as probably indicative of supuration. As it was, the case was diagnosed as one of neuralgia.

In cases under the second head, where there are no complications, and where a few hypodermic injections permanently relieve the patient, the disorder is probably not of long-standing, and without periodicity. In those that are more chronic it is necessary to continue the anodyne. The pain then returns after a time with regularity; and finally the case degenerates into the third category. Doubtless it has often become a question of anodyne or neuralgia. And in this way many, I believe, have taken permanently to opium.

I proceed to give illustrations of cases under the third head.

When living in Surrey in 1878, I was hurriedly summoned, one Sunday afternoon, to see my neighbour, Mr. A., who was said to be in a fit. I found him lying on his back quite unconscious, with a composed but death-like aspect. There were no convulsions, no lateralism, no foaming at the mouth, nothing beyond stertorous breathing indicative of—as supposed by the family—an apoplectic seizure. In truth, he was narcotized from having taken a variety of intoxicating drinks, with which he had endeavoured—only too successfully—to combat a severe attack of neuralgic pain. He had inhaled chloroform besides. Mr. A. had been a martyr to neuralgia for thirty years. Originating in an accident to his face, it for several years located itself in (I presume from the description) the facial branches of the superior maxillary nerve. It then left the face and settled in the abdomen, where it steadily remained till some eight or ten years previous to the time of my seeing him. Then, altogether leaving the abdomen, it reverted to the face, attacking not only the old locality, but worked its way round by the cervico-facial nerves to the back of the neck, which would be held during the paroxysm as if in a vice. Sometimes the heart would feel at that time as if it were turned upside down, and it would apparently cease to beat altogether. When the paroxysm was over, the pulsations would recommence with a strong thump. Some very curious symptoms witnessed by Sir C. Bell are recorded in his book, as illustrations of the effects of the nervous irritability which is found to so great an extent in the victims of neuralgia. In one, the patient saw all sorts of images, heard all sorts of noises, and vomited, in imagination, all sorts of creatures. In another, the patient would through sheer nervousness swallow a huge morsel, as an egg, entire, declaring that during

mastication it would suddenly go down ; nothing could stop it ! Niemeyer mentions the case of a gentleman who always had an attack of neuralgia with the first mouthful at a meal. Unwilling, of course, to lose his breakfast or dinner, or whatever the meal might be, he would munch a crust beforehand, and so get over the attack in good time ! The attacks in Mr. A.'s case usually commenced soon after midnight, and lasted in successive paroxysms of pain for several hours. He would be thus tortured for two or three nights in succession, when the pain would cease, leaving him free for a week or ten days, at the end of which time it would return with unabated force. Mr. A. had consulted several medical practitioners, but had derived little or no benefit. Indeed, the attacks were becoming more severe. There was no history of malaria, but there was clearly periodicity ; yet no effort had, I understood, been made to break through the habit. Quinine had indeed been given, but merely as a general tonic ; and hypodermic injections of morphia had been relied on for relief of the pain. Nor had he received any special instructions about food. Mr. A. breakfasted at 8 a.m., dined at 2 p.m., and, beyond a light meal consisting of a thin slice or two of bread and butter and a cup of tea at 5 p.m., he took nothing till breakfast next morning. The neuralgia availed itself of the open door, and appeared, as stated, soon after midnight, when the power of resistance was least. Amongst the working classes supper is often the principal meal of the day ; but it will be found that they who suffer from neuralgia chiefly at night go, practically, supperless to bed. They never eat much, and have more or less shifting and bearable pain during the day. If unchecked the pain reaches its acme in a succession of paroxysms about 2 a.m. or 3 a.m. I induced Mr. A. to eat more heartily—he was a poor feeder at the best—and to take plenty of fat ; to make the intervals between his meals more uniform ; not to go to bed on an empty stomach ; and always to have by his side something nourishing to take during the night—a sandwich, or an egg-flip, or a glass of milk. I prescribed the following draught :—

Quinæ sulph., gr. xx ;
Liq. potass. arsen., ℥xx ;
Nepenthe, ℥xx ;
Water, ad ʒij.

He was to take half on getting into bed on the night of the expected attack (long experience had taught him when this would probably be), and the remainder directly the pain appeared. The night he took the dose there was no pain till towards 6 a.m., when, feeling its approach, he finished the draught ; and, in Mr. A.'s own words, "the enemy fled at once." For safety's sake the anti-periodic was repeated for three successive nights ; and he remained free for a week. This one period was, therefore, tided over. I cautioned Mr. A. against exposing himself to cold, and particularly damp cold, which, regardless of his age and neuralgic tendencies, he was very apt to do ; and added that he was not to consider himself cured, as the pain would assuredly return. All that we could hope to effect, for the present, at any rate, was to postpone the date of its advent, and to soothe and strengthen the nervous system meanwhile by smaller daily doses of the same remedy, including cod liver oil. My patient took the medicine, but not the advice. Fancying himself better than he really was, he became more careless than ever. The attacks were repeated, though at longer intervals, and Mr. A. then determined to leave our village—a cold locality on a clay soil—for a warm seaport town. The attacks still recurring, he embarked in the month of February on a four months' cruise to the Mediterranean ; but, encountering one day when heated a cold wind that came sweeping down from the Alps over the Gulf of Venice, he had a sharp attack of pleuro-pneumonia, and quickly succumbed.

The result in the following case, where the patient was younger and more tractable, was very encouraging.

Hearing of the benefit—so far as it went—derived by his father, Mr. A.'s son placed his young wife under my care. This young lady, a bride of less than a year's standing, 22 years of age, had for the previous seven years suffered acutely from neuralgia in the right arm from the shoulder to the tips of the fingers and thumb. The pain would recur every fortnight, the attack lasting two or three hours, from about midnight to 2 a.m. or 3 a.m. It would thus return, as in the case of her father-in-law, for from two to four nights in succession. The poor girl would walk about the room suffering excruciating agony. She, too, had consulted several medical practitioners, and tried various nostrums, but without much relief. There was no catamenial or other irregularity, and the cause of the neuralgia could not, at the time, be traced. This patient, too, ate very little ; the body was imperfectly nourished. No doubt the matrimonial year was a trial to her "nervous constitution." She was treated much in the same way as her father-in-law, cod-liver oil being freely given ; and the arm and fingers, after being well rubbed with a soothing and stimulating embrocation (warmed), were swathed in flannel every night. This patient got rapidly well. The attacks—the date of their advent being pushed further and further back—finally ceased altogether. One day, some little time after she had come to consider herself cured, the lady felt a slight irritation in her right breast ; and this reminded her that, a few years previously, the point of a needle had been broken off and remained there ever since. Her husband now took her home, and shortly afterwards I heard that, by the aid of constant poulticing and a bistoury, the bit of needle had been recovered. Doubtless, it was the original cause of the neuralgia, which, I presume, was after a time kept up by habit ; for had the steel continued to cause irritation, quinine would hardly have availed to counteract its influence. It had probably shifted its position. It is, of course, possible that this may have happened only when the lady came under treatment, and that the cessation of pain which was credited to the measures employed was in reality due to its withdrawal. But the evidence in favour of the medicine was, I think, too strong to justify this idea.

(To be continued.)

ON TRANSFUSION.

By J. F. LE PAGE, L.R.C.P.E.

CONVINCED that in the conservative practice of the future transfusion will hold a place of no little importance, and will be more and more extensively resorted to, and seeing that this means at present at our disposal for the performance of the operation are not altogether satisfactory, I have devised an apparatus in which there is an endeavour to combine absolute safety with great facility in use.

Of the transfusors which have been at our service, that of Dr. Aveling is, perhaps, all things considered, the most serviceable ; but it has the disadvantage of requiring very complex manipulation. To put it concisely, each of them requires in its use for the surgeon to be aided by skilled assistance, whilst at the same time there is no safeguard against the injection of a minute quantity of air, however careful and adept the operator may be ; an accident which in all probability would prove fatal to the patient.

The accompanying illustration shows how these disadvantages are overcome. One hand alone is needed to operate the transfusor, and the other hand is at liberty to attend to the efferent tube ; whilst the attention of the surgeon may be divided between the recipient and the donor of the blood. If any portion of air should at first remain adherent, and, of course, unseen, on the inner surfaces of the tubes, and, during the passage of the blood, be carried along with the stream, its course

is with certainty arrested by the glass air receiver into which it must rise. As to the *modus operandi*. The case contains the apparatus, knife, forceps, and a small bottle, which latter is intended to hold a compound powder, composed say as follows:—Carbonate of soda, ten grains; phosphate of soda, two grains; chloride of sodium, thirty grains. One-fourth of the powder should be dissolved in about two ounces and a half of water at a temperature of 100° F. A few drops of alcohol may be added, and the vessel containing the solution placed in another vessel partly filled with water at a temperature somewhat higher. Then, having attached the receiving and delivering tubes, the two extremities of the instrument must be placed in the inner vessel with the air chamber downwards. Now press the lever, press the elastic ball, release the lever, release the elastic ball, and after repeating that process once or twice, turn both taps. It is now ready for use. Raise the patient's arm to the horizontal position so as to facilitate the transmission of the blood to the heart, and having inserted both tubes, one into the supplying vein, and the other into the receiving vein—the right median basilic is, perhaps, the

best—turn the taps, and, in the same order, press the lever, press the ball, release the lever, release the ball, and so on. Precisely one-quarter of an ounce passes out each time. It is expedient, having commenced the transmission of blood, to complete the process without arrest, lest coagula should form. The apparatus is made by Messrs. Arnold and Sons, and their name is quite sufficient guarantee for excellence of workmanship. I must, however, say that my thanks are due to them for so faithfully, so well, and with such precision and care, elaborating from my drawings an instrument of some elegance.

A word as to the cases in which transfusion is indicated. My special intention is that of supplying the obstetrician with a safe and facile means of transfusing blood after post-partum hæmorrhage, where the diastolic system is practically dead, and the heart is dynamically incapable of action in consequence of the absence of fluid to act upon. But transfusion is indicated in many other cases than that of uterine hæmorrhage leading to this condition. For instance, when, after excessive hæmorrhage, the vital fluid is not reproduced, and the nutritive process is so impaired that the persistent anæmia would be the forerunner of phthisis or other grave disease, did we not supply red corpuscles to carry oxygen with which to re-establish those functions which are essential factors in the formation of hæmoglobin. And it is certainly indicated in some cases of hæmorrhage from the bursting of an aneurism, or where a main artery has been divided. With its aid life may at least be prolonged, where the stomach and rectum refuse to retain nutriment in the exhaustion from marasmic disease. It may also be resorted to in the asphyxia of new-born infants, the injection being made through the umbilical vein, having previously allowed a little blood to escape from the umbilical artery. For this purpose a small quantity of blood taken from the placenta and defibrinated will answer very well.

In chronic as well as in acute anæmia we may transfuse, for where the whole blood is altered by toxic or pathological causes it is manifestly advantageous to

improve its quality by the admixture of healthy blood. It may also appear indicated after hæmorrhages from the stomach and intestines, hæmoptysis, and some surgical operations. I would go so far as to suggest, on physiological grounds, its occasional indication in hæmorrhagic fever. In the young who are robust, absorption and nutrition will soon replace the normal quantity of fluid, although for a time it will be inferior in quality to that which was lost, containing less than the due proportion of oxygen carriers, the red corpuscles.

In those previously suffering from anæmia, and in the aged, whose blood is very slowly reproduced, it appears to me that the operation may, with very great promise, be repeated even more than once, at intervals of a few days. In cases of poisoning, when the nature of the poison is unknown, or when an antidote would not be effective, or in pyæmia, might not occasionally a life be saved by alternate depletions and injections of pure blood? In epilepsy it has been used with marked success. And, as in puerperal eclampsia we may presume an excess of carbonic acid and a deficiency of oxygen, may we not here also find it of no little service? I should remark that Dr. Schäfer has most conclusively shown that the action on the blood corpuscles of beef peptones, milk, and some other fluids, when used in lieu of blood, is most injurious.

It has been urged in disparagement of the operation that during transfusion very painful symptoms are experienced, followed, after its performance, by alarming prostration and hæmorrhagic fever. This we may admit to be, in some cases, substantially correct. But what is the cause of all this, but that the vital powers are so stimulated to reassert themselves that the heart and arteries, certainly with intermissions, are making very violent efforts to drive along the small quantity of blood which the system contains? The inference is clear that this most valuable operation has not been so frequently performed as it should have been, and that many invaluable lives have been lost which might have been saved by the immediate restoration of the failing powers of the heart and nervous system which it most strikingly effects.

Durham, November, 1882.

Clinical Records.

TWO CASES OF THE SUCCESSFUL RESECTION OF INTESTINE.

Under the care of Dr. JOULLIARD, of Geneva.

THE first case reported was that of a woman, æt. 63, who had had a hernia which had become strangulated and left a preternatural anus; the second that of a man with left inguinal hernia that had become strangulated. At the operation in the latter case the intestine was found to be gangrenous and perforated in numerous spots; the testicle was also found to be gangrenous. 25 cm. of intestine were removed, together with the testicle, and an artificial anus was established. After the parts had recovered a healthy tone, and not till then, an attempt was made to unite the divided ends of intestine, an attempt that was followed by union by first intention.

He distinguishes between primary and secondary enterotomy. The former designation he applies to resection performed on account of gangrene of intestine, and the latter to similar operation for artificial anus.

He considers the latter much more easy of performance, as well as safer to the patient. The operator, in the latter case, does his work with an empty and dry intestine to work upon, whilst in the former case the bowel may be full of *feces* constantly forcing their way down and impeding the operation. In the latter case, moreover, the gangrene has done its work, and it is perfectly certain that it will not spread beyond the sutures, and the patient is freed from the double risk of strangulation and operation at the same time.

For these reasons Professor Joulliard thinks it a safer course, in cases of hernia with gangrene of intestine, to first

make an artificial anus, and afterwards, when tone and strength have been recovered, to resect and restore the continuity of the gut. In further proof of the correctness of his views, he adduces 25 cases of resection for artificial anus with but 8 deaths, whilst of 44 cases (besides unpublished ones) of primary intestinal resection, 23 were fatal.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 24, 1882.

The President, Professor LISTER, F.R.S., in the chair.

Dr. JOHN CAVAFY on

SYMMETRICAL CONGESTIVE MOTTLING OF THE SKIN.

In this paper two cases of a curious affection of the blood-vessels of the skin are described. The first was a young woman, *æt.* 22 (shown to the Society), who was first seen in March, 1882, when the condition had existed for three years. It began as a reddish mottling of the left shoulder, which gradually spread down the arm, and soon afterwards appeared on the right arm, the cheeks, and both thighs, gradually increasing in intensity. At the date of her first visit the skin of both cheeks was mottled with blotches and irregular rings and streaks of a bluish-red colour; most marked on the right side, not prominent, and covered by normal epidermis. Similar dull, bluish-red maculae and irregularly confluent blotches and streaks, forming reticulated, annular, and gyrate figures, occupied the extensor surfaces of both arms and forearms, and the backs of the hands, being especially distinct over the left wrist. The front and outer surface of both thighs near the knees was similarly mottled, but in a much less degree. The blotches and streaks were not sharply circumscribed, and disappeared completely on pressure, leaving, in some spots, a delicate fawn-coloured pigmentation; the marking also disappeared from the arms when they were held up, and again returned when they were allowed to hang down. The neighbouring skin was normal in all respects, and the general health perfectly good. The girl had rheumatic fever a year before the mottling commenced, but the heart was unaffected; the only departure from perfect health was a liability to "dead fingers" and occasional dyspepsia. She continued to attend for a month with no change in the state of the skin; the markings were always intensified by cold, never completely disappeared, and were throughout unaccompanied by pain, numbness, tingling, or any abnormal sensation. She is still in the same condition. The second patient (also shown to the Society) is a healthy young woman, *æt.* 21, who has been under observation since August, and in whom the affection has existed eighteen months. It began over the ankles, and gradually spread to the legs and thighs; twelve months later the arms became affected, and quite recently blotching has begun on the waist; the face has remained free. The mottling is an almost exact counterpart of that in the first case, but more extensive, and of a deeper bluish red colour over both legs and the front of the thighs, especially near the knees; it is situated on the extensor surfaces chiefly, but also extends slightly over on the flexor sides. The congestion is much increased by cold in this case also. The condition above described is obviously due to venous stasis, or passive congestion of the skin, and appears to be an exaggeration of the marbling often seen on the skins of children and young persons after exposure to cold; but in the above cases, although cold intensifies the marbling, the congestion remains more or less evident at all times. It is probably due to a vaso-motor neurosis, but the share taken in its production by arteries and veins is not easy to apportion. The affection appears to be quite harmless, and has not led to any changes except pigmentation, and that only slightly; but the disfigurement, especially when the face is attacked, is considerable. The treatment employed has not influenced the condition in any way.

Dr. S. MACKENZIE remarked on the rarity of such cases, which, however, presented some resemblance to those in which exposure to the cold induced a mottling of the skin, the effect, however, in the latter being much less in degree.

Dr. CAVAFY's explanation of them was doubtless correct; they bore some resemblance to the mottling produced by heat from fires, but differed in being increased in intensity by the influence of cold. Dr. WEIR MITCHELL had offered an explanation of these cases, which, in Dr. Mackenzie's opinion, might possibly be of vaso-paralytic origin, the peculiar condition set up disappearing as soon as the force to which it was due ceased to act.

Dr. GLOVER asked if the treatment by bandaging had been tried. He had obtained excellent results by this mode of treatment.

Mr. LISTER suggested that the symmetrical character of the mottling pointed to a neurotic origin.

Dr. CAVAFY rejected the explanation that the mottling arose from the toasting influence of fire, his patients having emphatically denied that they were accustomed to expose themselves in this way. The slight amount of pigmentation and ready disappearance of the marbling on pressure, pointed to the same conclusion. In connection with the reason for the appearance which had been proffered, he related that one of the two patients exhibited, frequently suffered from "dead fingers," while the other fingers frequently became numb, but never white. Both patients were quite healthy. The suggestion of a neurotic origin deserved consideration. Treatment by bandaging was impracticable, the principal site of the mottling being the upper limbs and face.

Mr. JAMES E. ADAMS on a

CASE OF LUMBAR NEPHRECTOMY FOR CARCINOMA.

Patient, male, *æt.* 39. Intermittent hæmaturia for two years, pain in right loin. Laterally profuse hæmorrhage from kidney, leading to marked anæmia. Blood-pus, triple phosphates, and epithelium in urine. The disease was clearly located in right kidney, but its exact nature was not certain. The operation was undertaken in order to explore, and if necessary, to remove the right kidney. By an incision parallel with the lower border of the last rib, the kidney was easily exposed, and found to be the seat of a new growth, which had increased its size to about double the normal. In order to extract the organ, it was necessary to enlarge the incision upwards; the organ was adherent to the peritoneum, and in separating it the serous cavity was opened. Owing to the size of the tumour, the ureter and vessels could not be tied separately, but were encircled *en masse* by a whip-cord ligature. The peritoneal wound was closed with a catgut suture; the skin wound was freely drained. The hæmaturia ceased at once. The wound healed in a few weeks, but the patient gained no strength; suffered much throughout from cough, and was transferred back to the care of the physician, and died forty-four days after the operation, with effusion into both pleurae plugging of left renal vein, and numerous secondary deposits in lumbar glands and on ribs.

Mr. CLEMENT LUCAS, while congratulating the operator on the success of his proceeding, regretted that the case was otherwise an unfavourable one for it. So many of these cases afforded the typical symptoms of calculus that it would probably be found a number of so-called cases of renal calculus, would on proof turn out to be quite other diseases. Last year he had himself twice discovered such errors of diagnosis; in one the patient experienced a rigor the night preceding the operation for exploring the kidney, in which, when punctured to a depth of one and a-half inches, no stone was found to be present. The kidney, which did not bleed when pricked, was puckered up, and was probably strumous in character. Mr. Lucas would strongly encourage physicians to aid their diagnosis in connection with kidney disease by employing the needle to explore the organ. In both the cases mentioned primary union took place without pain or immoderate discomfort, and the temperature was never over 100°. He was convinced there was no more danger in exploring the kidney than in making a like incision into the calf of the leg.

Mr. GOLDING BIRD asked whether the enlargement of the original opening mentioned by Mr. Adams was made in the vertical direction or not; and, further, whether he would recommend the lumbar or the abdominal operation?

Mr. FOWLER related particulars of a case in the Middlesex Hospital in which calculus disease of the kidney was suspected. On exploring the organ, however, this was found not to exist. The wound subsequently healed well.

Dr. DOUGLAS POWELL declared his belief that even when a calculus did exist in the kidney, and operation with a view

to its removal was resorted to, the result was disastrous. What should be desired was a better means of diagnosis without exploration, whereby at least some risk would be removed. Cases did occur in which calculi existent in the kidney passed away to the bladder, and improvement should be sought for in the direction of diagnosing the size of such stones as might be present. He believed that pain as acute as that experienced from the presence of a large stone in the kidney, might co-exist with a small calculus, and in proof cited the case of a patient in the Middlesex Hospital in whom excruciating pain attended the presence of a small stone, which, having been passed naturally, subsequent exploration of the kidney showed to have been the sole exciting cause of the pain.

Mr. BARKER considered that Dr. Powell had offered in his objection, viz., difficulty of diagnosis, an argument in favour of exploration. Nephrectomy would have to be decided by the condition of the kidney in regard to tissue destruction.

Dr. WILBERFORCE SMITH recommended copious ingestion of water with the object of assisting the excretion of calculous deposits in the kidney.

Mr. WARINGTON HAWARD wished to know whether, with a view to arriving at a diagnosis between stone and carcinoma, Mr. Adams had made a careful prior examination of his patient under an anæsthetic? By such means, detection of growths in the abdomen and pelvis was much facilitated, and a stone might have been felt even. Was the frequency of micturition observed independently of the presence of blood in the urine? Renal calculus in itself usually created vesical irritation.

Mr. HOWARD MABSH asked whether a large kidney really was to be detected under anæsthetics? Last year he and his colleagues had failed to make out any increase of size of this organ in a patient examined during anæsthesia, and yet on subsequent post-mortem examination such enlargement was plainly found.

Mr. JAMES ADAMS explained that the first opening made during the operation he had described was enlarged by means of a second vertical incision joining it at right angles. He would adopt the abdominal method if the kidney were a large one. He did not agree with Dr. Powell as to the disastrous results of renal surgery, or that exploration was too rashly resorted to. Such operations were undertaken at the request and by advice of physicians, and then only in desperate cases which offered no prospect of other relief. Removal of the kidney would be made dependant on the condition of its structure. His patient had been carefully examined while under the influence of anæsthetics. He thought a large kidney in a large patient might easily be overlooked.

Dr. DYCE DUCKWORTH ON

TWO CASES OF SUBCUTANEOUS RHEUMATISMAL NODULES.

Case I.—S. C., æt. 24, domestic servant, came to St. Bartholomew's Hospital on account of painful swellings upon the right hand and knee. She had had no serious illness, no rheumatic fever or chorea. Suffered for eight years past with pains in the joints and limbs. Cracking in the larger joints was noticed. The nodules began eight months previously on the right hand, elbow, and knee; and are found to be quite subcutaneous, painful on pressure, and attached for the most part to sheaths of the tendons or deep fasciæ. The fingers were knotty at the joints, and the right little finger was twisted outwards at the last phalanx (not as the result of injury). The first sound of the heart was found roughened and somewhat reduplicated. The urine was alleged to be occasionally thick. (The patient was exhibited, and casts of the right hand and knee were also shown). In three months' time it was found that some of the nodules had grown larger, and that new ones had appeared. Signs of slight hypertrophy of the left ventricle of the heart were noted, and the first sound was rough and reduplicated at the apex. Treatment by cod-liver oil and iodide of iron and potassium had not proved of material service, and there were still articular pains. The nodules ached more in damp weather. *Case II.*—E. L., æt. 9, a school girl, had suffered from pains in the feet, knees, and arms for two months, and at that time nodules were first seen on the ankles, elbows, and knees. The legs and hands were also swelled "as if dropsical." There was no history of chorea. Nodules of various sizes were found on the sheath of extensor tendon, on the metacarpus, on the olecranon, on the spine of a dorsal vertebra, on both patellæ, and on an external malleolus. The nose and finger-ends were clubbed. The

cardiac physical signs indicated mitral regurgitation. In three weeks the nodules on the patellæ appeared larger. The child ceased attendance, and its parents could not be traced subsequently. A cast of one knee was taken at the first visit.

Remarks.—Both cases were well-marked examples of rheumatismal subcutaneous nodules. Both occurred in females, as is found to be the case in most instances. The nodules have persisted longer in the first case than has hitherto been previously noticed, fourteen months against five, and the age of this patient is more advanced than in most cases recorded. The heart was affected in both patients. All the points noted supported the previous observations of Drs. Barlow and Warner as communicated last year to the International Medical Congress.

The PRESIDENT observed that it was remarkable such a disease should only recently have been recognised, and that "rheumatic nodules" were certainly a novelty. He had been struck by the fact that the heart should be affected in patients suffering from a form of chronic rheumatism, cardiac lesions being assumed to be associated with acute developments of the disease.

Dr. H. GREEN had seen but a single similar case, that of a boy with subacute rheumatism. In it the nodules were very marked, but produced no symptoms of which the patient complained. There was, however, distinct mitral disease, which was in clear relation with the growth of the nodules.

Dr. BARLOW said a few of the cases observed bore resemblance to rheumatoid arthritis; in the majority, however, heart mischief occurred and should always be suspected. Some years ago he had a boy under treatment for this disease, in whom large nodules appeared on the elbows, and as these increased, so, at the same time, did signs of heart complication present. The treatment adopted was by salicylates. In all cases the heart affection should be carefully watched for.

Mr. GODLEK asked if it had been ascertained what structures exactly were the seat of deposition of the nodules? He wished to know because he had treated a case in which such growths occurred in the palm, and were considered to be ganglions.

Dr. BARLOW explained that he had satisfied himself the nodules were attached to the deep fasciæ, and not, as asserted by French writers, to the periosteum.

Mr. BARKER inquired at how late a period in life the nodules might appear?

Mr. STOKES mentioned the case of a woman, in whom, at middle age, such nodules made their appearance, but subsequently they disappeared. Salicylic treatment was unavailing in this case.

Mr. GOLDING BIRD adduced evidence in support of a theory that the deposits were allied to thickenings of the fasciæ.

Dr. DUCKWORTH described the growths as consisting of delicate fibroid tissue, occurring as a rule in young persons under eighteen, but sometimes met with in older patients. He thought the less surgical treatment they were submitted to, the better it would be.

PLAS NEWYDD, the ancestral mansion of the Marquis of Anglesey, which has been unoccupied for some time, has been leased for a term of years for adaptation into an establishment for dipsomaniacs.

IN addition to the distinction of C.R. mentioned in our last as having been bestowed upon Surgeon-Major Scott after the Egyptian campaign, Her Majesty has also personally decorated this gentleman with the war medal and the insignia of the Order of St. Michael and St. George.

WE are glad to learn that at a meeting of the Sunderland Board of Guardians on the 16th inst., the recommendation of the Finance Committee that Dr. Ridley Dale's salary as medical officer for Sunderland parish be increased was unanimously carried, in consequence of increased duties efficiently performed.

Special.

STUTTERING, STAMMERING, AND LISPING. (a)

WHEN a member of the medical profession publishes a work the sole end and aim of which is an advertisement, and when the work is written in a popular style, i.e., addressed to the public, it naturally takes the form best adapted for the purposes for which it is intended.

If the work is adorned with an introduction, this will set forth in florid or extravagant language the delights of being free from the disease or affection treated of. It will then, in a harrowing manner, picture the torments suffered, and the immense disadvantages laboured under by those who have the great misfortune to be the subjects of the said affections. It will then give the anatomy and physiology of the parts implicated; then an attempted scientific explanation of the phenomena exhibited; then in a perfunctory and very imperfect manner the reader will be made acquainted with some of the routine of treatment; whilst throughout the work numerous references to the author's many years' experience, his theory, his researches, and his wonderfully successful treatment will meet the eye of, it may be, the anxious sufferer, who will, in his bewilderment, carry away but one idea from the perusal of it, viz., that there is balm in Gilead, i.e., wherever the author may live, that there is a physician there.

The work before us is constructed exactly on the plan sketched above. Thus, the introduction—"Human speech" (what other animals are possessed of the gift our author does not tell us)—"this wonderful union of function of mind and muscle is indisputably the most precious gift wherewith Nature has distinguished man amongst all things created. We win through the magic of our words, love, friendship, respect; in short, it is to speech that we are indebted as well for our spiritual as our bodily well-being." Dumbness, and even stuttering and stammering, on the other hand, are repeatedly spoken of as *Verhängnissvoll* (pregnant or big with fate). Physiology is spoken of as a knowledge of the human body and of the proper performance of its functions. The epiglottis is likened to the lid of a snuff-box that remains open generally, but can be closed at pleasure.

The book contains a concise and clear account of sound and its production, and of the production of vocal sounds in particular. The sound represented by each letter, or combination of letters, is treated of separately, and the mode of its production clearly explained, generally by means of an illustration, showing the relative positions of the various parts of the vocal organ in the act of producing the sound under discussion. From a scientific point of view this part of the work is much superior to any other.

When Dr. Coën comes to treat of the subject proper we find he differs in the nomenclature from those who have preceded him, and that he puts an arbitrary meaning on common words, so that he is obliged to explain them. Many people, professional as well as others, look upon stammering and stuttering as

different names for the same defect. For instance, M. Chervin, Director of the Institut des Bégues, Paris, says: "Some whose 'stammering' is in general only slight, under the influence of emotion find themselves unable to articulate a single sound." From the passage quoted it will be seen what is meant by the word "stammering." Dr. Coën calls this defect, "stuttering," "das Stottern," and by "stammering," "Stammeln," he means something entirely different. We cannot do better than quote his own words:—"We have already explained that the causes of stuttering are not to be sought in the organs of speech, but in those of respiration. When we make a stammerer speak or read we fail to notice in him the slightest trace of that peculiar spasm of the organs of speech, of the muscles of the face, or those movements of the head or arms which are always present when an individual stutters; but we see and hear the patient quietly and calmly speak and read. We see also that the stammerer has no free moments, as the stutterer has, the defects remain the same, on every occasion and always." He then goes on to describe what stammering is, and describes it as—

1. The imperfect formation of one or more vocal sounds.
2. The complete omission of some sounds.
3. The exchange of some vocal sounds for others.

As examples of stammering he gives the words *Frankreich*, pronounced *Flankreich*; *London*, *Nondon*; *Erde*, *Ende*, &c.

But enough has been said to show his meaning. We fail to see that his classification is more perfect than that of Colombat de l'Isère, or that of Godard and Chervin. McCormac said that the chief cause of stuttering was in the attempt to phonate with empty lungs. Our author says the same thing, and prides himself on it as a discovery. Godard and Chervin treated their patients by systematic drilling, commencing with respiratory gymnastics. Dr. Coën treats his patients in the same way, and professes to have hit upon a new method. Besides the ordinary defects of speech, the work treats of imperfect development of speech, dumbness without deafness, deaf-mutism, and the speech of imbeciles and idiots. In the chapter on deaf-mutism many interesting facts are recorded. He mentions from Von Frieriep some examples of deaf-mutes who distinguished themselves in various occupations; some as artists, copper-plate engravers, and mechanicians, one as a mathematician, several as writers, two as poets, and one as a musician! The latter wrote a work on the formation and variation of sound.

The work is scarcely satisfactory to the professional reader, as he feels a consciousness all the time of his reading it that it is really intended for an entirely different class. If he be indifferent to such feelings he will no doubt obtain both pleasure and profit from it; one of the items of profit being a correction of a widely-spread error, viz., that lisping and stammering (in the author's sense) are not due to any organic imperfection, but to involuntary imitation, or dulness and ignorance on the part of those who possess these graces of elocution.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Birkenhead 13; Bristol 16; Leicester 17; Plymouth, Derby, 18; Brighton 19; Portsmouth, Wolverhampton, Norwich 20; London, Edinburgh, Bradford, Salford, 21; Bolton, Cardiff, 22; Sheffield, Newcastle-on-Tyne, Birmingham, Leeds, Oldham, 23; Blackburn 24; Huddersfield, Hull, Nottingham, 25; Dublin 26; Liverpool, Halifax 28; Glasgow, Manchester, Preston, 29; Sunderland 30.

(a) "Das Stottern, Stammeln, Lispeln und alle übrigen Sprechfehler, so wie die Entstehung, Verhütung und Heilung dieser Uebel auf Grundlage vielfähriger Erfahrung nach den neuesten wissenschaftlichen Forschungen gemeinverständlich dargestellt." Von Dr. Rafael Coën, Spezialarzt für Krankheiten der Hals und Sprachorgane und Leiter der ersten österreichischen Heilanstalt für Sprachkranke in Wien. Mit 16 Abbildungen. Zweite verbesserte und bedeutend vermehrte Auflage. Wien, Pest, Leipzig. A. Hartleben's Verlag.

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REGISTERED FOR TRANSMISSION ABROAD.

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Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 29, 1882.

"NEW DISEASES."

By a curious and undesigned coincidence the suggestions contained in our last issue on the subject of so-called new diseases were made at a time when this subject receives prominence in connection with more than one important event. Thus, the subject chosen by Sir James Paget as that of the Bradshaw Lecture to be delivered at the Royal College of Surgeons, on the 13th inst., is "New and Rare Forms of Disease," and at the Clinical Society on Friday evening last, Mr. Lister, while discussing a case of subcutaneous nodules reported by Dr. Douglas Powell, was led to express surprise that the "new" disease described had hitherto been so little recognised. Indeed, so frequently are we being reminded of the progress which is being made in medical research by the occurrence of "new and rare forms of disease" that there is some reason for declaiming against improper employment of terms only too likely to be delusive and misleading.

It is matter of fair inquiry as to what conditions serve to entitle disease to be regarded as new, since the most comprehensive view of medicine is powerless to include the majority of existing ailments. Properly, to define the term as now employed necessitates the separation, by a process of exclusion, of every known disease from that which is denominated by it; moreover, to effect any such operation, would be, under existing circumstances, an impossible task, inasmuch as those pathological distinctions which afford the most permanent basis of classification possess, even now, but a temporary

value, and are liable to material modification with the discovery of fresh signs. It is a fault of the pretentiousness of modern methods that every fact which is unfamiliar necessarily seems new; it is equally a consequence of modern perfection of scientific knowledge that innumerable phases of disease must for ever remain wholly unseen by the majority of practitioners. To this, added to the admirable diligence displayed by the crowd of enthusiastic observers, each year recruited by zealous spirits emulous of distinction in the field of research, we owe not only the tremendous benefits accruing from increased activity in the sphere thus peopled, but also a less satisfactory exhibition of name giving propensities which have lately received so marked an impetus.

Applied to the human organism, the term new, in relation to diseases, is a misnomer. Unless we are grossly deceived in our reading of natural laws by the light of Evolution, novelty is an incompatible element in this connection. We do not, when dealing with concrete discoveries of naturalists and physicists speak of them as new in the same sense as we speak of "new diseases," and yet the application of the term would be as rational to the one series of phenomena as to the other. A hitherto unknown asteroid, or worm, or planet is recorded as new to science, it is true; but only in such wise as being hitherto unrecognised is it so spoken of. There is no pretention in the use of the word; no suggestion that similar star fishes, or planets, or parasites have not existed for ages eternal; or that the discovery is anything more than a revelation of previous ignorance.

In medicine, however, there is a dangerous tendency in the opposite direction; all the more dangerous, too, because it is the tendency, not of the few to whom the real truth is apparent, but of the many who are unable or unwilling to reflect on the proper meanings that should be attached to accustomed phrases. The cultivated physician who puts the discovery of "a new disease" on record, doubtless appreciates the vanity of the title, and would be among the foremost to condemn its employment. But he pursues the customary course, nevertheless; possibly because it never has occurred to him to consider the mischief he is perpetrating—rarely, if ever, for want of perception of the unreality of his so-called novelty. The mischief, however, is at least as much, under whatsoever circumstances the title is bestowed; it imposes on the thoughtless, and excites impressions among them which will fatally bar their reception of truth when it is presented to their minds, for the majority of medical men are anything but discoverers. They accept in all literalness the announcement of new diseases, and, ignoring analytical methods, unhesitatingly regard the appearances described as new in the sense of primarily created and hitherto non-existent.

It would be rank injustice to ascribe any such unphilosophical intention to the originators of terms, descriptive of "new diseases." Sir James Paget has shown himself too diligent a student of the doctrine and teachings of evolution for it to be for a moment assumed that he is forgetful of the influence of evolution on disease as on every other condition of life.

That modifications occur in the modes of exhibition of morbid processes, and that the effects thereby produced on the organism will vary from generation to generation, is abundantly probable, even if it be even yet unproven. But this is entirely different from the admission that, according to conditions of which we possess any definite and present cognisance, diseases of the body can arise *de novo*; and yet if there be any meaning at all in the term, "new diseases," this is what it expresses, and this only. It cannot, therefore, but be hurtful to true progress so to hamper advance as to clog it with the introduction of gratuitous untruths. The path onwards cannot be swept too clear of spurious productions of every description, and nothing can be gained by making a pretence of knowledge to which no claim is possible. A new disease implies something that had no existence before, whereas, if it were spoken of as an "unrecognised" disease, it would be so at the expense of professional acumen; it would be an admission of previous failure to detect it. This explanation, it cannot be concealed, underlies the whole question; and when examined how unpromising a spirit it displays?

It would be interesting to examine the grounds on which these "new diseases" are dignified with the appellations they receive. It would be a task of some length, it is true, but one which might well be worth the performing, and we almost regret that we cannot enter on it now. Many of them have received, and are receiving, careful attention from investigators able and willing to assign a rightful value to the pretensions advanced on their behalf. Some few of them obtain current rank as well-identified diseases about which no difficulty can any longer be felt, and concerning which, once duly enrolled in the nosological index, further doubt would be vain. From the status of "new diseases" they have sunk to well-recognised maladies, which, now they have been faithfully portrayed and described, cease any longer to be either new or rare, and will in future centuries be as regularly included in text-books of medicine as the most ancient of all complaints.

This certainly ought in itself to be instructive, and to lead to the inculcation of a more philosophical spirit among the followers of the art and science of medicine; to such self-abnegation as is contained in the admission of "unknown" as a substitute for "novel;" and to the prosecution of such scientific study of disease as shall for ever prevent similar confusion of ideas. Such confusion alone could cause it to be imagined that the course of Nature might so far be interrupted as to give rise to a "new" disease, ready-made and characteristically marked to the hand of the first observer astute enough to turn the occasion to his own advantage.

All honour and every distinction to those whose learning enables them to extend the limits of our knowledge of diseases; but let us be honest and fair to Nature in making our description of them. No permanent advance can be looked for until explanations of phenomena in living animals are made in accordance with the laws which regulate all organic existence.

THE RIGHT HAND OF FELLOWSHIP.

AN important significance attaches to the banquet given last week by the members of the medical profession in civil life to their brethren of the Army, Navy, and Indian Medical Services who have returned from Egypt. That important significance rests in the *rapprochement*, which is thus inaugurated between the members of the great professional body whose sphere of labour is city, town, or country district within the limits of the United Kingdom and those whose sphere of action, whether by sea or land, embraces a very large portion of the inhabited globe. This is as it should be. The great object of medicine is the relief of human suffering. It is, therefore, right that one spirit of brotherhood should unite the several orders of that profession, alike in view to the general interests of the profession itself, the good of the public, and the well-being of individual members. In this sense the branches of the public service represented by the guests who on the 21st ult. partook of the princely hospitality of their civil brotherhood are prepared most heartily to accept the right hand of fellowship thus held out to them. They fully appreciate the honour thus done to them as a body, and they are happy to believe that in many ways and respects great benefits will accrue from the conditions thus happily begun. Never before has so great and pronounced demonstration of its kind taken place as on this occasion. Not alone the highest and most distinguished dignitaries of the profession in the metropolis were present to give countenance to it, but so also were the highest professional representatives from the Universities of Oxford, Cambridge, and Dublin, and men from distant parts of the kingdom. The Duke of Cambridge was, unfortunately, unable to be present. In a letter to the Chairman, His Royal Highness said that he should gladly have availed himself of this opportunity of showing his interest and cordial support to the Medical Department of the Army and to the medical profession at large; for he is well aware how closely and intimately our mutual professions are connected, and how impossible it is for the army to exist without the skilful aid of our medical friends. Sir Garnet Wolseley expressed the disappointment to him it was to be prevented from being present to do honour to those whose services and whose devotion to their military duties are so highly appreciated in the Army. Mr. Childers expressed his regret that he was unable to be present, as he should have specially wished to do honour, as far as in him lay, to the medical officers who served in Egypt with so much distinction and ability.

Sir William Jenner having proposed the usual loyal toasts, Sir James Paget proposed "The Navy, Army, and Auxiliary Forces." He observed that they were proud of the men of their profession who, along with their scientific and medical knowledge, showed, as members of the Army Medical Department, courage, self-denial, and endurance for their country's good whenever they were at war. The Earl of Morley, in reply, observed that very many officers of the highest distinction had testified to the zeal and untiring energy of the Medical Department throughout the late campaign. In proposing the toast of the evening, Sir William Jenner alluded to the nature of the duties of army surgeons in the field. He observed

that they were called upon to operate when shot and shell were dropping around them, and he feelingly mentioned the late Surgeon-Major George Shaw, who, at Kassassin, while at his post of duty, fell, pierced by a bullet. He remarked that to preserve a cool head and steady hand under such circumstances indicated high devotion, mental power, and training; and that all honour should be rendered to those who conducted themselves as medical officers under such trying circumstances. Therefore it was that this representative assembly composed of the most renowned practitioners of medicine, surgery, and midwifery, desired to express their conviction that those officers did their duty, that this is a sufficient reason why they should receive a hearty welcome, and that their civil brethren desire to draw closer the ties which unite them to the military members of their common profession.

An indication of the importance in regard to the profession among the public services at large of the demonstration in question transpired during the banquet, the incident being the receipt of a telegram from Berlin conveying the gratulations of the army surgeons assembled in the German capital. In the reply to that telegram, despatched forthwith, there was, no doubt, implied the extension to them also of that bond of union so happily established by means of the banquet of welcome to the medical officers returned from Egypt. May it long continue!

THE ARMY MEDICAL DEPARTMENT AND MILITARY COMMAND.

Few things sound more plausible to civilian members of the profession and to the public generally than the stock arguments so loudly advanced by military officers and the military press against the concession to medical officers of military command of any description. It is earnestly proclaimed that medical officers will become the subjects of such ecstasy that they will at once seek to obliterate all traces of that profession which it has cost them four years, and much money, to acquire; that they will regard the title of "Dr." as an indignity, and endeavour to sink the appellation of an University degree in the hope of being temporarily mistaken for a subaltern of the line; that they will so clank their spurs by the bed-side of their most nervous patients as to produce the direst results; and will, when in confidential converse with their female patients under the most interesting conditions, so far imitate the much-resounding tones of the infantry adjutant as to call little spirits from the vasty deep; and much more in the same strain. Such are, in few words, the warnings uttered by military wisdom against the danger of conferring on medical officers the command of their own orderlies and their own hospitals. Let us inquire what is this mysterious power which, when entrusted to medical hands, produces such awful consequences. Doubtless, for the handling of bearer-companies, a knowledge of drill equal to that possessed by a captain of the line, and shared in unequal proportions between him and an intelligent lance-corporal would be indispensable. This would necessitate scarcely more mental effort than called into action in acquiring the course of calisthenics

taught in a young ladies' boarding school. In addition to this must be learned the scale of punishments laid down for military offences; and then the medical officer will have added to his professional education the amount of military lore which every captain of volunteers masters in a few months during his leisure hours, and which has neither been found to incapacitate him from discharging his legitimate calling in life, nor has had the effect, like old Father William in Wonderland, of making him stand on his head. Surely it is time that, when questions of vital importance to the army and the nation are being discussed, a little common sense should be used.

Notes on Current Topics.

The Academy of Medicine of Ireland.

The Sectional Councils of the Academy the election of which we announced in our last issue have held their first meetings during the past week. The President of the Academy for the next three years is Dr. J. T. Banks, Physician to the Queen in Ireland, and Representative of the Royal Irish University on the General Medical Council. Mr. Thomson, of the Richmond Hospital, was elected General Secretary, and Dr. Robert MacDonnell, Treasurer. At their first meetings the Sectional Councils have appointed their secretaries and their delegates to the General Council of the Academy, as follows:—Surgical Section: Secretary, Mr. Stokes; Delegates, Mr. Porter, Surgeon to the Queen, and Dr. A. H. Jacob. Medical Section: Secretary, Dr. Montgomery; Delegates, Drs. Finney and Grimshaw. The Presidents of the foregoing two sections are the Presidents of the Colleges of Physicians for the time being. Pathological Section: President, Dr. Purser; Secretary, Dr. Bennett; Delegates, Dr. T. E. Little and Dr. Foot. Obstetric Section: President, Dr. Denham; Secretary, Dr. Neville; Delegates, Drs. Atthill and Macan. The first meeting of the Academy will be that of the Pathological Section, which will take place on Friday next, at 8 p.m., at the College of Surgeons, and Dr. Purser will then deliver an inaugural address. The Academy has enrolled already over 150 Fellows, besides several Members and student Associates, and everything seems hopeful for a successful career.

It may be well to remind the profession that if they desire to be admitted to the Academy they must send in their names before the last day of the year, or else pay an entrance-fee and submit themselves to a subsequent election by ballot. All subscribing members of the four co-operating societies are entitled to come in as Fellows or Members if they send in their names before the 31st of December, with the subscription of £2 2s. or £1 1s. respectively. Those who are not subscribing members of a Society or Fellows of either of the Colleges, and all those who allow the year to pass without placing their names on the roll, will have to be elected by ballot of the General Council, as we have said, one black bean in four rejecting.

Some excitement has been caused in the Academy by the circumstance that the name of a certain Dr. Beaney, a remarkable practitioner residing in Melbourne, had been submitted for the Fellowship of the Academy. The visit

of this gentleman to Dublin some years ago, his entertainment at Trinity College, his dinners to himself, and various other circumstances in connection with his professional career, are in the knowledge and recollection of our readers. It was certainly not expected that he would venture to present himself for any place of honour in the Academy, and we believe that his name has not been submitted in any regular form, and we hope, therefore, that the Council of the Academy will be spared the necessity of expressing any opinion as to the eligibility of Dr. Beane.

It has been suggested that the inauguration of the Academy might well be marked by some special festivity, and a *conversazione* has been proposed; but the Council has not, as yet, we believe, arrived at any determination on the subject. We think the suggestion an excellent one, and that, if it were carried into effect, the Academy would receive a great stimulus and be materially aided in its work, and we therefore trust that it may be found possible to arrange such a celebration.

A Very Serious Charge.

A MEDICAL practitioner in large practice at Melbourne has been called on by the Chief Secretary of the Colonial Government of Victoria to resign certain official appointments held by him, in consequence of the unusual circumstances attending the death of a patient under his care. Dr. Barker, the gentleman referred to, was consulted by a married woman for relief from trouble produced by varicose veins; she had previously, according to the statement of two other women, expressed her intention of seeking to be rid of a child with which she was pregnant, and Dr. Barker avers also that she solicited him to procure the abortion, but that he, of course, at once refused to do so. Unfortunately, the woman died during a visit to his surgery, the cause of death being certified as epilepsy and varicose veins. With lamentable want of discretion, Dr. Barker took steps for the burial of the body, at his own expense, and without first causing an inquiry into the circumstances to be held, the coroner, who should have insisted on this formality, himself a medical man, so far assisting the proceeding as to give an order for the purpose. The facts, on becoming known, naturally excited much comment, and eventually the body was exhumed, six weeks after death, and examined prior to a regular inquest. It was then found that a wound, evidently made *ante mortem*, existed in the mucous membrane (its exact situation not being stated); and the jury decided that deceased had visited Dr. Barker with the object of having abortion procured, but that the cause of death could not be ascertained. This, it will be at once seen, virtually throws aside the certificate of death given by Dr. Barker, who consequently labours under a suspicion of the very gravest character. At the inquest neither the physician nor the husband of the deceased appeared as witnesses, an omission which complicates the unsatisfactory features of the case, and one which it is impossible to overlook. We cannot but regret the facts, and the necessary publicity they have attained; but at the same time it should be recorded that Dr. Barker has demanded a full and impartial inquiry, which will doubtless be made without delay. He

has also written a long letter in explanation of his conduct, which, together with the result of the pending investigation, will, we hope and assume, entirely clear him from all blame in the matter.

The Medical Reform Bill.

ON Wednesday last a deputation from the British Medical Association had an interview with Lord Carlingford, President of Council, with whom was Mr. Mundella, the Vice-President, with reference to the amendment of the law relating to medical education and practice. The deputation, which was introduced by the Duke of Westminster, consisted of Dr. Strange, President of the Association; Mr. Wheelhouse, President of Council; Dr. Wade, Treasurer; Dr. E. Waters, Chairman of the Medical Reform Committee; Dr. Chadwick; Dr. De Bartolomé; Mr. C. Macnamara; Dr. A. P. Stewart; Mr. Ernest Hart; Dr. Glover; and Mr. A. T. Norton. Dr. Waters made a statement on the subject of medical reform, after which remarks were made by Dr. Glover, Mr. Ernest Hart, and Mr. Wheelhouse.

We are unable to enter upon the subject of this deputation in our present issue, but we have to express our satisfaction that the medical reformers are making manifest intention to keep the subject alive during the next session of Parliament. The occasion is favourable for medical legislation—Parliament has before it the advice of the Royal Commission. It has no obstructive "burning question" in view to hinder the progress of domestic legislation. It will have—let us hope—effectually silenced by the procedure rules the mulish hindrance to business offered by the Irish irreconcilables, and it is thus in a good position to grapple with the wants of our profession. No difficulty exists in making a fair working law on the subject save the opposition of the Scotch colleges, who will undoubtedly fight hard to save their pockets and maintain the educational abuses on which they have fattened under the benign *régime* of the Medical Council. But such opposition can avail nothing if the profession is united and active. We expect it will show itself so.

Death of Professor Pirrie.

ON Tuesday, the 21st inst., Dr. W. Pirrie, ex-Professor of Surgery in Aberdeen University, died at his residence in Union Street. This news will be received with great regret by a very large circle to whom the deceased professor was well known either officially or personally. It is but recently that Dr. Pirrie concluded a period of fifty years of service in the University of Aberdeen, and it was hoped that the increased repose thus obtained, and rendered necessary by failing health, would have resulted in complete restoration of strength. The end was hastened, however, by an acute attack of inflammation of the prostate with supervention of septicæmia, beneath which he gradually sank. Professor Pirrie's name is well known in connection with his work on surgery, and by the success with which he operated in cases of disease involving the elbow-joint, over one hundred resections of this part having been performed by him before the first publication of his results. An obituary will be found in another column.

No Thanks to the Doctor.

In the House of Commons, last week, Sir Trevor Lawrence asked the Secretary of State for War why the name of Surgeon-General Hanbury, commanding the medical branch of the Egyptian expedition, had been omitted from the Parliamentary vote of thanks to the general officers and others; whether Surgeon-General Hanbury did not hold the relative rank of Major-General, and was of the same rank as the other Majors-General whose services were specially acknowledged in the despatches of the General the Commander-in-Chief of the expedition. In reply to the first question, all Mr. Childers had to say was: "Speaking for the First Lord of the Treasury and the First Lord of the Admiralty, who with myself were responsible for the language of the vote of thanks, we followed the precedents, according to which it is not usual to name departmental officers, and I see no reason for enlarging the already long list of names embodied on these occasions." As to the second question, he admitted that Surgeon-General Hanbury does hold the relative rank of Major-General. We venture to say that, as the purpose of a Parliamentary vote of thanks is to encourage meritorious service, it is an exceedingly bad "precedent" which makes it "not usual to name departmental officers." Such a rule is a stray relic of the happily past age of army purchase, old fogginess, stocks and pipeclay, and Mr. Childers would distinguish himself, and act up to the traditions of his party, if he would wipe out an effete rule which acts so unfairly. Parliament wants to know who has well and faithfully served his country, and does not want to be limited in its thanks by "precedents," and there can certainly be no justice or equity in confining the acknowledgments of our rulers to the *soi-disant* combatant branch of the service.

False Certificates.

ON Thursday last, Mr. Benjamin Thornton, L.S.A., who practises as a surgeon in Hackney, was charged at Worship Street Police Court with having wilfully made and given a false certificate of death. The prosecution was instituted by the registration authorities in respect to the death of a certain child, whom, it was alleged, the defendant had not seen within the meaning of the declaration on the certificate, an assistant having attended the case. For the defence it was contended that no intentional fraud had been committed, and that Mr. Thornton was unlikely to subject himself to such imputations as would follow from his designedly acting in the manner charged against him. The magistrate, Mr. Hosack, held that the Act of Parliament was most explicit in such matters, and that Mr. Thornton had knowingly, but not corruptly, broken the law. He, therefore, imposed a penalty of £5, with 2s. costs. The money was, of course, paid. We must congratulate Mr. Hosack and his brother magistrates on the determined way in which they are dealing with every infringement of the Registration Acts brought before them; and we trust the lessons that are being so frequently taught to practitioners in this connection will be fruitful of good results. In the particular instance above recorded Mr. Thornton was doubtless without any desire to commit an illegal act; but it is difficult to see why, the assistant according to the evidence being qualified, his

employer should not have been content to let him sign the necessary certificate. Under the circumstances no particular advantage attached to Mr. Thornton's signature any more than to that of the person who ought to have certified the death. On the contrary, it afforded the appearance at least of deception; and the prompt punishment accorded to the legal offence committed is a satisfactory evidence that we may hope for speedy improvement in what has admittedly become a frequent practice.

Extravagant Specialism.

In a lengthy and amusing letter addressed to an imaginary gynaecological specialist by a brother practitioner, in the *New York Medical Record*, the writer makes some very pertinent observations, which might with equal appropriateness be addressed to British authors. The following concluding paragraph is especially applicable in this respect:—"In your zeal to restore damaged perineums, and to sew up or cut down cervixes, remember that it sometimes falls to the lot of the plain doctor to effect a cure of the *patient* by restoring the general functional health, even where a specialist has had full swing and failed to cure the *disease*. So, if you will be a specialist, try not to forget what you used to know as a plain doctor."

Honours to Army Medical Officers.

THE Queen has been pleased to grant to the following officers of the the Army Medical Department Her Royal licence to accept and wear the insignia of the several classes of the Orders of Osmanieh and the Medjidie which His Highness the Khedive of Egypt, authorised by His Imperial Majesty the Sultan, has been pleased to confer upon them, in recognition of their distinguished services before the enemy during the late campaign in Egypt:—
Second Class Medjidie: Deputy Surgeon-General and Local Surgeon-General J. A. Hanbury, C.B. *Third Class Osmanieh*: Deputy Surgeons-General J. Ekin and Colvin Smith (Madras); Brigade-Surgeons W. G. N. Manley, V.C., and J. A. Marston, M.D. *Third Class Medjidie*: Brigade-Surgeons O. Barnett, C.I.E., E. G. McDowell, E. McGrath, and R. W. Jackson, C.B., with Surgeons-Major J. H. Beath and G. S. Davie. *Fourth Class Osmanieh*: Surgeons-Major J. Dallas Edge, M.D., G. W. McNalty, M.D., and W. N. Keeper (Bengal).

Treatment of Placenta Prævia.

DR. HOFMEIER, Assistant Physician at the Gynaecological Department of the University Klinik, Berlin, met with forty-six cases of placenta prævia in a little over one year. His experience has led him to reject the expectant plan of treatment, and we will not withhold our congratulations on his arriving at such a happy decision. Thirty-seven out of the forty-six cases were treated actively from the moment operative treatment was practicable. He did not wait till the cervix was *sufficiently dilated*. The bi-manual method of turning was employed thirty times; in three of the cases a foot was already down; three times internal version was performed; and in one forceps were used. It was observed in every case that the hæmorrhage ceased whenever traction was employed on the fœtus. He considers that the principle of

earliest possible intervention should not be departed from, even when the cervix is contracted and the external os tolerably small. In these cases the finger should be thrust through, regardless of placenta, and a foot drawn down. When the placenta is centrally situated, or whenever the hæmorrhage is copious, the danger to the mother is so great that danger to the child should not be brought into comparison with it. When once a foot is down, however, there is no longer any need for haste. On the contrary, too much speed may now bring about the very danger it has been the attendant's main object to escape from. Thus rapid delivery now—too rapid delivery—might, and would, cause laceration of the cervix, and this, in the bruised and wounded condition of the part would undoubtedly be the cause of serious, harassing, and, perhaps fatal hæmorrhage. For these reasons, then, extraction, after a foot is once down, should be slow. Hofmeier is in the habit of injecting subcutaneously 0·4 grmm. of ergotine, and after delivery syringing out the uterus with a 5 per cent. carbolic solution. The results obtained were brilliant, and were just what might be expected where early and rational treatment is adopted. One death only occurred in the thirty-seven cases treated in the above manner, and in the fatal case death took place on the seventeenth day from phlegmon and phlebitis; she had, moreover, been treated by tampons for twenty-four hours before labour. These results compare well with those usually met with in placenta prævia, viz., a mortality of from 30 to 40 per cent. Of the thirty-seven children, seventeen were already dead when delivery was commenced. Of the remainder, six died during delivery—three of them were premature children, and three died in consequence of the perforation of the placenta. Perhaps Dr. Hofmeier is hardly fair to himself. The danger to the child from deprivation of oxygen is in placenta prævia so great that it is more than probable that a larger proportion of infants would have died had any other method of treatment been followed out.

Proposed Students' Club for Dublin.

WITHIN the last fortnight a general meeting of students of the School attached to the Royal College of Surgeons of Ireland was held in the large lecture theatre to consider the desirability of forming a Students' Social Club in connection with the School. There were present Professors Mapother, Stoker, Roe, Stokes, and Cunningham; Dr. Thompson, Dr. Myles, Dr. Knott, and Dr. Jacob. Professor Cunningham occupied the chair. Professor Roe said for a long time he had thought that a club of the kind proposed would greatly add to the comfort of the medical student. It was proposed to get some place where students could meet together to have luncheon, to smoke, or read the papers. He would like to hear the opinions of some of the senior students on the subject. Professor Cunningham then referred to the Students' Club in Edinburgh, which had luncheon and dining, reading and smoking rooms, a study and lavatory, a post-office where letters are received free of charge, and a lodgings' register. After some discussion, in which several students took part, as to whether students from other schools should be permitted to participate in the management of the club, it was resolved that a committee of ten should

be elected, six of which should be students of this school, the remaining four to be elected by other schools. The following students of this school were elected on the committee of management:—Messrs. O'Brien (1st year), Fitzgerald, McKay (2nd year), Kennedy, Greig, and Sprent (3rd year). F. J. Greig was elected honorary secretary. Professor Cunningham said it should be a matter of honour to every man present to push on this club. He would speak for his colleagues on the council, who, he was sure, would aid them in the matter. A vote of thanks was then passed, thanking Dr. Cunningham and the other professors for attending the meeting.

Shortening of Round Ligaments for Cure of some Displacements of the Uterus.

AN important paper was read on the above subject on the 23rd ult., before the Liverpool Medical Institution, by Dr. William Alexander. Considering the great number of cases of prolapsus of the uterus and retroversion that are practically incurable, Dr. Alexander sought for some other method of treatment that had at least the one merit that it had not already proved its uselessness. After many operations and investigations on the dead body, he decided finally to try the effect of cutting down on the inguinal ring, seizing the round ligament, drawing out the "slack," and then, after ascertaining the exact redression of the uterus, fixing the ligament thus tightened in its new situation. The results obtained were very encouraging, and in some earlier instances have, after a lapse of six or eight months, lost none of their encouraging character. His first paper on the subject was published in the *Medical Times and Gazette* of the present year. The method certainly shows a fertility of resource that is deserving of success. In the present stage, it is too early to say that the operation has proved anything; but bearing in mind the impossibility of retroversion or prolapsus occurring simultaneously with anteversion, and the apparently undoubted power that is hereby given us of producing anteversion artificially, and that the latter affection is much less serious and unbearable than either of the former—bearing all this in mind, we may say that the new operation appears likely to enable us to choose the lesser of two evils in a class of distressing cases in which hitherto we have had no choice at all. The idea is not altogether new, but was very nearly practised by Koeberlé, of Strasbourg, in 1869, when he attempted to attach the broad ligament to the abdominal wall in a case of retroversion.

THE annual death-rates per 1,000 in the large towns last week, from diseases of the zymotic class, were:—From scarlet fever, 1·4 in Birmingham, Sheffield, and Newcastle-upon-Tyne, and 1·5 in Liverpool; from measles, 1·6 in Hull, 2·4 in Cardiff, and 5·3 in Sunderland; from whooping-cough, 1·4 in Plymouth, and 1·6 in Preston; and from "fever," 1·3 in Hull, 1·4 in Brighton, and 1·8 in Sunderland. The 44 deaths from diphtheria included 21 in London and 9 in Glasgow. Small-pox caused 4 deaths in London, and 5 in Newcastle-upon-Tyne, but none in any of the other large towns.

Supposed Suicide of a Medical Man.

WE are sorry to learn from Howden-le-Wear, Durham, of the death of Mr. C. H. Wainwright, M.R.C.S., of that village, who was found in an unconscious state against the door of his bedroom a few days since, having, as it subsequently transpired, taken an overdose of laudanum. Medical aid was immediately procured, and the usual remedies applied, but notwithstanding the efforts of three neighbouring practitioners he died in a few hours afterwards. Mr. Wainwright was the parochial medical officer of Howden, and as a charge of neglect of duty while under the influence of drink had been preferred against him, it is supposed he wilfully took his own life, rather than submit to the disgrace which an inquiry entailed.

Money Value of Sanitary Precautions.

IN these days of active sanitation one looks back with pain on the accounts we have of the hospitals of London and Paris towards the close of the 17th century and for years after. That able statistician, Sir Wm. Petty, shows that the deaths in Guy's and St. Thomas's Hospitals were about 13 per cent. on the admissions; in La Charité, in Paris, 14 per cent.; while in the great Hotel Dieu it reached 26 per cent. Now he also shows that, calculating the value of a life at that of an Alger slave in that day, £60, the deaths in the Hotel Dieu beyond those which occurred through natural necessity, and being the result of mismanagement, cost France a total of £210,360. He further calculated that a proper expenditure of £3 per bed occupied during the year, amounting *in toto* to £12,501, would have saved France annually £197,859. Here is matter for consideration by our corporations and boards of guardians. The adage *occulte veniente morbo* applies to their functions as well as to those of the physician, and a wise outlay of money to meet expected epidemics is true economy. What would have been the saving to the ratepayers of Dublin if at the outbreak of the small-pox epidemic the guardians had promptly provided full and fitting hospital accommodation, houses of recovery, and house-to-house vaccination! and had the municipal authorities been more active in the removal of nuisances, the cleansing of houses, and the other various duties of a sanitary authority, over which there was expended so much long-winded oratory!

DR. MANSON FRASER, one of the resident medical officers at the Metropolitan District Fever Hospital, is the Howard Medallist of the Statistical Society for the present year.

THE new (Wayneffe) Chair of Physiology in Oxford University has been filled by the appointment of Dr. J. Burdon Sanderson, F.R.S. This Chair is the first to be filled under the new arrangements following the Report of the University Commissioners.

AN anti-vaccination riot took place at Leicester on Friday at a sale of goods seized by the police for non-payment of vaccination fines from six houses. The chief constable and about forty policemen were present in the sale-yard to protect the auctioneer; but they were

overpowered by the crowd, and some of the furniture offered for sale broken to pieces, while the auctioneer was pelted with Cayenne pepper and missiles. Resolutions were passed condemning both the proceedings and the Vaccination Act.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 24, Bombay 24, Madras 34; Paris 23; Geneva 25; Brussels 20; Rotterdam 21; The Hague 23; Copenhagen 18; Stockholm 20; Christiania 14; St. Petersburg 39; Berlin 22; Hamburg 19; Dresden 22, Breslau 31, Munich 25, Vienna 23, Prague 32, Buda-Pesth 22, Trieste 25; Rome 20; Naples 25, Turin 18, Venice 23; New York 25, Brooklyn 20, Philadelphia 18, and Baltimore 23.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE CLASSES IN THE UNIVERSITY OF EDINBURGH.—The classes in the University are becoming so large as to seriously impede the work of education, and in one of them, the chemistry, the noise is so constant and loud as to prevent those students who are anxious to learn from hearing the lecturer.

THE EYE DISPENSARY, EDINBURGH.—The Trustees and Governors of the Eye Dispensary of Edinburgh have appointed Mr. George A. Berry, F.R.C.S.E., at present Assistant Surgeon, to be Acting Surgeon, in room and place of Dr. Argyll Robertson, resigned.

THE SPREAD OF TYPHUS.—Dr. James B. Russell, medical officer of health for Glasgow, in his report, submitted last week to the authorities, traced in a very instructive manner the propagation of typhus from one centre to fourteen distinct cases. He noted that a girl of 13, who is somewhat weak both in mind and body, became ill on 25th September, but the nature of her disease was not at first suspected. From that date the house must have gradually become saturated with typhus. Of the 11 inmates 7 have had typhus, and 1 has died. Three houses, one on the same stair, the others on two different stairs opening off the same court, were infected, and one case removed from each to hospital. Another house was infected in Old Wynd, the appearance of a married daughter belonging to the original family making a call while Dr. Russell was in the house being enough to show the track of the infection. One of the girls in the original house worked at paper box-making; she was at work until she sickened on the 14th October. Two girls who worked beside her—living, one in Anderston, the other on the south side of the river—were seized within the next fortnight. The nurse who received one of the first patients removed to hospital, and assisted in undressing him, spoke of the offensive animal odour of their clothes. She was nurse of the enteric fever ward, to which he was sent for diagnosis. She sickened with typhus in six days after, and died last Saturday. So that to this centre in Stockwell is traceable 14 cases of typhus in all—seven in the house, and seven in seven separate points in the city, and two deaths. The transference of the disease in the wearing apparel of the girl to her workshop is only a recent illustration of a feature of typhus which Dr. Russell has seen illustrated by similar cases in former years. People living in overcrowded houses and whose personal habits are uncleanly are magazines of such disease as typhus. There

fore, if you turn them out with their wearing apparel upon them to disinfect the house, they carry the disease into the house where they receive temporary shelter, and return with it to the house which has been disinfected.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 18th inst., was 89, and the death-rate 20 per 1,000. Diseases of the chest accounted for 47 deaths, and zymotic causes for 6, of which 1 was due to fever and 3 to scarlatina, the intimations of these diseases being respectively 13 and 53.

EDINBURGH HEALTH SOCIETY.—The opening lecture of the series, to be given under the auspices of the Health Society of Edinburgh in the present winter was delivered by Professor Douglas MacLagan, on the 18th inst., in the United Presbyterian Synod Hall. The Earl of Rosebery presided, and there was a large attendance. Professor MacLagan, who dealt with the subject of ventilation, spoke during great part of his lecture of the more elementary facts upon which a knowledge of the subject was founded, his remarks being chiefly addressed to the working classes.

GLASGOW DEATH-RATE.—The death-rate of Glasgow for the week ending with Saturday, the 18th inst., was 29 per 1,000 per annum, as compared with 24 for the previous one. For the corresponding periods in 1881, 1880, and 1879 the rates were 23, 22, and 23 respectively.

LEGACIES TO PUBLIC INSTITUTIONS.—The trustees of the late Miss Jane Mudie have, through their agent, handed over the following legacies:—To the Royal Infirmary, Edinburgh, £150; the Royal Blind Asylum, Edinburgh, £100; the Dundee Infirmary, £150; the Building Extension Fund of the University of Edinburgh, £100.

DUMFRIES.—THE INFIRMARY DIRECTORS AND FEVER PATIENTS.—A conference was held on the 20th inst. between the infirmary directors and a deputation from the local authority with regard to the limited accommodation which at present exists for the fever patients in the Infirmary. The whole case was remitted to the Police Commissioners, when it was resolved to take no action until Dr. Gardner's report was received. The medical officer was instructed to report whether there had been such a prevalence of fever as called upon separate action being taken by the local authority.

THE MEDICAL PROFESSION AND THE COMPULSORY NOTIFICATION OF DISEASES BILL IN GLASGOW.—A meeting of the medical profession of Glasgow and neighbourhood was held in the Faculty Hall on the 24th inst. for the purpose of considering certain clauses in the Police Bill. Dr. Scott Orr, President of the Faculty, presided. The Chairman, in opening the proceedings, said that last spring the question of the notification of infectious diseases had engaged the attention of the profession, and it was the unanimous feeling that the responsibility of notification should be placed on the householder. Since then this Police Bill had been promulgated, which the Town Council were now engaged in discussing, and which they seemed inclined to push through with undue haste. He noticed, however, that a question had been asked last night whether the Lord Advocate was prepared to formulate a bill for the whole country, and his answer was that he expected to be able to do so next session. This might possibly bar the discussion now going on, and the perceptible haste with which this bill was being pushed forward. Dr. Fergus moved the first resolution. He said this Glasgow Police Bill was being hurried forward with undue haste, and he expected that after the declaration of the Lord Advocate the Town Council would withdraw the bill in the meantime. He distinctly objected to the duty of reporting infectious diseases being laid upon the medical attendant. Dr. Morton,

in seconding, said it would be a most iniquitous law, and a very injurious one, to place a medical man in any position which would render him obnoxious to his patients, or render him suspected, and there could be no doubt it would lead to that concealment of disease which prevailed too much already, and led to the spread of disease and increased mortality.

Literature.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. (a)

A WORK so comprehensive and pretentious in its scope as this, naturally invites severe critical examination. It assumes to be, not merely a system of surgery, but an exposition of the most received opinions of the leaders of surgery and its allied sciences in all parts of the world. To say that the task of issuing such a *magnum opus* could not be performed in such a fashion as to satisfy all persons, is to utter a truism; but we may fairly state that the volume before us is as near an approach to what excellence is possible in the way of so representative a performance as we could hope for—in a first edition, at all events. Owing its birth and utterance to an American source, it is naturally enough tinged by its origin, and owes an amount of its contributions to American sources which is perhaps rather in excess of what might be desired, having regard to its assumption of internationality, and to the number of distinguished surgical writers who relatively date from the Old World and from the New.

In one respect it excels any previous work with which we are acquainted, namely, in its extremely comprehensive character, including as it does a number of topics which have heretofore been relegated to the domain of special works, but which are properly treated of in a book on general surgery when, like the present one, it is encyclopædic in character. In type and paper it leaves little to be desired, and the illustrations, though rather rough and coarse, are expressive and numerous, although we think that when but three coloured plates are included in the present volume, the last of them might have been devoted to a more suitable and necessary subject than the delineation of stumps, which could have been shown as well by a woodcut.

Of the first article, that on Disturbances of Nutrition, it is only necessary to say that it is written over the name of Stricker, to convey that it is a model of composition, learning, and research such as that great professor is likely to have produced. The article on Inflammation, too, is exceedingly good, although it comes from an author who is better known in connection with a special subject than a general one, and Professor Van Buren is to be congratulated upon being perhaps the first writer in a comprehensive work on surgery who has treated the antiseptic question in connection with the general one of inflammation, and has treated it well. His references to the researches of Koch, Burdon Sanderson, and others, are concise and clear, and one of his paragraphs we extract with pleasure from a book the editor of which shows evidences of an unhappy scepticism on the subject of one of the greatest advances which surgery has made in this century: "It may seem out of place in this connection to speak of the practical results of antiseptic surgery, but, in the present attitude of this important question the most available evidence as to the truth of the theory is furnished by the very considerable degree of success which has been attained by the antiseptic method of treatment. In striving to reach a correct estimate of micro-organisms as exciting causes of destructive inflammation, it is proper, therefore, to recognise that clinical experience tends to prove that the means which have been found hostile to the development of these organisms are also growing steadily in reputation as remedies for the destructive phases of inflammation." Again, later on: "Judging from results alone, without attempting a decision as to the theory on which it is based, placing himself on the legitimate ground of intelligent empiricism, and following the plan which promises the

(a) "The International Encyclopedia of Surgery: a Systematic Treatise on the Theory and Practice of Surgery, by Authors of various nations." Edited by John Ashhurst, Jun., M.D., Professor of Clinical Surgery in the University of Pennsylvania. 6 Vols. Vol. I. Macmillan and Co. 1882

most benefit to his patient, the surgeon of to-day is forced by the logic of facts to adopt the method of Lister."

In considering, in a later part of the book, the enormous fatality of the amputations recorded by Mr. Ashhurst in his own practice, we could not but wish that he might take the lesson of these paragraphs to heart and reform his practice by following the teaching of Lister. The introduction into this article of the topics of Diet and Nursing is commendable, and is a part of that comprehensiveness of detail in the whole work which we have previously mentioned.

The articles on Erysipelas, Pyæmia, and Hydrophobia are all concisely and well written, but we fail to see why "Ashhurst" should be given as the authority for the treatment of erysipelas by limited incision, which is well known to have been first taught by Dr. Copland Hutchison.

The name of Dr. Butlin is enough assurance that the subject of Scrofula and Tubercle is well and carefully treated. While we agree with him on the excellent effects to be gained by the use of Volkman's spoon for scraping the cavities and sinuses connected with diseased glands, we could wish that his experience had allowed him to express a more definite opinion in favour of the extirpation of enlarged glands, a proceeding we have generally found most advantageous.

The article on Rachitis is one which will repay careful study; and that on Scurvy, by Surgeon-General Wales, is all that could be expected from an authority of his eminence.

The "Reciprocal Effects of Constitutional Conditions and Injuries" are treated by Prof. Verneuil in a careful and logical spirit; and the essay on the "General Principles of Surgical Diagnosis," by Dr. Hayes Agnew, is exact and comprehensive, and is an excellent addition to the logical literature of surgery.

Dr. Mansell-Moullin contributes a carefully-written treatise on "Shock," and Dr. William Hunt one on "Traumatic Delirium."

The article on "Anæsthetics and Anæsthesia," by Prof. Syman, is very comprehensive and good. He treats the gradual recognition which ether, as compared with chloroform, is receiving in England, with even more delicacy than we could expect from an American writer, having in recollection the bitter jealousy as to priority of adoption of anæsthetics which has existed between the two countries.

"Operative Surgery in General" is the title of an introductory treatise by Dr. J. H. Brinton, which contains much excellent and novel matter relative to the qualifications of a surgeon, the use of anatomical knowledge, preparation for an operation, and other cognate topics. Dr. Brinton is to be congratulated for having produced an article both ethical and surgical which is well worthy of study.

The article on "Minor Surgery," by Dr. Hunter, in point both of illustration and treatment, is equal to the high reputation which American authors have already achieved for their writings on this important branch of surgery.

Prof. Johnston has produced an excellent article on "Plastic Surgery," which deals with the principles of the subject, leaving its application in individual cases to be treated of subsequently in particular regions. His account of skin-grafting is particularly excellent, but would be more perfect if it contained some reference to the process of skin-transplanting, which has of late received considerable attention, particularly in cases of deformities of the eyelids. No treatise on plastic surgery is perfect without a notice of the process of sponge-grafting, which is yielding such good results and receiving such close investigation at present; surely the discovery of this process by Prof. Hamilton, and his subsequent observations upon it, are known across the Atlantic.

The article on Amputations, which closes the present volume, is comprehensive, highly illustrated, and in many respects good, but we are compelled to take exception to many points in it. The editor, who is its author, is evidently not a follower of the antiseptic system, and to this perhaps we may attribute his statement by implication that compound fractures into the knee and ankle joints are, *ceteris paribus*, likely to require amputation. We rejoice to think that in England, since the advent of Lister, at all events, such teaching cannot be received. Similarly we protest against the statement immediately following, that compound dislocations of large joints "almost always" require excision or amputation. In speaking of the methods of controlling hæmorrhage in amputation through the hip-joint, no mention is made of Davy's lever, which is surely the most excellent improvement in that operation which has ever been effected!!

We dissent from the statement that Butcher's saw is

"almost indispensable" in excision of the knee. We believe that the experience of most surgeons is that the flat surfaces which it is desirable to form in that operation can best be made with a common amputating saw. The forceps depicted in Fig. 137 is not Nunneley's, but Dieffenbach's well-known "bull-dog" forceps. The author's commonplace arguments against antiseptic surgery we put aside, merely referring to the fact that in 100 cases of amputation which he publishes he had 28 deaths!! Explain this as he may, the fact remains, in spite of special pleading. In speaking of the dressing of stumps, Mr. Butcher is named as the authority for permitting the wound to glaze before closing it, a proceeding of course inimical to antiseptic measures, and which, if ever good, dates long before the time of Mr. Butcher.

The table of amputations through the hip is of particular excellence, numbering as it does no less than 633 cases.

The illustration of the skeleton of a finger on page 631, designed to guide the surgeon in amputations through the phalangeal joints, is particularly useful, as are the portions of the article dealing with the questions of the adaptation of artificial limbs, matters which have been too much relegated to the mechanist and too little considered by the surgeon. We are glad to find the experience of Mr. Ashhurst on one point in particular coincident to our own, namely, the growing estimation in which he holds the circular as compared with other methods of amputation.

NEW HANDBOOK OF DOSIMETRIC THERAPEUTICS. (a)

THIS is a book to make the earnest therapist sad. We have heard enough of new systems of medicine, and might have hoped that there would be no necessity to translate from so generally known a language as French the enthusiastic declarations of the aged professor who claims the discovery of "dosimetry." This system may be said to consist mainly in the administration of doses ready prepared in the form of minute granules or globules. Both author and translator insist that these cannot be trusted unless prepared by one French pharmacist—a slur alike on his countrymen and on pharmacutists throughout the world. "Jugulation, or cutting short acute diseases, is one of the greatest feats of dosimetry." But this feat consists in giving repeated doses of aconite, a method practised long before Dr. Burggraave. By the way, we hope such French words as jugulation and others used in this book may be avoided by any who take up with dosimetry. But there is reason to hope this form of dosimetry may die a natural death. We have no objection to symptomatology being assigned a prominent place, but we cannot be pleased to see it so exalted as to render physiology and pathology despised; neither can we expect a cordial reception for a "system" which starts like homœopathy, by nick-naming rational medicine Allopathy. Nor can we commend an author's taste who takes up this jargon and says, "Allopathy weakens the patient's system by bleedings, purgings, sweatings, and fastings." Surely, Dr. H. A. Allbutt has not so learned medicine as to believe this description just. Howbeit, we do not wish to raise a question of systems here. All we would say is, that others preceded Dr. Burggraave in preparing pilules, granules, &c., of powerful drugs in definite doses, and both English and American chemists have long supplied all the materials for the practice of such a method. Dr. Allbutt is possessed of the enthusiasm of a new convert, and assures us that when dosimetry is universal, "there will gradually begin to disappear all those organic diseases which now desolate the race." Are we to presume that death is an unknown event in his own practice? Perhaps the assertion may be left, for universal slavery to so empirical and unsubstantial a system is happily as little likely to occur as the disappearance of organic disease. Dr. Burggraave mentions in his preface that he has devoted a long chapter to uroscopy. Our readers may judge of its value by the following indications:—

Fat in the Urine.—"In this case the nerve tonics must be given, such as arseniate of strychnine. Fat in the urine may also depend upon a fatty degeneration of the kidneys. Tonics must always be administered."

Sugar in the Urine.—"I have stated that sugar in the (a) 'New Handbook of Dosimetric Therapeutics.' By Dr. A. I. Burggraave. Translated and edited by Henry Arthur Allbutt, M.D.C.P., Ed. London: Bogue. 1882.

urine, or in the tissues (diabetes mellitus, or non-mellitus), indicates a fault of combustion, which requires the nervines, phosphoric acid and arseniate of strychnine, together with saline regimen."

If such crudities as these should be the sole outcome of what is so loudly vaunted as a new era in therapeutics, we feel no inclination to discard rational medicine and the allied sciences, for the purpose of accepting as final truths the absurd vagaries of the Belgian Emeritus Professor of Surgery.

LETT'S MEDICAL AND OTHER DIARIES.

THE well-known time-saving and memory-helping publications annually issued by Messrs. Letts, Son and Co. require only a brief notice to ensure their being once more welcomed by those to whom they are addressed. It is impossible, indeed, to refer to a tithe of the forms under which this enterprising firm issues its productions, even those designed for professional uses only, making up an imposing display. We may mention, however, as of especial value to practitioners, *Letts's Medical Diary and Visiting List*, which combines all the requirements of a visiting list, with a conveniently-arranged diary, list of poisons and their antidotes, therapeutical equivalents, hypodermic injections, professional fees, and the necessary space for ordinary entries of engagements, money columns, &c.

Letts's Appointment Diary will be found a most useful pocket companion for ordinary purposes; and nothing can be obtained for narrative work better than the office diaries of this firm. These serviceable works are produced in every style of binding, and at prices to suit all purchasers, and are in every respect fully deserving of the confidence universally accorded to them.

THE DUBLIN OUTRAGE.

THE man Dowling, or Dooley, who is in custody for the murder of constable Cox in the Abbey Street outrage, lies in Jarvis Street Hospital under the care of Dr. Cranny. He has received a bullet which entered near the middle of the collar bone, travelled towards the shoulder-joint, where it was deflected downwards and passed out through front of the upper arm.

A second shot struck his right radius close to the wrist and passed through it. In addition he received a blow on the right parietal bone, which is believed to have been fractured. The prisoner is closely guarded.

The murdered man Cox has been removed from the hospital to the Morgue, where a post-mortem examination was made by Mr. Thomson, of the Richmond Hospital, and Dr. Egan. The inquest was commenced on Monday last, and will be resumed to-day (Wednesday), when the result of the post-mortem will be made known.

Correspondence.

THE ACADEMY OF MEDICINE OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observe that in your last issue, in describing the election of the officers of sections in the new Academy of Medicine, you say, "In the Obstetrical Section the contest was hottest, there being two candidates for the Presidency, Drs. Denham and Kidd," and I beg to assure you that contest was without my knowledge or concurrence. I absolutely did not know till the day after the election took place that there had been a contest, or that there had been a wish on the part of Dr. Denham or any of his friends that he should be elected to the office. If I had been aware even that he would accept the office, I would not have allowed my name to have been put forward: instead of an opponent I should have been one of his warmest supporters, and I now rejoice in his having been elected. He was one of my earliest teachers: as

a student I lived in his house and received the greatest kindness from him, and we have ever since been friends. By his seniority and by his energetic support of the movement he was entitled to the honour, and I greatly regret that that honour should have been in any way alloyed by there having been a contest of any kind. I grieve that no one, influenced either by zeal for the welfare of the Academy or kind feeling towards Dr. Denham or myself, felt impelled to inform him or me that a contest was impending, for assuredly if we had known of it a contest would not have occurred between us. The way that this contest occurred was this: Soon after the Dublin Obstetrical Society had consented to merge their existence of nearly half a century in the Academy, and become a section of it, the Acting Secretary of the Provisional committee who were engaged in getting up the Academy asked the Secretary of the Obstetrical Society to nominate officers for election. The Secretary of the Obstetrical Society called a meeting of the Council, and they, at what was, I believe, a full meeting, passed a unanimous resolution nominating me for the presidency of the section. This resolution the Secretary communicated to me, asking could I accept the office, and I feeling very much gratified that the Council of the Society with whom I had so long worked should wish to have this honour conferred on me, unhesitatingly said I would gladly accept it. The nomination and my acceptance of it were officially communicated to the Provisional Secretary of the Academy, whereupon he wrote to me saying I had been nominated both for the Presidency and for the Council, and asking which I could accept, and I replied as I had previously done to the Secretary of the Obstetrical Society.

The Provisional Committee, as I am informed, thought it right, notwithstanding having applied to the Council of the Obstetrical Society to do it, to nominate other candidates for the various offices and to use all their influence to secure the election of their own nominees. In this they succeeded; and while I congratulate them on having obtained so excellent and worthy a President as Dr. Denham, I must again express my regret that they did not communicate their wish to me, when I should certainly have done nothing that could in any way lessen his pleasure in accepting the office.

I am, &c.,

GEORGE H. KIDD.

58 Merrion Square, Nov. 25, 1882.

THE TREATMENT OF STRICTURE AND OF COMPOUND PALMAR GANGLION (KEETLEY'S "INDEX OF SURGERY").

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your notice of my "Index of Surgery" your reviewer writes:—

"Although this industrious compilation contains a great deal of really valuable information on surgical matters, yet errors of a grave nature are easily to be discovered in it. We may point, for example, to the treatment recommended for the relief of that serious surgical condition produced by stricture. No student could possibly be benefited by being directed to transform a bulbous bougie into a filiform one by the simple process of 'snipping off' the bulb. Again, the treatment by trocar and canula of compound palmar ganglia will not recommend itself to experienced surgeons, who are familiar with the dangers that attend operative interference with this disease."

Concerning the merits or faults of my book I am not going to write a word; but, in giving the above two specific examples of "grave errors," your reviewer has raised two surgical questions, with respect to which I—not as the author of the "Index of Surgery," but as a surgeon—beg leave to be permitted to come to an issue with him.

The process of snipping off the bulb of a "bougie-à-boule" is mentioned by me in a page and a-half of suggestions, headed in italics, "Rules for Managing a Stricture Impermeable to Ordinary Means," and I have seen this particular plan successfully employed in such cases both by Mr. Furneaux Jordan and myself. Grave error No. 1, therefore, resolves itself into a hint dropped in the course of seven and a-half pages devoted to the treatment of stricture of the urethra, and based on practical experience.

With regard to the treatment of compound palmar ganglion, I assert that the question of trocar or knife is a minor one. I mention both in my book, and recommend neither one nor the other. But I distinctly recommend the

antiseptic treatment, and that I hold to be the main thing. With it, in competent hands, the dangers of operative treatment of compound palmar ganglion disappear. And what non-operative treatment is really worth trying for this affection? So much for grave error No. 2.

I am, Sir, yours, &c.,

O. B. KEETLEY.

London, Nov. 25, 1882.

LIMITATION OF OVER-POPULATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your excellent article of November 22nd on the above subject, will, I doubt not, give rise to many an interesting debate. The poverty caused by large families in the United Kingdom is the main cause of both excessive infantile mortality and early death among adults, for I find that the average age at death, among the richer classes in England and Wales, is now as high as 55, whilst the age at death, among the artizan class, is only about 29. In Paris, in 1877, I found that 100 distinguished members of the Academy of Medicine had only had 174 children; whilst at the Metropolitan Free Hospital, Whitechapel, London, 100 poor women had had 720 children. In Dublin, as Dr. Cameron admits, poverty is the main cause of the terribly high death-rate, and Mr. J. S. Mill used to maintain that people with large families in Europe should be sent to Coventry.

Yours, &c.,

Nov. 22nd, 1882.

M.D. Lond.

HINTS OF EXPERIENCE.—II.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is an observation which I made very early in my dispensary practice which seemed to be confirmed by later practice—namely, it appeared to me that there was a kind of periodicity in all disease, or in the vital conditions of all persons. It has appeared to me that there is a sort of wave-like exacerbation of symptoms, and that in many cases this is so marked that the practitioner may predicate when the patient will be worse, and prepare for the conditions thus foreseen. Even in purely surgical cases the patient manifests this periodicity; he flushes at the same period, and there is a kind of punctuality in his pallor. Constantly I have noticed that patients grow worse at a particular hour of the night or morning, and at a corresponding hour they die, if the case be fatal.

In cases of gall-stone, or passage of calculus down the ureter, the attack is constantly recurrent at the same hour or within the same number of hours as between the first and second attack. The effects of great venery regularly appear at the twenty-fourth hour afterwards. In fevers this periodicity has been long recognised; I venture to think that it is more or less marked in all disease. I should be glad if this idea be tested by wider experience, though I have no doubt of the fact in my own mind; but one man's experience is, after all, a comparatively limited field of observation in a science like that of practical medicine.

The occurrence of death more frequently at particular hours, rather than at other hours, is a fact well ascertained, and has found no explanation. May not the establishment of this theory of periodicity be a step towards such an explanation?

Why do labours most frequently occur during the night? That few deliveries take place in the day-time is a matter of common observation. But has it been noticed that, for some reason or other, and long before any symptoms of labour set in, the woman has a passion (so to speak, because the instinct is so strong) to clean up the house, or to rearrange her room, or to do that which seems in the bird a haste to finish the nest before she begins to lay? If this be found to be a common experience it shows a singular alliance between the human species and the lower animals; if it has not hitherto been noticed, I beg my professional brethren to test the fact by their experience. Of course, it may be argued that labour supervenes as the result of the exertions of putting the house in order, but this seems to be met by the impression produced on my mind by women of the upper classes, who did not themselves

make any special exertions, but nevertheless required the servants to have "a regular cleaning down" and re-arrangement of furniture within a few hours before the confinement. If such an instinct be always manifested at such a time it is a very curious fact. There is another aspect of periodicity in uterine action also on which I hardly need comment here, but which seems to bear out my theory.

I shall be glad to hear of any experiments or observations to confirm or contradict my own, because, in a profession like that of medicine, we should be cautious not to commit the fallacy of drawing a general inference from a particular case or series of cases. When I was a student many things were received as truths beyond dispute, but time and further observation have shown those assertions which were formerly received as indisputable, not only to be doubtful, but untrue. The scientific student will therefore hesitate to draw an inference, lest the cases he has observed may contain some exceptional conditions and thus point to a conclusion which is not a safe guide for future action. Indeed, I am confident that if the replies given to an examiner in 1840 had been given to an examiner in 1880 the student would have been ignominiously rejected. Therefore, *festina lente* should be the motto of all men who practise medicine.

ALTER BROWN.

Obituary.

PROFESSOR PIRRIE, OF ABERDEEN.

It is with sincere regret that we announce the death of this distinguished surgeon, which occurred on the 21st instant. Deceased had been suffering from an internal malady for several months past, and had for nearly the whole of the present year been compelled to abandon his work in the University and in private practice. In the early part of September, the complaint yielding to rest and treatment, became less painful, and after a holiday in the Highlands he was enabled to resume practice to a certain extent. But it was not for long; the disease was still making its insidious progress, and but for a powerful physique and a robust constitution, the end would have come long since. No one understood better than Dr. Pirrie himself of the impossibility of recovery; indeed, this was evidenced by his relinquishing the Chair of Surgery, in the University during the summer, and subsequently by the freedom with which he spoke to his friends of the coming dissolution. By his death Scotland has lost one of her foremost surgeons, and Aberdeen one who might be aptly styled the Father of Surgery in her school. He was the first occupant of the Chair of Surgery in the University of that city, a post which he occupied with unflagging energy and zeal for forty-two years, during which time he devoted himself to the procuration of "specimens" for the education and instruction of his classes, which is probably unique in any of the Scotch Medical Schools. Dr. Pirrie was essentially a self-made man, abounding with that zeal and ability characteristic of men who make a name in the world without inheriting it. By sheer force of character and innate ability he rose from the ranks of a pupil in a parish school to be one of the most honoured and respected of surgeons, not only in Scotland, but throughout the world; and surgeon by appointment to the Heir Apparent of the British Throne; while some eight years ago the University of Edinburgh, his *Alma Mater* in surgery conferred upon him the degree of LL.D., and the Clinical Society of London elected him an honorary member of their body.

Dr. Pirrie was well known in the field of medical literature. His "Principles and Practice of Surgery" has gone through three editions in this country, while the popularity of the work in America may be gauged from the fact that a fifth edition is now in course of preparation in that country. Besides this volume, Dr. Pirrie's contributions to medical journals were frequent and of original merit, and many of his papers have been circulated in pamphlet form. Notably, it will be remembered that his treatises upon acupuncture attracted a considerable amount of attention, and there are many other subjects connected with surgical science upon which, in the course of a long and earnest lifetime, he gave in more than mere fugitive form the results of personal and practical study in the domain of surgery.

In concluding this notice of one of whom the profession was justly proud, we cannot do better than quote the opinion of Professor Struthers, expressed before his class a day or two since. "Dr. Pirrie," he said, "was neither the creature of nepotism, nor the vaunted member of some party whose geese, according to the proverb, are always swans. Meaning to be a surgeon, Dr. Pirrie commenced to teach anatomy as lecturer on that subject in Marischal College, a duty which he discharged for eleven years; and it was no doubt to this experience that he owed that thorough acquaintance with the anatomy of the human body which they all recognised in his surgical teaching, and which stood him in so good stead in the operating theatre. From 1839, when the Chairs of Anatomy and Surgery were first founded, down to almost the day of his death, Dr. Pirrie was, as they all knew, the able, eloquent and successful Professor of Surgery in the University. It is given to few men to have been teachers over half a century, and to still fewer to have, over that stretch of time, maintained the vigour of their teaching—he might almost say to have increased in vigour and in enthusiasm in the work as time stole on, for Dr. Pirrie was not one to become lazy when secured in office, or to fall behind the age either in knowledge or in attention to improvements in methods of teaching. When, with the spirit of the age, the modern wave of demonstrative teaching reached and stirred Aberdeen, as other schools, Dr. Pirrie, instead of, like too many men who have passed the middle of life, crying up the past, took it up heartily and vigorously, and they all knew how he enjoined and enforced the importance of the demonstrative method of teaching surgery."

Dr. Pirrie is no more, but his name will be remembered with affection by hundreds who have been brought under his influence, and by all who honour an upright life and a genius born in the few.

DR. RICHARD CROSS, OF SCARBOROUGH.

THE death of Dr. Richard Cross, of Scarborough, which occurred on the 18th inst., removes one who was at once a prominent figure in the medical world and a universally respected member of society. For long past Dr. Cross had been ailing, a painful affection of the knee, caused originally by accidental injury, having troubled him to a grievous extent; eventually the limb had to be amputated, and though the immediate shock of the operation, which was performed by Mr. Jessop, of Leeds, seemed to be recovered from, the patient survived only about twelve hours after it. The deceased physician was born in 1818, and after a successful hospital career took the L.S.A. in 1839, and the M.R.C.S. Eng. in the year following. In 1852 he graduated M.D. of St. Andrews University, and in 1881 received the distinction of Fellow of the College of Surgeons. Locally, Dr. Cross was esteemed in the highest degree, the numerous public and honorary appointments held by him from time to time testifying to the admiration and respect generally felt for his character and attainments. This was well shown also at the funeral, which was little less than a public ceremony, and was attended by a very numerous company of mourning friends. The whole proceedings were eminently impressive, and demonstrated the grief felt by the community at the death.

DR. O'FARRELL, OF BOYLE, CO. ROSCOMMON.

WE regret to announce the death, last week, of Dr. Harward O'Farrell, of Boyle, co. Roscommon. He was an old and highly-esteemed practitioner throughout the county in which he resided. He obtained the M.D. of Edinburgh in the year 1835, and was a Fellow of the Irish College of Surgeons, and a J.P. for his county for the last 20 years. He was medical officer of Boyle workhouse and Boyle No. 1 dispensary district, and he was also acting surgeon of the Roscommon Militia.

Life Assurance.—The 58th annual report of the Clerical, Medical and General Life Assurance Society, just to hand, reveals the important and satisfactory fact of the increased attention which life assurance is receiving at the hands of the general public, and especially the professional portion of it. This Society's business is of peculiar interest to the medical profession, and the increasing numbers and amounts of assured

and assured upon its books is not only an evidence of the soundness of the office, but of the spread of those principles of foresight for eventualities we have so often striven to impress, and which have been found lacking in many a sad death of recent years. With such names as Sir William Jenner, Sir James Paget, Prescott Hewett, William Bowman, Lionel Beale, &c., upon the directorate the profession is well represented, and may have every confidence in the undertaking. In January last the Directors had the satisfaction of declaring as a bonus the enormous sum of £345,000. The result to the assured was the immediate addition to the assurances of £406,755, in which the whole of participating policies, 9,183 in number, shared. In order to give the Society an increased title to public confidence the Directors have lately made a careful revision of the conditions of its assurances, and provided additional facilities, which may be briefly epitomised as follows:—1st. The practical abolition, so far as concerns the bulk both of new entrants and existing assured, of all restrictions on residence, travel, and occupation. 2nd. Affording increased facilities, by extension, on certain conditions, of the ordinary period of grace, for maintaining policies in force. 3rd. Increasing the facilities for reviving policies allowed to temporarily lapse. 4th. The publication of specimen minimum and maximum surrender values, and thus affording to the assured the nearest possible approach to guaranteed values. 5th. The holding, in the case of a lapsed policy, at the disposition of the assured during a period of two years from the date of forfeiture, of any surrender value which may have attached to it. If to these new conditions be added those previously in operation for lending freely on policies to the extent of nine-tenths of their surrender value, and for paying all claims immediately on proof of death and title, it will be seen that the arrangements of the Society for preserving the equitable rights of its policy-holders under all circumstances are complete, and the Society, already so successful, is now placed in the front rank of liberal and progressive offices.

PASS LISTS.

University of London.—The following is a list of candidates who passed the recent M.B. examination at this University:—

First Division.

Adeney, Edwin Leonard	King, David Alexander
Back, Herbert Hatfield	Maddison, William Thomas
Batterham, John Wilfams	Ferry, Robert
Buxton Dudley Wilmot	Pasteur, William
Collingwood, David	Fratt, Eginald
Currie, Oswald James	Scharlieb, Mary Ann Dacombe
Dakin, William Radford	Shaw, Lauriston Elgie
Dingley, Edward Alfred	Vinace, John Hinks
Fielden, William Eckett	Webb, Malcolm
Haris, Thomas	Wells, Alfred Ernest
Honeyburne, Richard	Wilkinson, W. C., B.A. Syd.
Woodridge, Leonard Charles, D.Sc.	

Second Division.

Adams, William Coode	Murray, Hubert Montague
Bertram, Benjamin	Norvil, Frederic Harvey
Bull, George Coulson Rotins	Pike, Charles Jam
Campbell, Harry	Robinson, Frederick
Carter, Thomas Edward	Roedel, Waldemar Joseph
Ellison, John Clement	Scarth, Isaac
Jewell, Charles Coleman	Shove, Edith
Kirsopp, Thomas	Watkins, Christopher James
Larmuth, Leopold	Woolby, James Balls

Royal College of Surgeons of England.—The following candidates, having passed the required examination for the diploma, were admitted Members of the College on Thursday, November 16th:—

Barnes, Walter S., L.S.A.	MacDonogh, William F.
Cowen, Edw. I., L.R.C.P. Lond.	Mosse, Herbert Ryding, L.S.A.
Donald, James, L.S.A.	Peckett, A. W. C., L.S.A.
Dyson, Herbert Jekyl	Potter, John H., L.R.C.P. Ed.
Harris, Howard, L.R.C.P. Ed.	Rodley, John, L.R.C.P. Ed.
Hull, Walter, L.R.C.P. Lond.	Shapin, Edward Colby
Larder, Herbert, L.S.A.	Underwood, John C., L.S.A.
Llewellyn, James D., L.S.A.	Wigan, Charles Arthur
Maynard, Edward Charles	Woolington, Sidney, L.S.A.

King and Queen's College of Physicians.—At the November examinations the following candidates, having passed the required examinations, received the Licences in Medicine and Midwifery of the College:—

Medicine.

Bolger, James Tandy	Cooper, Robert Edmund
Clancy, John	Garland, John Peter
Cock, Julia	Morris, James Aloysius
	Shes, John Goodwin

Midwifery.

Bolger, James Tandy
Clancy, John
Cock, Julia
Cooper, Robert Edmund

Fisher, Vicars Henry
Garland, John Peter
Morris, James Aloysius
Shea, John Goodwin

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

L. C. D. (Liverpool).—The treatment of empyema is a subject of debate at the present time, but there is a considerable amount of agreement among practitioners respecting the value of free drainage of the pleural cavity through incisions sufficiently extensive for the purpose. Through drainage, however, is to be recommended only in cases where the discharge is offensively fetid, and in which a single opening has failed to afford the required relief. Antiseptic injections must be employed with caution, solutions of salicylic acid or potash permanganate being much safer than carbolic or boracic acids. Resection should be avoided if possible, and particularly in children.

MR. SWANAGE (Edinburgh).—The reference is to Billroth's "Surgical Pathology," Vol. II. After reading your opinion it is quite impossible to form any other conclusion than the one you formulate. It is still, notwithstanding, a matter for further investigation. The facts are easily accessible.

DR. EDWARDS.—The treatment of ulcers by Martin's rubber bandages is worthy of most extended trial. Success is very frequently attained by it after failure with other methods.

PERPLEXED.—The case was one of placenta previa, and hardly deserved the description applied to it.

DISPENSARY MEDICAL OFFICERS AND SUBSTITUTES.—G. S. writes: Could any of your numerous readers inform me if it is usual for the guardians to pay a substitute for dispensary medical officer when he is subpoenaed to the Assizes and may be detained for a week? What would likely be the result if a committee were obtuse in such case, or in the illness of medical officer, absolutely refused to appoint a substitute, and left the district unattended?

[1. It is not usual, as the feeling is that the medical officer being paid for his evidence, ought to pay his substitute. 2. If a medical officer absented himself under compulsion of a subpoena, he could not be blamed; but he should take care to inform the hon. sec. of his committee in good time, and to recommend a substitute, whom—strictly speaking—he is not liable to pay.—ED.]

A FIRST YEAR'S STUDENT.—Your teacher is correct in advising you as he has done. You should follow the suggestions.

MR. C. (Croydon).—The history is suspicious; you will be justified in trying the effect of specific treatment for a time.

A SCOTCH PHYSICIAN must forward his name and address. We do not reply to anonymous communications; and to this rule no exception is possible.

M.D. GLASGOW.—We fail to see the reason for your objection. Each charge was fully substantiated as it was brought; and the fault is rather with the Corporation which neglects its duties than with the critic who exposes such shortcomings.

DR. MATTHEWS.—Many thanks.

SINGLETON'S GOLDEN OINTMENT.—A Provincial Practitioner asks for information, and, if possible, the recipe, of this old-fashioned remedy. The following is, we believe, the correct formula, in preparing which considerable care is required, continual stirring till cold being absolutely necessary:—B Hydrargyri, 3ss.; acid. nitric, 3vss.; butyri (without salt), 3vj.; oleum olivæ, 3iv. Hydrargyrum in acido primum liquis; dum liquor adhuc caleat, butyro et oleo simul liquefactis; misc.

MR. KAY.—The work is in the hands of the reviewer, to whom your letter shall be communicated.

SARTORIUS.—The principle to be followed in all such cases is the same, and it is that of non-intervention. No good can be done by disturbing present arrangements.

R. E. F.—No instance is recorded.

DISSOLUTION OF THE NERVOUS SYSTEM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—To the title of the second instalment of my article on "Dissolution of the Nervous System," Nov. 27, 1892, I affixed a foot-note altering words in a previous foot-note on page 418. The foot-note on page 418 is correct. For what is called most voluntary is rigidly synonymous with least automatic.

I am, &c.,

J. HUGHLINGS JACKSON.

DR. J. M. (Bow).—Thanks; we shall be glad to receive the paper at your leisure.

DR. W. DONOVAN (Whitwick).—Your letter is unavoidably held over to our next.

THE KING'S COLLEGE DINNER.—We are requested to announce that the Right Hon. Sir John Mowbray Bart., M.P., D.C.L., has consented to preside at the Annual Dinner of Associates and past and present Students, to be held in the College Dining Hall, on January 17th, 1893. Gentlemen wishing to be present are requested to communicate with the Hon. Secretary of the Committee, Mr. H. Courtenay Luck, A.K.C., F.R.G.S., at the College, Strand.

MEETINGS OF THE SOCIETIES.

HARVEIAN SOCIETY OF LONDON.—Thursday, Nov. 30th, at 8.30 p.m., Harveian Lectures: Mr. Henry Power, "On Ophthalmic Medicine and Surgery in relation to General Practice."

ROYAL INSTITUTION.—Monday, December 4th, at 5 p.m., General Monthly Meeting.

Vacancies.

Chipping Norton Union.—District Medical Officer. Salary, £65, with the usual medical fees. Applications to the Clerk on or before Dec. 25th.

Oldcastle Union, Crossakiel Dispensary.—Medical Officer. Salary, £120, and £15 as Medical Officer of Health. Election, Dec. 1st.

Stourbridge Dispensary.—House Surgeon and Secretary. Salary, £120, with furnished rooms, &c. Applications to be forwarded not later than Dec. 5th.

West Bromwich District Hospital.—House Surgeon. Salary, £20, with board, &c. Applications to the Hon. Sec. on or before Dec. 9th.

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—House Physician. Salary, £100, with board, &c. Also House Surgeon. Salary, £120, with board, &c. Applications to be addressed to the Chairman of the Medical Committee not later than Dec. 4th.

Appointments.

BICKLE, L. W., L.R.C.P., M.R.C.S., House Physician (non-resident) to St. Thomas's Hospital.

CLATWORTHY, H., M.R.C.S., Assistant Medical Officer to the Clapham and Wandsworth Infirmary.

COOPER, G. F., M.R.C.S., L.R.C.P., Assistant House Surgeon to St. Thomas's Hospital.

FELL, W., M.A., M.B. Oxon., L.R.C.P., M.R.C.S., Assistant Physician to St. Thomas's Hospital.

HAGBROWN, C. W., M.R.C.S., House Surgeon to St. Thomas's Hospital.

HOPWOOD, E. O., M.B. Oxon., Resident Medical Officer to the London Fever Hospital.

JONES, W., M.A., M.B. Oxon., M.R.C.S., House Physician to St. Thomas's Hospital.

MAHER, W. O., M.D., M.R.C.S., House Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

MARLOW, F. W., M.R.C.S., Ophthalmic Assistant to St. Thomas's Hospital.

OPENSHAW, T. H., M.R.C.S., House Physician to the London Hospital. **FRACOCK, A. L., M.R.C.S.,** Medical Officer to the Nos. 1 and 5 Districts and the Workhouse of the Lincoln Union.

RUSSELL, A. W., M.B. C.M. Aber., Senior House Surgeon to the General Infirmary, Macleodfield.

SUTHERLAND, R. T., M.B., C.M. Ed., House Surgeon to the Leith Hospital.

SUTTON, S. W., M.B. Lond., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

WELLS, A. E., M.B. Lond., M.R.C.S., House Physician to St. Thomas's Hospital.

WHITE, E. F., M.R.C.S., House Surgeon to St. Thomas's Hospital.

Births.

GRAY.—Nov. 18th, at Melbourne Terrace, Armagh, the wife of Dr. Robert Gray, of a son.

ILES.—Nov. 28th, at Watford, the wife of Wilson Iles, M.D., of a son.

MACSWINEY.—Nov. 18th, at Corradino, Malta, the wife of Surgeon-Major MacSwiney, M.D., A.M.D., of a daughter.

Marriages.

HARRISON—HEDLEY.—Nov. 24th, at St. George's, Hanover Square, London, Alfred Horatio Harrison, Associate King's College, to Mary, daughter of the late John Hogarth Hedley, M.D., M.R.C.S., late of Newcastle-upon-Tyne.

Deaths.

ALLOOCK.—Nov. 14th, at Smethwick, near Birmingham, Annarley Alloock, M.R.C.S., aged 69.

BUCKLE.—Nov. 19th, John Buckle, M.R.C.S.E., of Great Bardfield, Essex, aged 76.

BLOCKLEY.—Nov. 23rd, at Loane House, Upper Norwood, T. M. Blockley, M.D., C.B., Brigade Surgeon, A.M.D., aged 62.

DRAZELBY.—Nov. 22nd, at Skelga, co. Tyrone, Charles Drazelby, M.R.C.S., of Milford Haven, Pembrokehire, aged 64.

PERRIE.—Nov. 21st, at his residence, Aberdeen, William Pirrie, M.D., LL.D., F.R.S.E., Emeritus Professor of Surgery in the University of Aberdeen, aged 75.

FRITCHARD.—Nov. 24th, at 57 St. Paul's Road, Highbury, Andrew Fritchard, F.R.S.E., aged 78, after a long illness.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 6, 1882.

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RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.
Surgeon to the London Hospital.

(Continued from page 457.)

In the extra-peritoneal ruptures the symptoms of peritonitis will be present, unless the peritoneum has been injured by the violence which occasioned the rupture of the bladder, or becomes involved secondarily, either by contact with urine effused under it, or in the course of the diffuse inflammation and sloughing of the sub-peritoneal connective tissue and fasciæ consequent upon extravasation of urine. The general symptoms, therefore, will be more subdued, but, sooner or later, there will be marked depression and evidence of septiciæmia. Chills, shivering, or actual rigors, clammy sweats, pale, earthy countenance, accelerated and feeble pulse, variable temperature, nausea and occasional vomiting, coldness of extremities, and muttering delirium will supervene, and the patient will succumb in a state of extreme prostration. In regard to the local symptoms, a less amount of urine may be expected to follow the introduction of the catheter than in the intra-peritoneal ruptures, as the point of the catheter will not readily enter the rent in the bladder. Nevertheless, manipulation with the finger in the rectum may occasionally succeed in causing the point of the catheter to pass through the rent into a pouch outside the bladder containing urine mixed with blood and the products of inflammation. The situation of the collection will vary according to the position of the opening in the bladder. When the rent is in front the urine either forms a circumscribed tumour outside and anteriorly to the bladder, occasioning marked dulness on percussion, or it becomes widely diffused, mounting up towards the umbilicus between the peritoneum and

the abdominal muscles, or passing into the iliac fossæ, or through the obturator foramina and the inguinal and femoral canals into the scrotum and thigh. When the opening is behind the prostate the fluid will ascend into one or other of the iliac fossæ. Wherever extravasation occurs, it sets up inflammation of the connective tissue and fasciæ, followed in due time by suppuration and sloughing. Occasionally the urine is collected in a kind of sacculus, the walls of which are composed of connective tissue matted by lymph, simulating the appearance of a lining membrane to the adventitious cavity.

A thorough acquaintance with the symptoms resulting from a ruptured bladder, and with the distinctive features of the intra-peritoneal and the extra-peritoneal rupture, ought to lead the surgeon to form a correct diagnosis in a typical case. But the frequency with which the practitioner encounters difficulty and doubt, overlooks the lesion, or mistakes for it a contusion of the bladder, or some other abdominal injury, proves that the diagnosis is not the easy matter depicted in some of the standard treatises on surgery. The diagnosis will be especially obscure if the surgeon cannot obtain a satisfactory history of the patient before coming under his care, and in cases in which the symptoms are masked or slight, and in which, possibly, the patient has passed urine voluntarily, or in which it flows from the urethra. The surgeon needs to be constantly on the alert, and to have his mind directed to the possibility of rupture, not only where there has been an abdominal injury, but in cases of retention from stricture, or from hypertrophy of the prostate gland, or from any other cause, and where the patient comes under his care stupefied with alcohol. In extra-peritoneal ruptures doubt will soon be removed by the occurrence of extravasation of urine; but in the intra-peritoneal ruptures I believe that the best local test is the possibility of passing the point of a long catheter through the rent into the peritoneal cavity, allowing free movement, and drawing off a large quantity of

fluid. When contrasted with a prior limitation of rotation and of depression, and the removal of blood or a very small quantity of bloody urine after the instrument has undoubtedly passed the prostate gland, the sudden slipping of the catheter up to the hilt in the urethra, with the effects stated, is extremely significant. Mr. Heath injected warm water through the catheter, and the stream was distinctly felt by the patient in the groins and abdomen. This means of diagnosis might be used where the surgeon could not make a diagnosis without it, but it tends to diffuse the urine already present in the peritoneal cavity, and it is probable that the warm water itself may exercise an injurious influence upon the peritoneum. On the other hand, if the bladder is sound, injection of fluid ought to furnish decisive evidence by causing the formation of a circumscribed tumour, which disappears on catheterism, with recovery of the fluid. It is scarcely possible to determine which is the more important mistake—to overlook a rupture of the bladder, and therefore fail to apply surgical measures promptly, or to mistake some other lesion for the injury, and subject the patient to an unnecessary and dangerous interference. There is another great disadvantage in mistaking some other form of abdominal injury for a ruptured bladder, or an extra-peritoneal for an intra-peritoneal rent. The case is published with a flourish, and the treatment pursued is quoted as well worthy of adoption, thus leading surgeons to apply to other cases means either prejudicial or inadequate. In recent years there has been a serious increase in the number of reported cases of recovery after an alleged rupture of the urinary bladder. Several are said to have been ruptures into the peritoneal cavity, and it would be quite impossible to decide from them what is the correct treatment of an intra-peritoneal rupture, inasmuch as expectancy and operative measures have been alike successful. As it is extremely important to arrive at a right conclusion in this matter, it will be useful to weigh critically the claims of the cases of asserted recovery; but before doing so one or two general observations are necessary.

1. In the first place, before accepting any case as a case of recovery after simple uncomplicated rupture of the bladder into the peritoneal cavity, it is desirable to have clear evidence that the bladder was full at the time of the accident. A distended bladder can scarcely escape from a severe blow or contusion of the abdomen; but a bladder empty, or nearly so, and under the protection of the pelvic bones, may elude the greatest violence.

2. Secondly, it must be borne in mind that the bladder may have been contused or dragged backwards; that blood may appear in the urine for some days after the injury; that the patient may be unable to micturate, though experiencing a strong desire to do so; and that there may be some difficulty in the passage of the catheter. A case of this kind I have had under my care at the London Hospital. After a severe contusion of the abdomen there were many of the signs of rupture of the bladder—blood drawn off with the catheter; bloody urine for several days; tenderness and swelling of the abdomen; and some of the symptoms of peritonitis. A very severe case occurred to Mr. Le Gros Clark. The patient was a man over whom an omnibus-wheel had passed. "The abdomen was severely contused, and he was in a state of collapse. Bloody urine was drawn off. On the following day he had severe pain in the belly and back. Fresh blood was mingled with the urine, and there was a noticeable variation in the temperature of the stream. Constant sickness was present. On the third day urine flowed through the catheter slowly, but free from blood, and was not accelerated by pressure on the abdomen. On the fifth day there was constant abdominal pain; pressure excited vomiting; and the abdomen was distended. He was delirious at night. On the seventh day it was evident that the distension was partly due to effusion; he said his belly

felt like a furnace. During the succeeding week the symptoms somewhat abated; the urine was abundant and clear. On the twentieth day the fluctuation in the distended abdomen was more distinct, and he suffered from frequent sharp pain; the urine was albuminous; the tension of the abdomen diminishing. On the thirty-first day there was a sensation communicated to the hand as of some solid body in the lower part of the abdomen gliding away under pressure; the tenderness had ceased. In six weeks he was well." With commendable hesitation Mr. Le Gros Clark observes:—"The nature of the lesion is conjectural, but for some days the symptoms were such as to induce me to suspect injury to the bladder, and the nature of the accident rendered it not improbable that such was the fact. Indeed, the favourable issue of the case alone points to an opposite conclusion. But is that conclusion of necessity justified by the result? I do not feel sure that it is." That the bladder was contused is very probable, unless the blood came from the kidney. The latter organ may have been bruised, for the wheel took a direction from the right groin upwards and outwards. That the bladder was ruptured I think is disproved by the absence of any evidence in the record of the case that the organ contained any considerable quantity of urine at the time of the accident, and of the typical primary symptoms, notably, the distressing desire and inability to micturate, and the peculiar results obtainable by manipulation after the passage of the catheter. Moreover, the quantity of urine passed does not appear to have been at any time defective. A more complete record of the case would have been desirable, but Mr. Le Gros Clark's philosophic caution is worthy of more general imitation.

3. In the third place, it may be affirmed that difficulty experienced in drawing off a patient's water, and the necessity for altering the direction of the catheter, or the position of the patient, &c., before succeeding, cannot be taken as conclusive evidence of a rupture of the bladder. It happens to every surgeon to meet with impediments to complete entrance into the bladder, and to removal of urine other than enlargement of the prostate gland. A blocked catheter, hitching in a fold of mucous membrane of the bladder, and, I believe, against a swollen right montanum, perhaps the entrance of the point into the sinus pocularis, a false passage—displacement of the bladder or effusion of blood may all come into play.

4. Fourthly, there is, as it seems to me, an erroneous opinion prevalent that the peritoneum often tolerates the presence of pent-up urine. At the discussion on Mr. Heath's case at the Medico-Chirurgical Society, my second case was mentioned as an illustration. As it happened, no case could more completely show the exact opposite of tolerance of the presence of urine by the peritoneum, both locally and constitutionally. With the exception of a brief interval of apparent improvement on the fourth day, the patient was in a most distressing condition throughout, with restlessness, wakefulness, vomiting, and pain. The peritonitis was intense, and lymph was found in abundance coating the intestine and bladder.

(To be continued.)

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

II.—*Definition—Causes—Geographical Distribution and Race—Age—Sex—Side—Influence of Scrofula and Tubercle—Presence of a Specific Poison in the Blood: Gonorrhoea, Small-Pox, Scarlet Fever, Puerperal Pyæmia, &c.—Traumatic Causes—Reflex Nervous Influence.*

Definition.—No careful observer would commit himself to a definition of morbus coxae which would not admit of expansion, and probably the safest plan would

be to avoid a definition altogether in this paper. Yet it seems only proper that the writer's idea of a disease should be stated, however roughly, at the outset of his description of it. For this purpose, therefore, I would venture to define hip-joint disease to be—*A disease met with in persons for the most part young in years, and of the habit of body known as strumous or tuberculous; in its origin either idiopathic or traumatic; in its nature inflammatory; in its course chronic; and in its termination destructive generally of the structures and functions of the joint.*

Causes.—Considerable diversity of opinion is, and has always been, held and expressed as to the causes of this affection, one set of observers contending that it is always of constitutional origin; another, that it is always due to violence. Among the first set may be mentioned Coulson, whose monograph upon the affection still remains a standard work. (a) As a type of observers of the second set, Lewis Sayre stands pre-eminently forward. (b) This authority goes so far as to say that scrofulous individuals are less likely than others to be the subjects of the affection, because, being invalids, they are less exposed to injury; and he considers it to affect principally those children who "run races, climb over fences, jump out of apple trees, kick their playmates downstairs, slide down balusters, and are generally reckless and careless."

The truth, however, probably lies between these extremes, for although a case may be exceptionally met with of purely constitutional, or purely traumatic, origin, yet it is to be observed that in nearly every case both a constitutional and a traumatic origin is to be found. Given an individual the subject of scrofula, or some other constitutional taint, any injury—however slight—to the hip-joint, if not followed by rest, will almost certainly produce the disease now under consideration.

It will be well, however, to consider somewhat briefly the various causes and circumstances which affect the production of morbus coxae, and the topics which will be dealt with are the following:—Geographical Distribution and Race; Sex; Age; Side; the influence of Scrofula and Tubercle; Exposure to Damp and Cold; Traumatic Causes; Reflex Nervous Influence.

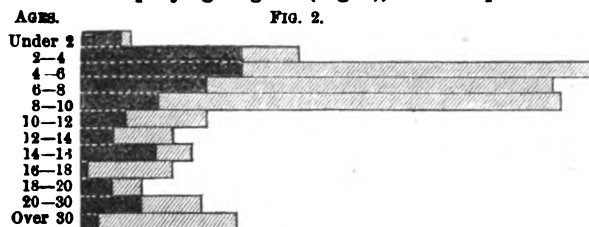
Geographical Distribution and Race.—The disease appears to exist to a greater extent in England and Holland than in any other of the countries of the Old World. According to American writers, it appears also to be sufficiently common in the United States, so that the various branches of the great Anglo-Saxon race would appear to be predisposed to the affection. Coulson's explanation of this deserves reproduction for its ingenuity, if not for its accuracy; he says, "The Saxon population is characterised by the magnitude of the trunk and of the vital organs, while the limbs and locomotor system are small and feeble. . . . the locomotor system," therefore, this author urges, "becomes a sacrifice to the excess or derangement of the former." The real cause, however, of its frequency in certain nations is to be found probably in the greater activity of the people, induced by the colder climate, and injuries being, therefore, more common. It must also be borne in mind that the Anglo-Saxon race is peculiarly subject to scrofula. Among the Hebrews hip-joint disease appears to be peculiarly rare, and Mr. Barwell (c) accounts for this by the impossibility of the occurrence of phymosis. His reason for this view will be mentioned later on. Scrofula, again, we must remember, is rare among Hebrews.

Sex.—Females, on account of their more delicate constitution, have been held to be more prone to this disease than males. Bryant (d) avers that it is met with equally in the two sexes. Statistics, however—

examined for the purpose of this essay—make the disease more common among males. In 500 cases taken from various sources 298 were males and 202 females, a proportion of about three to two. This proportion exists also in each of the series from which the estimate is formed. Assuming the special liability of males to this affection, the explanation is to be found in their special liability to injury. It is a curious fact, however, that females at the age of puberty exhibit a proneness to the disease, due, probably, to the debility of constitution at this period.

Age.—Hip-joint disease may occur at any period of life. In the great majority of cases, however, it occurs during youth or adolescence. The youngest patient whose case I have been able to find recorded was under Mr. Coulson's care. The patient was a female infant, one month old. The oldest patient of whom I can find mention was a woman sixty years of age, who was affected apparently with a purely scrofulous form of the disease. She died at the age of seventy. The specimen is in the museum of the Royal College of Surgeons. (a)

The accompanying diagram (Fig. 2), which represents



The lightly-shaded portion represents the male cases; the darkly-shaded, the female cases.

the statistics of age drawn from four hundred cases, shows the following particulars:—1. That male cases are in excess of female cases at every period of life. 2. That the disparity between the sexes is small until the age of four is reached, at which age boys begin to have more freedom and exercise. 3. That after the age of four the male preponderance is very marked, and continues so throughout the rest of life. 4. That among females there seems to be a special liability to the disease between the ages of fourteen and sixteen.

The Side Affected.—In Mr. Bryant's experience sixty per cent. of the cases occur upon the left side. Mr. Hilton also records a preponderance of left-sided cases, and curiously, the museum of Guy's Hospital—of which Mr. Hilton was, and Mr. Bryant is, a surgeon—also contains an excess of specimens taken from the left side. This preponderance of left-sided cases is, however, contrary to the experience of most surgeons both here and abroad, and the statistics of the Hospital for Hip-joint Disease in London also show the right side to be more frequently affected. This proneness of the right side to be affected is probably referable to the right-handedness of man; man uses his right hand to ward off a blow, and advances his right leg to save a fall; and the fact that in females right side preponderance is less marked probably lends support to this view.

Bilateral cases are not common, and often get recorded where others are not, so that it is not easy to form a correct idea of their relative frequency. It may, however, be roughly estimated that they occur in the proportion of 2.0 per cent.

Influence of Scrofula and Tubercle.—That either of these conditions may be an element in the causation of morbus coxae has been held as certain by the chief authorities of past times, and is held by most surgeons of the present day. To these, however, must be mentioned three notable exceptions—viz., Holmes and Bryant in this country, and Sayre in New York. Holmes says, "the disease occurs very frequently in strumous children. . . . but it seems to have no

(a) Coulson, "Diseases of the Hip-Joint," &c. 1841.

(b) Sayre, "Lectures on Orthopedic Surgery," 1876.

(c) Barwell, "A Treatise on Diseases of the Joints." Second Edition.

(d) Bryant, "Practice of Surgery." First Edition.

(a) Preparation No. 936.

necessary connection with struma." (a) Bryant observes, "To look upon hip-joint disease as a strumous affection is unquestionably wrong." Sayre denies *in toto* the influence of the disease, although in a table which he publishes of fifty-nine cases there is presumptive evidence of this affection in the patient or his family in twelve. For instance, in Case III. the mother "died of phthisis." Case XIX., "mother and child always delicate." "Patient died of marasmus and cholera infantum." Case XXII., "mother and child always delicate." Case XXVII., "patient's left lung extremely tuberculous." Case XXX., "father and child always delicate." Case XXXII., "died from fatty degeneration of the liver and kidneys." Case XXXVI., patient "delicate." Mother died of "consumption." Case XXXVII., patient "rather delicate." Mother died of "phthisis." Case XXXIX., died of "amyloid degeneration of the kidney." Case XLIV., patient had "waxy kidney," "fatty liver," and "general anasarca." Case XLV., father died of "phthisis." Case XLVIII., father died of "phthisis." Dr. Sayre's opinion is not shared by the majority of his brethren of the United States; and it certainly seems difficult to understand that this affection should be produced by a wrench, a strain, or standing too much upon one leg, in a previously healthy individual. I may state that in one hundred cases in which the family history was carefully examined, there is evidence of either scrofula or tubercle in forty-two.

The presence of a specific poison in the blood, as that of either rheumatism, pyæmia, syphilis, gonorrhœa, &c., may give rise to a disease of the hip-joint indistinguishable from that associated with struma. Coulson relates the case of a gentleman affected with gonorrhœa who became suddenly affected by hip-joint disease upon the sudden cessation of the urethral discharge. Ford (b) and Coulson also relate cases in which the disease seemed to be associated with small-pox. But in each of these cases the joint affection seems to have followed, and not to have been concurrent with, the zymotic disorder. Each case also gave evidence of scrofula. In one of Ford's cases the patient, when convalescent from small-pox, injured his hip by falling from a hay-rick. In the other cases there was no history of injury. Scarlet fever.—Croft, (c) Hilton, (d) Bryant, and Holmes each record a case in which the disease followed an attack of scarlet fever. In neither of these was there any known injury. Mr. Bryant's patient, who was strumous, died in the acute and early stage. Mr. Hilton's patient, the son of wealthy parents, made a good recovery with ankylosis. Mr. Croft's patient was submitted to the operation of excision, and recovered at the end of two years. Mr. Holmes' patient, who had scarlet fever in November, and morbus coxæ in December, also underwent the operation of excision. Measles seems also to have led to the disease in one case mentioned by Mr. Hilton. In this case there was no known accident, but the patient was scrofulous. Puerperal pyæmia not unfrequently leads to the occurrence of morbus coxæ. A very interesting specimen of ankylosis from this cause is to be seen in the museum of Guy's Hospital. (e) Coulson relates a curious case in which the patient was pregnant six times subsequently to the onset of hip-disease; during each pregnancy the joint symptoms became subdued, and became worse again upon the termination of the pregnancy. A patient admitted into the London Hospital had ankylosis of both joints following a confinement. Mr. Maunder performed osteotomy on each side with a good result. (f)

Syphilis, pneumonia, empyema, typhoid fever, and gout, have all been credited with being the starting

point of morbus coxæ, and Coulson asserts that it may result in part from suppressed menstrual or lochial discharge or lacteal secretion.

In all cases, however, in which the joint disease has followed these affections it is a question whether it is necessary to look for more than the debilitated state of health produced by them as a cause.

Traumatic Causes.—The hip-joint is so deeply placed and so well covered by soft parts that it is less liable to injury than many other joints, while its position does not save it from those influences of constitutional nature which act through the circulation. The disease, however, is frequently found to be set up by violence, and this may be either *active* or *passive*. Under the term *active violence* is to be included all injuries which are sudden and severe, as falls, blows, strains, and wrenches. In about three-fifths of the cases evidence of injury of this kind will be found. *Passive violence* may be defined as the exercise of the natural functions of the joint continued for too long a time without compensatory rest, such as over-walking, or standing too long. It is probable, however, that acts of passive violence only occasion the disease in persons of depraved constitution.

Reflex Nervous Influence.—The theory that hip-joint disease may be due to reflex nervous influence is promulgated by a surgeon of great experience and critical observation, Mr. Barwell. Mr. Barwell noticed that a boy with hip-disease had also a very long prepuce, and the co-existence of these two states appeared to him so constant that he determined to take notes of one hundred cases, the result being the discovery of phymosis in eighty-three. In support of his view Mr. Barwell refers to the partial exemption of Hebrew children from the disease. With regard to girls affected with hip-disease, Mr. Barwell believes that in many cases there exists also in them vaginitis, vulvitis, or some affection of the nymphæ.

Assuming the accuracy of Mr. Barwell's observations, it would seem necessary before accepting his theory of connection between the genital organs and hip-disease, to solve the following problems:—

1. If due to reflex nervous influence, why is the disease not more frequently bilateral?
2. How is it that the hip-joint alone should be affected when the nerves which supply it supply also other joints?
3. What is the percentage of boys who have phymosis and have not morbus coxæ?
4. As to females, is there not a large number of weakly girls who suffer from vulvitis, vaginitis, &c., who have no hip-disease?

TREATMENT OF NEURALGIA. (a)

By CHARLES R. FRANCIS, M.B. Lond., &c., &c.,
Formerly Professor of Medicine in the Medical College, Calcutta

(Continued from page 450.)

ONE of the worst cases of neuralgia, that I have seen, occurred in the person of Mr. F., a gentleman from Melbourne, whom I met, in 1879, at an hydropathic establishment at Malvern. A most intelligent and agreeable member of society, he possessed the nervous constitution in an eminent degree, and was always "up or down." His history was this:—Twenty-five years previously he had gone to Australia to become a sheep-farmer; and for ten years lived, like his companions in the bush, chiefly on *dampers*. Being young and strong, he digested them without difficulty. He then came home, and, after a short leave, returned with a wife. Again his fare, extending over another ten years, consisted mainly of *dampers*. But now the burden was too much for the stomach, which showed its intolerance by flatulence, and pain after meals.

(a) Read before the Harvelian Society of London, Nov. 16th, 1882.

(a) Holmes' "Surgical Diseases of Children."

(b) Ford, "Observations on Diseases of the Hip-joint," 1810.

(c) Croft, "Transactions of Clinical Society," vol. xiv.

(d) Hilton, "Lectures on Rest and Pain."

(e) Preparation No. 1818 4s.

(f) Maunder, "Lond. Hosp. Reports," 1877.

Gradually the latter became more and more severe, until at length the agony was almost insupportable; and death would have been welcome. Twice in the twenty-four hours, at intervals of a week or so, and usually about 11 a.m. and at midnight, pain would make its appearance, when the stomach would seem to be twisted into a knot. There was a mixture of flatulence and gastrodynia. Slight relief would follow the administration of a powerful carminative. There was one symptom in the case that is noteworthy. Mr. F. suffered occasionally from nausea. At those times he was always quite free from pain. As in the preceding cases, the attacks would recur for three or four days in succession, and then become more moderate, occasionally ceasing altogether for a week or more. When suffering from an attack, Mr. F. would descend, if it were in the night, into the large dining room of the house, and roam up and down for several hours holding his hands against his stomach; or kneel by the sofa and press his stomach up against it. Pressure appeared to give slight relief. As Mr. F. was deriving no benefit from the hydropathic treatment, it was arranged that my suggestions should be acted upon. In the first place, in view to the food being suitable and well cooked, he was provided with a separate and experienced *cuisinier*. There was no malaria in the case, but, clearly, periodicity. Quinine was inadmissible, as, when formerly taken, the tinnitus and other physiological results had been so pronounced; indeed, Mr. F. objected to take it. Sulphate of cinchonine, however, with Fowler's solution and an anodyne, answered the same purpose. The periodicity was soon broken through, and Mr. F.'s joy was great; but he would not take any intermediate medicine. He believed in the antiperiodic but not in the supplementary treatment, of which, he said, he had previously had enough. Notwithstanding, by careful attention to diet and the exhibition of liq. pot. arsen., instead of cinchonine, which Mr. F. got to dislike almost as much as quinine, his general health gradually improved, whilst the attacks of pain recurred at longer intervals, and were more bearable. Mr. F. left for Melbourne on the approach of our winter, which he was afraid to face, in excellent spirits, and in full expectation on arriving in the warmer climate of that quarter of the Antipodes, of losing his neuralgia altogether.

It is singular what erroneous ideas are entertained by even intelligent persons in reference to the treatment of neuralgia. This gentleman believed, until I pointed out the fallacy of the notion, that excessive exercise was good for his disorder; though he afterwards remembered that his most violent attacks had occurred in the nights succeeding the days on which he had taken his longest walks, and when he had come in quite tired out. Further, he could not understand why, as fruit was intended for human consumption, he should not eat pears and plums in their season, provided they were ripe. After a few unpleasant experiences, he eventually realised that perhaps his stomach might be, after nearly a quarter of a century of irritation, more tender than that of others whose food through the same period of time had been more digestible than "dampers!"

It may seem a work of supererogation to insist upon the necessity for a neuralgic patient to live generously, the food containing plenty of fat or other heat-producing material; but I so frequently meet with persons who have not only not had the necessity pointed out to them, but who have actually been treated on the opposite plan, that I venture to speak of it. Quite lately, in Essex, I saw a hearty, elderly clergyman, who at intervals of varying lengths had an attack of neuralgia in his right arm and the left thumb. Until recently he had been kept low at these times. Being of a full habit, a hearty eater, and rather short-necked, his medical attendant had probably thought that abstinence might be beneficial. But, however useful such

treatment might be in averting an attack of cerebral hæmorrhage, it would make the nerve affected more susceptible of pain than ever. And it is, moreover, in direct opposition to the now generally-credited dictum of Romberg, that neuralgia is the prayer of the suffering nerve for healthy blood—and probably plenty of it! On the last occasion, a clerical neighbour who was fond of good cheer, seeing how low his friend had become without any relief whatever to the pain, carried him off to his own home, and there fed him up. The change of air and scene, including a holiday from continual mental strain, added to the better living, led to the patient's rapid recovery. The public generally attach but little importance to the necessity for plenty of good food. They far more readily have recourse to stimulants. With some, sherry is a *certain* remedy; with others, champagne; with the majority, port, or porter. Not only are these alcoholic drinks valued as pain-killers, but for their (supposed) *nourishing* properties. Alcohol, in my experience, does harm—in many instances very great harm—in neuralgia. The depression that follows the temporary elevation which accompanies the relief from pain renders the nerve more susceptible of an attack than before, to say nothing of the craving for drink that *must* be, and too often is engendered. Alcohol is perhaps the pleasantest of pain-killers, but it leaves behind a terrible sting. It is very much in consequence of a portion of this sting—viz., the narcotising effects of alcohol—that brandy, which when I first went to India some thirty years ago was with many medical officers a sheet-anchor in the treatment of cholera, has now been abandoned, ether and other diffusible stimulants being substituted for it.

The appetite in neuralgia is apt to be capricious, owing to frequent recourse to alcoholic pain-killers, as it is also by drinking too much tea, which is a common cause amongst the poor in this country not only of flatulence (called by them wind spasm), but of gastrodynia. What opium does in arresting appetite and the waste of tissue in the East is effected by tea amongst our working classes—the abuse of tea is, unfortunately, not limited to them—in the West; and the excess to which it is taken often does infinite harm to the nervous system. A lady in England once wrote to her husband in India: "If you wish ever to see me again, come home at once; I am very ill." She asked her medical attendant to write, too, which he did; and gave her a sealed note to be enclosed in her own letter. His words were: "Stay where you are; if your wife would only take less tea she would be quite well." The quantity of tea that is drunk—hot tea, too—in some families is surprising. Beginning in the early morning, even within an hour or so of breakfast, they drink it at varying intervals throughout the twenty-four hours, both *at* and *between* meals; and then wonder that their appetites are so bad. Such persons are peculiarly liable to neuralgia.

Neuralgic patients are often broken down in health; hence the paramount importance of attending, primarily, to the digestive system, and of building up the framework by its means. As in many other disorders, so *a fortiori* in neuralgia, we shall acquire considerable vantage ground by improving the appetite, and encouraging the patient to satisfy it with good flesh-forming and heat-producing food, and abstaining as much as possible from fluids of any description. A few minims of dilute nitro-hydrochloric acid, either alone, in water, or some bitter infusion—*cheretta* for preference—taken immediately before a meal, will often act like a charm in inducing an appetite and promoting digestion. Doubtless there are other equally efficacious promoters of appetite and digestion; but I am quite satisfied with the nitro-hydrochloric acid. Cod-liver oil does good in almost every case; and, provided the patient will live rationally and abide by rules applicable to his or her own particular case, is frequently the only medicine that need be taken.

In this connection I will give the outline of a most unpromising case of migraine that came under my observation about four years ago.

A well-known Manchester merchant, whose business was very extensive, requiring continued and close application, consulted me on account of this disease, which made his life wretched for some thirty-six hours once in ten days or a fortnight. Everything, he said, had been tried, but he was as bad as ever. I felt satisfied that unless he could take more rest the disease would never leave him, do what we might. Yachting in the Mediterranean had been recommended; and in this I cordially acquiesced. A few days ago I received a most satisfactory letter from the gentleman, in which he says: "I have been gradually relieved of my former suffering, and have been quite free for the past twelve months; but I attribute much of this to taking longer rest, as each of the last four years I have spent from two to four months yachting. My medical man also put me under a tonic plan of treatment by a preparation of steel. . . . The steel improved the appetite; and a liberal diet, with fresh air, have added flesh to my body, so that with ordinary care I am well able to stand a considerable amount of work and fatigue without suffering any consequences." This result is especially gratifying and encouraging, as the patient is over 50; he had suffered for many years; and the disorder is in his family. The neuralgia-suffering public are (naturally enough) eager to take a dose that will kill the pain; but they are not so ready to lead the rational life, or go through a course of treatment, which might prevent its advent. Yachting can, of course, be indulged in only by the few; and the taking rest is, in too many cases, synonymous with starvation. Still, it is satisfactory to know that, where our advice can be followed, the results will usually justify us in having given it.

I have so far spoken only of neuralgia, pure and simple. But there are some disorders in which it comes to be the most prominent feature—constitutional disorders upon which the neuralgia has, as it were, engrafted itself; and the cure of which in many cases involves the cure of the disorder, though in others remedies suitable to both are required—*e.g.*, gouty and rheumatic neuralgia, syphilitic neuralgia, &c.

Anstie states, and so far as my own experience has gone I can endorse his statement, that syphilis is not a powerful factor in causing neuralgia. It induces motor-paralysis readily enough, but it does not so readily affect the sensory system.

Periodicity, if carefully sought for, will usually be discovered. Major W. consulted me on account of gout in his right great toe. There was considerable pain and some swelling, the surface being of a dull red. Major W. begged for leeches. He had often, he said, had such an attack before, and leeches had always relieved him. The pain was always worse about bed-time. Ten grains of quinine with a quarter of a grain of morphia, given on two successive evenings about 9 o'clock, removed all pain without the aid of any local application, to the great joy and surprise of the major. The swelling quickly subsided.

Corporal L. was admitted into the regimental hospital of the 4th Europeans, of which I was then in medical charge, at Lucknow. He complained of rheumatism in the right knee-joint, extending down the leg to the ankle, which was also involved. He had contracted the disorder in Burmah two years previously, and had several times been in hospital on account of it. In this case, too, the pain was worse as evening advanced. He was treated much in the same way as Major W., and left the hospital well and fit for duty in a few days, saying when he went that he had expected to remain as many weeks.

Colonel C., then resident at Nynee Tal, (a) somewhat

(a) Nynee Tal is a somewhat damp sanatorium.

of a *bon vivant* (and whose father died of gout in the stomach), had a severe attack of neuralgia in the right eye. For three successive nights he endured the agony, which was indescribable, without seeking for medical aid; but on the morning after the third night he sent for me. I treated him on the old orthodox plan for gout (it was thirty years ago) without the slightest benefit accruing. The pain recurred under this treatment for two consecutive nights as violently as ever. Towards the night of the third day I gave the patient twenty grains of quinine with a quarter of a grain of morphia. The medicine made him very sick, and the tinnitus was great; but there was no pain. Henceforth the remedy was in his own hands. Attention to diet, a gentle aperient when necessary, followed by a few grains of quinine (without any anodyne) when he had reason to expect an attack, always staved it off.

(To be continued.)

Clinical Records.

MATER MISERICORDIÆ HOSPITAL.

Case of Disarticulation of the Hip for Sarcoma of the Thigh.

Under the care of P. J. HAYES, F.R.C.S.E.,
Senior Surgeon to the Hospital.

I HAVE selected for publication in the *Medical Press* the case of a patient who recently underwent disarticulation at the hip-joint for removal of a sarcoma affecting the thigh. This patient was treated at different periods in the Mater Misericordiæ Hospital, and I am indebted to my friend Mr. Coppinger for memoranda respecting the case, which he kindly copied from his operation register, and which I have incorporated with other particulars in the following report:—

Maria S., a healthy-looking, dark-complexioned girl, at the age of eighteen began to experience pain, attended with a very slight degree of swelling, about the outer side of the right knee, and it would appear that this pain was not the result of any injury to the joint. The girl early sought professional advice, and the surgeons whom she consulted came to the conclusion that the affection from which she suffered was of a neuralgic character. The girl, however, was not at all of a nervous temperament, and furthermore, pain was experienced only when the joint was subjected to movement, or when pressure was applied over its external aspect. For two years the patient tolerated the pain which walking caused her, but then she became so lame as to be no longer able to work, and consequently she applied for admission at the Mater Misericordiæ Hospital. She was placed under the care of the late Mr. Tyrrell, and, as all ordinary measures failed to afford her relief, he determined to carefully cut down upon the outer side of the knee and explore the painful region. This operation was performed March 3rd, 1875, and Mr. Tyrrell exposed a small tumour, which seemed to be adherent to the imperfect capsule of the joint. I believe Mr. Tyrrell looked upon the growth as being of neuromatous nature; he did not remove it, and the wound was allowed to heal by granulation. Then the girl returned to her home in the country.

After the lapse of two years Maria S. was again admitted to hospital and placed under my care. At this time her sufferings had increased very much, and the circumference of the affected knee was notably greater than that of the healthy joint. Indications now pointed to the probability of there being loose bodies within the articulation; and having consulted with my colleague, Mr. Coppinger, I decided to open the synovial cavity, using full antiseptic precautions. The joint was opened April 18th, 1877, and three fragments of what seemed to be calcified cartilage were at once detected and removed; at the same time the synovial membrane at the outer part of the knee felt under the finger as though it had undergone well-marked pulpy thickening. Painful startings of the limb were experienced during the first forty-eight hours following the operation, then they subsided, and on the third day complete union of the wound was found to have taken place.

A note of the case written in the month of June, 1877, mentions that the patient continued to suffer from pain, and disability of the joint, but that local temperature was not

abnormal, and there was not wasting of the limb. In the following August I resolved to excise the knee, as I had excellent reason to believe that pulpy change of the synovial membrane existed; also it was clear that rest and other appropriate treatment had failed to produce any favourable impression upon, or even to arrest the progress of the disease.

When the day for operation arrived I found I was singular in holding the view that my patient's case was sufficiently grave to demand excision. I consequently yielded to the judgment of my colleagues. The skin over the outer side of the knee was cauterized with the hot iron. I put up the limb in a gypsum case, and shortly afterwards the girl was recommended to leave hospital.

Early in December, 1879, Maria S. entered hospital for the third time. The condition of her knee had steadily progressed from bad to worse, and she had resolved to undergo whatever operation might be deemed proper to rid her of the diseased joint. At this period the knee presented a very peculiar appearance. Though somewhat globular in form, it was unequally enlarged, and on the outer side two nipple-like projections were to be noticed. The projections were about the size of walnuts; they were so soft as almost to seem fluctuating, and the skin covering them was extremely thin, smooth, and red almost to lividity.

The girl was made aware that in the opinion of the surgeons it would be necessary to amputate through the thigh, but at her particular request I promised to make such an incision as would expose the growth and afford an opportunity for excising the joint in the event of there being a possibility of saving the limb.

On December 18th the growth was laid bare by a curved incision carried across the knee. It proved to be a sarcoma of soft, marrow-like consistence, which covered, and to a certain extent penetrated, the outer condyle of the femur, over which it ascended for a distance of two and a-half inches. Amputation was performed well above the tumour, the girl recovered rapidly, and a few weeks later she returned to the country in excellent health. Mr. Copinger kindly prepared sections of the tumour. It proved to be spindle-celled sarcoma, which seemed to have become incorporated with the synovial membrane of the knee.

Last December (1881) Maria S. once more became my patient. She stated that for six or eight months after amputation her health remained in very good condition. She then noticed the development of a swelling more or less circumscribed which formed in the lower and anterior part of the stump. This growth soon became tender and painful. Ultimately the skin covering it became the seat of ulceration, permitting the protrusion of a fungoid mass, which bled freely under the slightest provocation. Of late hæmorrhages had become so frequent as well as profuse that her life was at times placed in extreme danger. I found the girl in a very depressed state of health; she presented quite a blanched appearance; and it was evident she must have recently lost a large amount of blood.

Examination of the diseased part revealed the existence of a large sarcomatous growth, which gave a bulbous form to the lower extremity of the stump. A circular, well-defined aperture in the thin and livid skin gave exit to a soft, friable fungus, which was in part covered with adherent blood-clots. The cicatrix of the amputation wound was altogether behind, and distinct from the tumour.

It was not easy to determine the origin of the sarcoma, but as it was evidently connected with the lower end of the divided femur, I judged it as being likely to have such relations with the bone as to render disarticulation at the hip-joint the only suitable procedure for effecting its complete removal. The patient accepted my proposal, and on Jan. 12th in the present year I performed disarticulation according to the method practised by Mr. Furneaux Jordan, of Birmingham. Very little blood escaped through the wound during the operation, but movement of the stump caused the sarcoma to bleed so freely as to necessitate the application of a tightly drawn roller above the fungus.

The girl remained in a very prostrate condition for some hours, but the administration of two hypodermic injections of ether caused her to rally, and she made an uninterrupted recovery. I may add that, under antiseptic dressings the wound united throughout by adhesion, save where two drainage tubes were inserted to secure exit for serous discharge.

Maria S. is now at home; she seems to be in particularly good health; but it remains to be seen whether secondary

development or local recurrence of sarcoma may not again bring her under observation at hospital. Mr. Copinger mounted sections of the sarcoma, which exhibit the spindle-celled structure of the growth.

The history of the foregoing case is peculiar and interesting. The sequence of events, so far as morbid action is concerned, would lead to the conclusion that at first neoplasms formed in the substance of, and probably also external to, the synovial membrane. Then three masses of dense consistence became pedunculated within the articular cavity, whilst at the same time prolonged irritation caused inflammatory (?) thickening of the synovial membrane. Later, it would seem that the comparatively simple tissue-change produced by inflammatory action gave place to cell-growth of sarcomatous character, and in time the existence of this process at one part so affected or impressed neighbouring masses of protoplasm as to determine in them a repetition of the process which became notable after removal of the primary growth.

The recurrent tumour seems to have sprung from the periosteum and other fibrous investments of the femur; hence it is probable that a very high amputation through the femur would have afforded a prospect of security against repetition of the disease equal to that obtained by disarticulation at the hip.

It may not be superfluous to append a few remarks respecting the conditions which seem to determine the appearance of loose bodies in joints. Fischer, of Breslau, has analysed the views of various writers respecting the origin of such bodies, and the following summary will serve to represent his conclusions.

Loose bodies suddenly appearing in previously healthy joints will probably depend upon the detachment, by injury, of a fragment of articular cartilage, with perhaps a layer of the underlying bone. Any such loose body will be dense in substance, and likely to persist, causing distress and recurrent attacks of synovitis (Paget, Teale).

Hunter and Virchow believed that blood effused within a synovial cavity might become hardened, or even calcified, but according to Fischer the presence of any such effusion will be of temporary duration only, as complete absorption will take place after the lapse of a few months.

Intra-articular masses of fibrous consistence were described by Ambrose Paré, who thought that partial coagulation of synovia might occur; but plastic exudations from the synovial surface constitute the masses to be observed in the synovial fluid, constituting the hydrops fibrinosus articuli of Volkman.

Growths of inflammatory origin may, as Rokitsky pointed out, become developed in portions of the synovial membrane, more especially in the fringed processes, and either remain as pedunculated formations, or, by atrophy and rupture of the pedicle, be set free within the joint.

Laennec and Billroth describe the development of more or less dense masses in the deep strata of the capsular investment of a joint, their inward bulging, or inversion of the synovial membrane, allowing the growths to project into the joint, until ultimately they become pedunculated, and possibly even detached as loose intra-articular bodies. Such bodies may be fibrous, cartilaginous, calcified, or bony.

With regard to treatment, sometimes when the body can be slipped into a superficial fold of the synovial sac it may, as Gooch recommended, be kept out of harm's way by carrying a couple of tightly-applied strips of adhesive plaster over the skin at either side of the mass, which can be caused to bulge in the elliptical space between the straps. This, with rest, as enjoined by Hilton, and the application of a small blister to the exposed skin covering the mass, will in some instances secure fixation of the body in such a position as shall preserve the patient from pain or injury.

Abernethy used to extract loose bodies through a valvular incision. Iarry preferred making a subcutaneous wound of the synovial membrane, through which the loose body could be slipped into the tissues outside the joint. Syme favoured the plan of making a subcutaneous wound through the synovial membrane and into the body. Then he applied a blister over the region of this subcutaneous wound, in order to determine adhesion of the mass to the synovial wound.

In the present day Listerism enables us to open joints and remove from them morbid formations without exposing our patients to the dangers which heretofore rendered ingenious surgical devices necessary. A word respecting Jordan's mode of performing disarticulation at the hip. The operation practically consists in making a vertical incision from a point a

little above the hip-joint to the outer side of the femur and carrying the wound for a considerable distance down the thigh. The surgeon can through this longitudinal wound separate soft tissues from the anterior, inner, and posterior aspects of the femur, up to the hip-joint, without incurring the risk of exciting hæmorrhage. The ligaments of the joint next require to be divided, when the upper part of the femur can be caused to emerge through the incision. The soft structures of the thigh are then to be compressed and severed either transversely or obliquely, the vessels can be at once secured, and closure of the wound effected.

The advantages of this procedure are obvious: the patient is saved from much loss of blood, and there is no need for using Davy's lever, an objectionable instrument, which has inflicted fatal injury even when employed by the skilful hand of the inventor.

The amount of shock is considerably less than that which must attend disarticulation otherwise performed, and the wound is so placed as to favour free drainage as well as early union. The operation, however, requires more time for its performance, and is less showy than disarticulation effected by Liston's transfixion method.

The foregoing report was written several months since, but its publication was postponed in order that the lapse of sufficient time should be allowed to enable me fairly to judge whether the operation was likely to prove successful in ridding the patient of sarcomatous disease.

Some difficulty was experienced in discovering the patient's address, and to the courtesy of Mr. Cornwall, Secretary to the General Post Office, I am indebted for information that the woman is now in good health. The subjoined letter was lately received by Dr. Thunder, House Surgeon to the Mater Misericordie Hospital:

Ballinamore, Nov. 22, 1882.

DEAR SIR,—I hope you will pardon delay in answering your very kind letter sooner. I was away in a friend's place when your letter came. I only received it on my return, two days ago. I wrote Sister M. Borgia how I was getting on. I am happy to tell you I never was in better health. No tenderness or soreness about the stump; has its natural colour same as rest of my body; never felt a pain since I left the hospital. I would venture to America if I thought I would be accepted on board vessel.

I hope Mr. Hayes will not think it ungrateful of me not writing himself, after having saved my life. Surely were it not for his extraordinary anxiety and trouble with me, I would not be on the lands of the living to-day. If there was a photographer here, I would send him my carte, as he could not imagine how I am improved in strength and appearance. Only my circumstances would not afford it, I would not think it too much to go see him, but I regret not having means to do so.

I remain,

Yours respectfully,
MARIA S.

Special.

LONG MARCHES.

At the present time, when on all sides, and very justly, praise and admiration are expressed for the troops who, by a rapid and forced march across the desert from Tel-el-Kebir to Cairo, contributed to the success of the Egyptian Expedition, it is well that the circumstance should be remembered that during the Indian Mutiny some marches of a much more notable character even than that one were performed by British Infantry, and at a season of the year when the heat of the day was absolutely intense; one such march deserves special record. After Azimghur had been "relieved" in April 1858, a field force was despatched in pursuit of the defeated rebels, who fled towards the Ganges. That force consisted of the 10th and 84th regiments of British Infantry and Royal Artillery; the troops who formed it had previously undergone a succession of long and fatiguing marches from Lucknow, including two somewhat severe engagements against the mutineers. They resumed their march with alacrity from

Azimghur, however, and in three days and a-half had completed a distance of one hundred and four miles. What constituted the peculiarity of this march was the season of the year in which it was performed and the very great heat then prevailing. There are other marches which deserve to be noticed. In 1706 the 34th regiment, in order to come to the "relief" of Barcelona, marched, or, more properly, were carried on mules, over a distance of forty leagues in two days. In 1745, after the battle of Fontenoy, a body of troops, composed partly of 42nd Highlanders and Dutch, was employed in covering the march of a garrison of Austrians to Mons. In the last day's march of more than thirty miles along a sandy road, and at the end of June, the Dutch troops became overpowered with fatigue, but not a man of the Highlanders had to be left behind *en route*. In 1777 the 10th Foot marched from Kilkenny to Dublin, a distance of seventy miles, in twenty-four hours. On the 18th July, 1801, this same 10th Foot, together with the 8th Hussars and 61st Regiment, started from Kossier. They suffered much from excessive heat, thirst, and fatigue during the ten days occupied by them in crossing the Desert; yet, when at the end of that time they reached Kenneh on the Nile, their whole loss was only one man by fatigue. This circumstance is of importance, as furnishing a standard of comparison in regard to recent events. On 16th of June, 1815, the 1st Royal Dragoons marched fifty miles to Quatre Bras, reaching that place at dusk and after the battle had ceased. In 1826, during the first Burmese War, the 1st battalion of the Madras (native) Sappers and Miners marched in the hottest period of the year at the rate of twenty-five miles per day for fifteen days without a halt.

COLONIAL MEDICINE.

At the International Colonial Exhibition which is to be held at Amsterdam from May to October, 1883, it has been decided, on the invitation of the Dutch Association for the Advancement of Medical Science, that a section representing Colonial Medicine shall be opened simultaneously with the Colonial Exhibition; the object being defined as of a strictly scientific character—viz., to promote our knowledge of the sanitary and medical conditions in the Colonies. This section will be divided into three classes.

The first class will embrace everything relative to the public health in the colonies and transoceanic possessions. It is generally admitted that the welfare of colonies is closely connected with the health as well of the European population as of the natives, but the opinions as to the best way to attend to the health of the population under the various conditions of climate, tropical diseases, customs and habits, are still unsettled, principally from want of a sufficient knowledge of facts. This section will serve, it is hoped, as a guide to the Governments in introducing sanitary improvements or in remedying the existing defects in the various colonies.

The second class is of equally practical importance. It will be devoted to all data connected with the organisation of the medical service in the colonies, in regard to which the several colonial Governments follow different systems, and it is only by a careful study of them that a correct judgment can be formed as to the best system to be adopted.

The third class will have for its scope the attendance to the sick and wounded, and their transport, and also their treatment by the natives. In all civilized countries this attendance is a subject of public care and interest; but in the colonies there are special circumstances to be taken into consideration, such as are connected with the nature of the tropical diseases, the habits of the population, and the difficulties in obtaining the

necessary means for the proper treatment, transport, and attendance of the patients. It is not too much to say that a collection, as complete as possible, of everything bearing upon this subject would be instructive in the highest degree. A comparison of what is achieved in the colonies under extraordinary circumstances with what is done in the mother countries will undoubtedly lead to results beneficial both to science and humanity. This class will also comprise everything connected with the mode of treatment of the sick and wounded by the natives themselves. Both the natives and the colonists are in this respect actuated by the same motives of humanity, but the means they use are different. Although it may be contended that the means employed by the natives are for the greater part of a primitive character, yet it should not be forgotten that many medicaments and modes of curing applied in medical science have been discovered by these very natives, and their salutary effect acknowledged by popular experience long before they were used in scientific medicine. All objects relative to these modes of treatment by natives, even those of which the origin is not or little known, will be very welcome to the Committee. The Committee is well aware that these three classes do not comprise all that a programme of a medical exhibition relative to colonies should contain in order to be in any way complete; nor does the Committee forget that in the subdivisions of the three classes a great many things are omitted that are important in more than one respect. But in view of the limited time allowed before the opening of the Exhibition, the Committee has been compelled to confine itself to the three classes mentioned. As, however, the subject is one of a strictly scientific character, it is, of course, not intended to exclude whatever may not have been specially mentioned. On the contrary, every contribution which may serve to promote the object of the Medical Exhibition will be thankfully received. The space allotted to the Medical Exhibition being a limited one, the models, plans, drawings, &c., of the objects will be preferred to the objects themselves, if the latter should be too voluminous. This, however, does not apply to those subdivisions of classes for which objects *in natura* have been solicited. The space required for the Medical Section will be allotted free of any cost. Objects of a commercial or not strictly scientific character will not be admitted. Exceptions may be made in such cases where duplicates are already exhibited in one of the other sections.

The objects intended for the Medical Section will be received up to the 1st April next, and the packages should be marked, "Exhibition of Amsterdam.—Section: Colonial Medicine."

It is intended to hold an International Congress for Colonial Medicine during the Exhibition in September, 1883, the programme of which will be published in due course.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TYPHOID FEVER.—The epidemic of typhoid fever, which I may say in passing, is decreasing sensibly, recently occupied a whole *séance* of the Academy of Medicine. M. Gueneau de Mussy opened the discussion on the cause of the affection. He reminded his colleagues that in his work upon the causes of typhoid fever, which he presented to the Academy four or five years ago, he insisted that the malady was contagious and specific, and affirmed that its origin, in almost every case, should be placed in the alvine evacuations of the patient. This idea has been since generally accepted, and in consequence, the utmost attention

should be bestowed on the manner in which the dwellings are drained. He considered that the whole system of the sewers in Paris was entirely inadequate to the increase of the population, and flushing was not sufficiently performed. The dwellings of the poor were in a wretched state, the air respired was largely charged with emanations from the water-closets. Prophylactic measures should be urged on the Corporation before any chance of stamping out the epidemic of typhoid fever or of diphtheria, which latter disease recognised, in many cases, the same cause. He thought that compulsory notification of all infectious diseases should be brought into practice, in order that the rich should be forced to take proper sanitary precautions at their own expense, and that the town, in the case of the poor, should furnish the means necessary. M. Rochard quite agreed with his learned colleague, and was also of opinion that the disease in question was the outcome of over-crowding and filth. It attacked in preference, young men badly nourished, badly lodged, and over-worked. As to over-crowding being a powerful cause of the affection, the evidence was incontestible. In barracks it was not rare, and in Paris, where in 1874 the number of deaths from diphtheria and typhoid fever were comparatively few, in 1881 they had more than doubled; the same might be said of small-pox, measles, and scarlatina. The present epidemic has carried off already 2,300 persons, which was a number really considerable, but within the last few days the fever has assumed a more benign type, the death-rate being one in fifteen. He considered this disease might be justly attributed to the change in the atmosphere, the heavy rains having washed the houses from top to bottom and flushed the sewers. As to the prophylactic measures, he considered that the value of disinfectants was exaggerated, and especially the necessity of isolation in typhoid fever, which was not nearly so transmissible as small-pox or scarlatina. Up to the present, only twenty-five cases originated in the hospitals, and not a student, surgeon, or nurse has been affected. He advocated the drawing up of a report, to be presented to the Board of Health advising strict sanitary measures to be taken with the least possible delay. M. Hérard being invited by M. Guérin to give his treatment of the fever in his hospital practice, replied that he found the sulphate of quinine in large doses (40 to 50 grs.) to be of the most use. The patients bore it very easily, taking it in wafers. He tried other remedies such as salicylic acid, warm baths, &c., but not with such good results. M. Bourdon doubted that the patients were able to absorb the quinine, unless they were given subsequently acid drinks. Another member thought the classical remedy of purgatives, with proper sanitary precautions, the best treatment. The treatment of M. Hérard was undoubtedly very expensive, although he could not see what inconvenience such a large dose of quinine could cause.

CHLORATE OF POTASH IN CANCEROID AFFECTIONS.—This salt as an application to canceroid affections, such as epithelioma, lupus, &c., has not met with the encouragement it deserves. A medical man has just treated, in a very effectual and rapid manner, a case of the latter by the application of the salt in powder. From the first, the ulcerated surface began to improve, and in a month cicatrisation was complete. No other treatment was used, although previously many other things were tried. The disease was of five years standing.

M. BURCQ ("Comptes Rendus") shows that copper has a powerful disinfective and antiseptic action.

Transactions of Societies.

OBSTETRICAL SOCIETY OF EDINBURGH.

THE Society met in their Hall, St. Andrew's Square, on Wednesday last, 29th November, Dr. Carmichael, Vice-President, in the chair.

Dr. HART exhibited a pregnant uterus about the third month.

APPOINTMENT OF A PATHOLOGICAL COMMITTEE.

Dr. HART then opened a discussion on the appointment of a Pathological Committee by the Society. After regretting that many valuable specimens, and also that much pathological knowledge, was lost under the present regulations of the Society, Dr. Hart pointed out that in Vienna and other Continental countries pathological examinations were made by special officers, who were bound by law to remove and examine the pelvic organs in each case. He indicated further the great value of pathological work as shown in the recent advances in the pathology of the cervix. Treatment in gynecology was always, unfortunately, in advance of pathology. There were, moreover, so many subjects of dispute in pathology, that all material coming before the Society should be utilised. In this way, he had no doubt, there would be advances made in pathology. He then took up the question of how this Committee was to set about its work, and, in conclusion, indicated the nature of the preparations wanted—only parts removed by operation, ovaries removed in Battey's operation, female fetuses, menstruating uteri, pregnant uteri, &c.

The Council proposed Drs. Buist, Chapman, Murray, Foulis, Underhill, and Hart as the Committee; Dr. Berry Hart to be convener.

Dr. CARMICHAEL stated that other societies had found it necessary to appoint such committees, and the idea met with his entire approval.

Dr. PETER YOUNG thought there could be no difficulty in the appointment of such a committee, individual rights in such specimens not being interfered with, the possessor being allowed to make his own remarks and give a description himself of the specimen.

Dr. CHAPMAN suggested that the Fellow sending the specimen should become one of the Committee for the time being.

Dr. CRAIG objected to Dr. Chapman's suggestion, and stated that the Committee would have the full confidence of the Society, and that a mutual arrangement between the exhibitor and Committee might be made.

Dr. CROOM seconded Dr. Chapman's motion, and held that the exhibitor ought to have full power over his specimens.

On the suggestion of Dr. CARMICHAEL the matter was referred to the Council to frame by-laws as to the duties of the Committee and other matters of detail.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

FRIDAY, DECEMBER 1, 1882.

The President, Dr. HART VINEN, in the chair.

Dr. THUDICHUM on the

CHEMICAL DISEASES OF THE BRAIN AND SPINAL CORD.

In this paper the author described the chemical changes of the nerve centres in such diseases as chronic alcoholic infiltration, softening of the brain, locomotor ataxy, and "cerebral glycosuria." No treatment, he contended, was rational in such cases which was not directed to the central nerve lesion; and if that lesion was chemical, the remedy must be chemical also. Locomotor ataxy, he held, was a disease in which took place a gradual destruction of colourless nerve fibres, and a formation of bodies termed amyloid bodies, which gave a reaction similar, but not identical, to that given by starch granules. This amyloid matter was closely related to, perhaps identical with, cellulose. There was no similarity between it and the amyloid degeneration of the liver, which gave rise only to a brown discolouration with iodine. In locomotor ataxy there also might or might not be increase of fibroid tissue. The disease passed from below upwards with varying degrees of rapidity, and he had known

death to be produced in the shortest case in one year, in the longest in thirty years. The author then proceeded to describe a body which he had isolated from brain matter, in some quantity, namely, phrenosin. Phrenosin formed about five per cent. of the brain by weight. It contained an alkaloid called sphingosin, a fatty acid, neurostearic acid, and some water. In disintegration of the white matter which took place in such a disease as locomotor ataxy, the cerebrose radical was set free and passed into celluline. As to the phosphorized and nitrogenous principles of nerve matter, these were of three classes. In the first class, the proportion of phosphorus to nitrogen was as 1 to 1; in the second class as 1 to 2; in the third class as 2 to 2. The bodies so produced were intimately connected with the production of vital energy. They were formed in every centre of life action, the blood corpuscles included, and a celebrated German philosopher had said there was "no thought without phosphorus." They had an enormous property of becoming colloid by the absorption of water, and became crystalloid again immediately upon the abstraction of water. This powerful attraction for water prevented disintegration. Chronic alcoholic infiltration was to be treated by washing out the alcohol from the tissues by large quantities of water. Natural wines he had found peculiarly useful in this respect. In acute and chronic softening there was accumulation of phosphoric acid and of cholestrin. Lactic acid existed in the brain in the proportion of one-tenth per cent. Its faulty excretion in fevers produced delirium, and it had been said that its accumulation as a result of fatigue produced sleep. In concluding, the author asked his audience to set aside anatomy and consider the brain as a lump of chemical matter, as a celluloid septum or wall, on one side of which is arterial blood and on the other venous blood and cerebro-spinal fluid. The chemical constituents, if present in proper proportions, by their reaction on each other, maintained the organ in a state of health, but if the normal proportion was disturbed some form of cerebral or spinal disease followed. Dr. Thudichum's paper, which was of great length, was abundantly illustrated by diagrams, specimens, and experiments. It was listened to with marked attention, but it was evident, from the slight discussion to which it gave rise, that it had been too learned and abstruse for most to follow, and the President and one or two other gentlemen expressed a hope that the author would be able to render his doctrine practicable by pointing out the exact chemical changes which took place in each disease, and the exact chemical agents to be used as remedies.

Dr. GODDARD ROGERS on a certain

CHALYBEATE WATER.

The use of iron as a tonic, the author observed, was nowhere more marked than in the debility which followed rheumatic fever. This debility was greatly increased by the toxic effects produced by the empirical use of a remedy lately introduced—salicylic acid. Although our knowledge of the pathology of rheumatic fever had increased, the author would hold that our knowledge of treatment had not, and he still agreed with old Dr. Warren that six weeks was needed for its cure. The reputation of our English chalybeate spas was mostly confined to their immediate vicinity. Pyrmont was looked upon as the place whence strongly impregnated iron water must be obtained, and nine-tenths of those who drink it believe that it must be very superior, as coming from abroad, or if they go to the source to drink the water, they are more indebted for a cure to the regular course of life enforced in many Continental establishments than to the healing spring. During the last five years Dr. Rogers had used a remarkably powerful chalybeate water, discovered within forty miles of London, at Flitwick, in Bedfordshire, and its undoubted use to enfeeble rheumatic patients had caused him to speak briefly of rheumatic fever. The Pyrmont water contained 12 grains of iron to the gallon; the natural water of Flitwick 144 grains of oxide and carbonate of iron in the same quantity; and, unlike the Tunbridge and other English waters, it remains intact and active for many months. Dr. Rogers regretted that the use of such a valuable remedial agent had been prohibited by the authorities of the West London Hospital.

Mr. KEETLEY defended the action of the hospital authorities.

NATIONAL INDIAN ASSOCIATION.

Surgeon-General HUNTER, late Principal of the Grant Medical College, Bombay, in the Chair.

A MEETING was held under the auspices of this Association on Tuesday, Nov. 28th, in the rooms of the Medical Society of London, when an interesting paper was read by FRANCES E. HOGGAN, M.D., M.K.Q.C.P., on

MEDICAL WOMEN FOR INDIA.

This paper, with which Dr. Frances Hoggan opened the discussion, was the outcome of a series of papers on the same subject, which had culminated in an article by her in the *Contemporary Review* of last August. That article had excited considerable interest in India, in both native and European lay and professional circles, and she had a large number of communications made to her by eminent members of the profession in India, containing friendly criticisms and advice, which she considered would form a valuable basis for the discussion of the evening. Her original proposal, as contained in the *Contemporary Review*, was that, as nearly the whole of the medical profession in India was more or less maintained by Government, some provision ought also to be made by it for the medical treatment of the native female population, a large proportion of which, in consequence of various special causes, were left practically unprovided for. Some misconception as to her views had occurred through her having quoted the estimate made by Sir Salar Jung, and repeated by Dr. Acland, of the number of medical women that might be utilised in India, her own opinion being that only very few could be immediately provided for, or indeed supplied. The general tenor of the remarks made by her professional correspondents was, to the effect that, while they were certain that there existed a very great need for a few highly-trained medical women in India; the Government was too poor to go to the expense of superadding a female medical service to the already complex and costly medical establishments. It might, however, they thought, be induced to do something if private effort were to first set the movement working, and show both its practicability and the pressing need for it. On this point Surgeon-Major Temple-Wright, writing from Nagpore, in the Central Provinces, was very explicit, and he strongly advised any ladies coming out to attach themselves, for protection, to some mission station, but only as professional advisers, and unconnected with either teaching or preaching. Dr. Harvey, the Professor of Midwifery at the Bengal Medical College, expressed himself in a similar manner with regard to the need of medical women for India, and related that one well-qualified lady medical missionary had lately come to Calcutta, whose help and skill he would often gladly utilise, but was prevented from doing so by her refusal to give help unless allowed "to improve the occasion" for proselytising. The most practical proposal made to her, and which elicited the unanimous approval of the meeting, came from Mr. Kittredge, a prominent and influential citizen of Bombay, who offered, on the part of many of his native friends, to raise a guarantee fund, which would ensure outfit and passage out and home, and provide a minimum salary for some years, sufficient to ensure comfortable living for two or three skilled medical women, in Bombay. They might also supplement their guaranteed salary by private practice. In conclusion, Dr. Hoggan said that even if her proposal for the establishment of a Government service of medical women for India, working in harmony with the existing civil medical service, but co-ordinate, and not subordinate to it, be considered as yet premature, opinions could hardly be divided as to the duty of insisting that State-maintained and State-aided medical institutions, shall no longer refuse to provide medical teaching for such native women students as may desire it. To neglect this would be contrary to the spirit which Government had always shown in dealing with Indian educational and social questions.

In the discussion which followed, Dr. ELIZABETH BLACKWELL led off, by insisting very strongly that any woman who went to India should have, above all things, a thorough practical knowledge of operative midwifery, and not be satisfied with mere theoretical or examination knowledge, which, she feared, was at the present day too much the aim and end of the studies of the younger generation of medical women students.

Mr. PEDDER, of the India Office, testified to the com-

plete reliance that might be placed on any proposal emanating from Mr. Kittredge, and stated that he was authorised by Lord Hartington to express his fullest sympathy with the movement. Mr. Peile, the new member of the Bombay Government, had expressed similar sympathy, and his intention to give the project all the help that lay in his power.

Mrs. HECKFORD related her personal experience of medical work among the women of India, and gave it as her opinion that no medical woman ought to go to India unless under some kind of guarantee.

The Hon. AMIR ALI, as representing the Mahomedan community, considered any guarantee to be quite unnecessary. He and his chief co-religionists and compatriots had given the subject anxious consideration for some time past, and they were convinced that any lady settling in one of the Presidency towns, would, in a year or two, earn an annual income of from £2,000 to £4,000 without much difficulty.

Dr. GARRETT-ANDERSON insisted upon regarding the whole question from its financial aspect alone, and considered a guaranteed minimum salary an absolute necessity; without that she would advise medical women to stay at home, and not go to India.

Surgeon-General FRANCIS deprecated the leaving out of philanthropic considerations, while he condemned the practice which he knew existed among medical missionaries of giving medicine only when it was accompanied by reading a chapter from the Bible; this he considered was proving false to the initial principles of the medical profession.

The Right Hon. JAMES STANSFELD expressed, in a long speech his satisfaction with the progress the question was making; and hoped that ere long native women students would be enabled to acquire a complete medical education in India, which they might use for the benefit of their lay sisters.

The CHAIRMAN (Surgeon-General Hunter), also testified to the need of a guarantee, and pointed to the opposition that medical women would be sure to receive from the unrecognised, but not unqualified, native hakims.

Several other Indian gentlemen also spoke, and the proceedings terminated with a vote of thanks to Dr. Frances Hoggan for her paper.

THE excessive death-rate of 47·8 per 1,000 in a population of 119,000 was registered in Sunderland last week; the deaths exceeding the births by eight. Of these above one-fourth were of children under one year of age, who succumbed principally to measles and scarlet fever.

THE deaths from typhoid in Paris last week registered 79 against 250 six weeks ago. This is, so far as it goes, satisfactory; but these constantly recurring epidemics should be a sufficient indication to the sanitary authorities that the drainage of the city needs remodelling. We advise them to read carefully the discussion on the subject which occupied the last meeting of the Académie de Médecine, and fully referred to in our Paris correspondent's letter of the present issue.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Bolton 14; Wolverhampton, Birkenhead 19; Brighton 20; Salford, Nottingham, Huddersfield 21; London, Edinburgh, Leicester, Norwich 22; Halifax, Cardiff, Derby 23; Manchester, Newcastle-on-Tyne, Sheffield, Bradford 24; Preston, Bristol 25; Blackburn, Liverpool, Birmingham 26; Leeds, Glasgow, Portsmouth 27; Plymouth, Oldham 28; Dublin 29; Hull 32; Sunderland 47.

REGISTERED FOR TRANSMISSION ABROAD.

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Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 6, 1882.

COMING MEDICAL REFORM.

THE British Medical Association, through the agency of Dr. Waters, the President of its Medical Reform Committee, has taken the field for the coming Parliamentary campaign against the current abuses of medical education, and has enlisted the important aid and co-operation of all the important medical newspapers in the kingdom. A deputation composed of almost all the official representatives of the Association, and of the *Lancet*, *British Medical Journal*, and *Medical Press and Circular*, waited last week on Lord Carlingford and Mr. Mundella, at the Privy Council Office, for the purpose of urging the Government to proceed with medical legislation without further delay. Indeed, it can hardly be considered necessary to urge the matter on the attention of the Ministry, inasmuch as the wretched state of medical education and qualification, the imbecility of the General Medical Council, and the unimpeded existence of quack practice everywhere have been inquired into, substantiated, and officially declared by the Royal Commission which sat in the early part of the present year. Before that Commission the Scotch colleges, the effete licensing bodies, and the quacks were fully heard in their own defence and every opportunity afforded them to refute the charges which reformers have brought against them, and yet the verdict of the Commission was dead against them, as that of the profession has been for years past. The facts recapitulated in the statement of Dr. Waters were sufficiently conclusive to convince any one who is willing to learn, and they would convince the profession if it needed to be informed that for years past

a lucrative trade in the granting of diplomas to dangerously incompetent persons has been carried on openly under the eye of the General Medical Council. A few excerpts from Dr. Waters' statement are worth quoting, if only to remind our readers of what is going on in our profession:—

The evidence given before the Royal Commission, said Dr. Waters, has revealed a lamentable state of things in respect of the defective general education tolerated by the existing Medical Council, as shown by the grievous ignorance of English orthography, an ignorance which could not be met with, much less tolerated, in a common village schoolmaster. In my evidence before the Select Committee of the House of Commons, I adduced egregious errors in spelling committed in the course of his examination by a successful candidate for the degree of Doctor of Medicine. I refer to a candidate who spelled height "hight," region "regon," and so forth. In the examination of Mr. T. Cooke, a graduate of Paris, a successful private teacher in London, who prepares candidates for their examinations, he was asked by Professor Huxley:

4979. "Apart from the qualifications required for the B.A. degree, it is a matter of fact, is it not, that a vast number of the young men, when they come to their medical studies, cannot write a decent letter, and have not a notion of English composition?"—"That is the case."

So much for the necessity of improving the preliminary education of the candidates for a so-called learned profession. Now, as regards the granting of licences, entitling to registration as medical practitioners, it is notorious that candidates for the medical profession travel from one division of the kingdom to another, pass the first part of their examination in one division and the second part in another, and by thus, to use a familiar term, dodging different examining boards, gain admission to the *Medical Register*. Attempts have for years been made to establish a conjoint examining board in England. Supposing such a board established, candidates could still, as now, visit another division of the kingdom, and there acquire the coveted diploma, which will enable them to practise in England as well as elsewhere. Supposing one English body left out in any English projected conjoint board, the licence of the excluded body will entitle the possessor to registration, and thereby, however imperfectly he may have been examined, enable him to practise the profession in all its branches. In proof of the inequality of the present examinations, Professors Erichsen and Humphry (Royal Commission, 562, 1155) refer to the inequality of examination in England, as evidenced by the Apothecaries' Society of London. Dr. Jacob shows (1374) that 151 out of 232 Queen's College (Ireland) students obtained their diplomas from the Edinburgh colleges. It turns out that a very large proportion of the Irish students have, within the last fifteen or twenty years, taken their qualifications in Glasgow or Edinburgh.

Mr. Gamgee (of Birmingham) testified: (3229) "With regard to the Colleges of Physicians and Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons in Glasgow, I have known men get through these who had failed in our College of Surgeons repeatedly; and I have no hesitation in saying they were men who were utterly unfit to enter the medical profession. I have asked: 'How is it that A.B. went to Edinburgh or Glasgow? Can you tell me anything about what is the feeling of the students on the choice of examinations?' They have said, 'We know very well that the Scotch colleges give the easiest examination. If a man is plucked here, he can go there and, to use a student's expression, bring his ticket back.'"

3230. "Do you say that with regard to the Colleges of Physicians and Surgeons at Edinburgh?"—"Yes, I do."

3231. "That statement is made upon cases which have come within your own knowledge as a teacher?"—"Yes, I speak of men that are now upon the *Register*. I have

refreshed my memory by looking to see if they are still alive, and I know the men perfectly well."

3232. "Do you think there are many instances of that kind?"—"I know several." He further stated that "It has a most demoralising effect on the students."

Mr. Christopher Heath, F.R.C.S., Holme Professor of Clinical Surgery in University College, London, was questioned as to men who fail to pass the College of Surgeons.

3293. "Where do they generally go?"—"To Glasgow by preference, and sometimes to Edinburgh."

3295. "Have you yourself any knowledge from experience of the Glasgow Faculty?"—"I only judge by the results. I know that men who go up, who failed here, come back with diplomas."

3298. "Could you give us one or two particular instances, without mentioning the names?"—"I may mention one which occurred two years ago. A man was plucked the third or fourth time at the primary examination at the College of Surgeons in anatomy and physiology. He afterwards, at my recommendation, went to Glasgow, and came back with a double qualification."

Dr. Glover said: I see in yesterday's *Times* a case in point. In the list of those passing the examination of the College of Surgeons of England I noticed that of 26 who passed their examination in surgery in that College, 13 of them went down to Edinburgh and passed the examination in medicine. In that case they must either have failed in medicine, or have preferred to take one part of their examination in Edinburgh for a London diploma. That is an instance of the working of the system which has been shown to prevail by Dr. Waters. I hold a Scotch diploma. I am a graduate of Edinburgh, but I also hold the licence of the College of Surgeons of Edinburgh. I feel it a great hardship. This licence is only half a diploma, and it is a diploma that is spoken against. The authorities in London despise it, and hold my qualifications very lightly. I feel personally aggrieved, and I have tried to convince Professor Turner and others that we ought to seek this legislation so as to take away the disparagement which attaches to the holder of a Scotch diploma.

Lord Carlingford: Do you apply this to all the Scotch bodies?

Dr. Glover: To the Scotch corporations, not to the Scotch Universities, which are very strong indeed in examinations now. Unless we are all very much in the wrong, these Scotch licences are not equal to others, and they are spoken of by such careful speakers as Sir James Paget.

Mr. Macnamara: The Scotch graduates form a small proportion of the 25,000 registered medical men. Of that number, 17,000 are English, so that a small minority of the Scotch stand in the way of a change for the benefit of a majority.

Lord Carlingford: What is the state of Irish opinion? Is it in its favour?

Dr. Glover: The Irish practitioners are in favour of it. To these and other representations Lord Carlingford said: The deputation will easily understand that I am not able at this moment, on the part of the Government, to make any announcement whatever. And, on the part of the department, I do not know that Mr. Mundella and I can say more than that we are entirely at one with the deputation in believing and feeling that legislation upon the subject of medical education and licensing—and effectual legislation, too—ought to take place as soon as possible, and we certainly shall be very much disappointed here if that does not take place during the ensuing session. I have had no opportunity yet of bringing the matter before the Cabinet, but I hope to do so before long, and in doing so, what I have heard from you to-day will be a very important element in the matter, and, I think, a very great support to us here.

Mr. Mundella: I should be very glad if we could get the same support all round as is promised us by the British Medical Association. I know that we could pass

the Bill in the House of Lords, but it is quite another thing to pass it in the House of Commons. But this I am glad to recognise, that there is a general feeling in the profession that we did the right thing in appointing a Royal Commission, instead of letting the matter go to a Select Committee, where time would have been wasted in going into complicated matters brought forward by interested witnesses. Now there is no doubt that the report of the Royal Commission has greatly advanced this question, and our only difficulty is as to what will be the order of legislation; and as to that, as Lord Carlingford has said, it is not possible for us to commit ourselves. We do not know, when there is so much pressing business, how we shall proceed. At present everything is at a complete block, but I hope and trust that we shall remove all obstacles, and if we can do anything for you we shall be happy to do so. I have been reading a large amount of literature on this question, and I understand you want a Bill laid on the table of the House. Perhaps the Lord President will enable us to do that, and take a sort of preliminary canter in the House of Lords, so that we may get the thing through the Commons.

We are well pleased to feel that we are justified in interpreting the declarations of Ministers to this deputation as a definite promise that they will seriously and earnestly undertake medical legislation in the coming session if they can hope for the substantial support of the profession. They evidently feel that there is no escape from the necessity to grapple with the Parliamentary influence of the Scotch colleges, and that to do this successfully they will need every help which medical reformers can give them. That help we can unhesitatingly promise them, even though the Government Bill may not be everything that can be desired. We have already said that we look upon the Report of the Royal Commission as weak in its recommendations as to absolute uniformity of examinational standard curriculum and diploma fee throughout the three proposed examination boards, and also far from definite enough in its dealings with quacks, prescribing druggists, and unqualified assistants. In these respects we hope to find the Government Bill better and more thorough than the Report, and, if not, we shall make every effort to amend it. But, even if it should fall short of what is necessary and just in these matters, we feel certain that four-fifths of the profession will give it their warm approval and every influence which they can exercise in its favour. If the measure deals satisfactorily with the Scotch diploma trade, substitutes an executive and earnest Medical Council for the lethargic and distracted body which now misgoverns medical affairs, and gives us such law as will enable quacks to be checked in their nefarious trade, it will deserve the united efforts of the profession to pass it.

The British Medical Association has struck the first blow, and we trust that other bodies will not be backward in joining their forces for the good cause of reform.

PHYSIOLOGY AT OXFORD.

IN spite of the difficulties perpetually opposed to the fulfilment of founders' intentions as regards the study of medicine at Oxford, a steady progress in this direction is perceptible in changes which, however unpalatable they may be to "those in possession," are, notwithstanding, dictated by inexorable necessity. Foremost among recent indications of improvement is the extension of the University Professoriate, following the recommendations of the

Commissioners appointed to report on the two ancient seats of learning at Oxford and Cambridge respectively ; and it is a matter of some importance to the medical profession that the first appointment to be made under the new régime is one directly affecting its interests. We refer, of course, to the election of Dr. J. Burdon Sanderson to the Waynflete Chair of Physiology, the announcement of which appointment we were able to make in our last issue. This professorship is appropriately named after the founder of Magdalen College, inasmuch as the larger proportion of its endowment will be derived from the income of that College, the University supplementing it to a certain extent. Such employment of private funds, long vigorously contended against, is in every way a desirable and excellent arrangement, and cannot fail to result in largely increased advantages to the cause of education throughout the country. The medical profession as a body, moreover, has reason to feel satisfied with the discrimination displayed by the electors in choosing Dr. Burdon Sanderson to be the first incumbent of the newly-created chair. A faithful and devoted servant to science, a highly-skilled investigator, and a foremost leader of the party of research in this country, he is pre-eminently qualified to achieve the difficult task of infusing life and vigour into the somewhat dreary routine that has hitherto characterised the study of science at Oxford.

The Waynflete Professor's labours will be exerted for the benefit of the whole University, and his lectures will be delivered in the new museum buildings, where extensions have been devised to meet the increased strain its resources will have to undergo. The Department of Biology will consequently be divided into two parts, the Linacre Professor presiding over one—the Zoological or Comparative Section—while the Waynflete Professor will have charge of the second. The laboratory of Magdalen College, situate in the Botanic Garden, will, we assume, continue to be used for purposes of instruction in physiological chemistry and histology ; but its limited extent necessarily precludes its employment on any very extended scale either for lectures or for demonstrations. A good deal of useful work has been accomplished there in the past under the direction of Mr. Yule and Mr. Chapman, and it is to be hoped that the benefits thus derived will continue to be accessory to those obtained through University institutions.

Other names besides that of its present occupant have been mentioned in connection with the new Waynflete Chair of Physiology. No one, however, can be found to dispute the excellence of the final decision of the electors, who have undoubtedly consulted the best interests both of the University and of British science by the appointment they have announced. We would fain hope that it will prove the first of a series of important changes, the effect of which will be the restoration to the oldest and best of our Universities of that medical school whose loss is deplored by every one of her true well-wishers.

MEDICAL WOMEN FOR INDIA.

To the question, Are medical women required in India? replies are given in absolute opposition to, and contradictory of each other. On the one hand, the

statement is loudly proclaimed that the condition of women in Indian zenanas is one of misery ; that through the usages of caste they are precluded from consulting medical men ; that thus, by force of circumstances, they are compelled to suffer—perhaps to die for want of medical advice and assistance ; and that this suffering and death would be in a great measure obviated were the services of fully-qualified medical women available. On the other hand, it is asserted that the picture thus presented is overdrawn. That native ladies undergo a great deal of physical inconvenience appears to be admitted ; but they are believed to get over their confinements with more ease and with less mortality than do the women of western and more “civilised” countries. It is also believed that native women in India suffer less from uterine diseases and disorders than their western sisters, and, moreover, that the death-rate among them is by no means greater, if as great, as among the corresponding classes of British women.

The subject is one of pressing importance, and is likely to come prominently to the front both in medical and parliamentary circles very shortly. The paper read last week by Dr. E. F. Hoggan, and the interesting discussion which followed, when compared with the results of experience, indicated that the extent to which the services of American or British medical women have been taken advantage of by inmates of zenanas differs very materially in different parts of India. Thus, whereas one series of reports state that they are frequently sought after by *purdah-nisheen* ladies, other reports indicate that such services never are sought for, or accepted by those ladies. Hence it is clearly unsafe and misleading to assume that because in certain places Western ladies are allowed to exercise their medical knowledge within zenanas, they are so in all. The fact seems to be that only amongst the most “advanced” members of the native community are they thus received. Even when the heads of such families are themselves “advanced” and “Europeanised” to a degree sufficient to command the admiration of the very leaders of the “Progress” party, the circumstance is well known that, as regards their family arrangements, they still remain strictly bound by their traditional usages. Nor can they be found fault with for this, all things considered.

Although in many instances a medical man—be he native or European—does not obtain admittance into the zenana, there is no doubt that in other instances they do ; indeed, an instance in point occurs in which, although a lady doctor was in full dispensary practice in the city in question, yet, when the wife of the nobleman who was the immediate patron of that lady became ill, the civil surgeon—and not she—was called in. It is important, therefore, to bear in mind this typical case.

Another point which presents itself in reference to the present question is this : Do the natives of India really accept as an acknowledged fact the great excellence of our Western system of medicine over their own which we so proudly claim for it? To this query a reply is perhaps indicated in the circumstance that within a very few years back a wealthy native of Bengal made a preliminary offer to establish and

endow a college at Calcutta in which should be taught ancient Hindoo medicine.

The remarks just made indicate the existence of various difficulties which militate strongly against the success, for a long time to come, at least, of foreign medical women in India. But there are other difficulties which concern such ladies themselves. One such difficulty is the age at which they ought to proceed to India. If young, and immediately on obtaining her diploma, a lady must of necessity be professionally inexperienced, and consequently not more useful, if indeed so useful, in the treatment of Indian types of disease as are the native *dhais* nurses and *mule* practitioners, whose knowledge is at any rate practical, whether called "empirical" or clinical. She will, moreover, find herself in a country and among people in every respect alien to the circumstances under which she has been educated and her train of thought formed; in fact, to borrow the term formerly applied to young subalterns of less than three years in India, she will be in the position of a perfect *griffin*. Two dangers to her usefulness will at this time beset her. One of these is the liability to sickness which peculiarly affects young persons recently arrived in that country. Another is matrimony—a condition into which medical women in India have already been known to fall—and the duties connected with which—more particularly as the advent of children becomes repeated—are completely adverse to the general practice of any other profession than that of a wife and mother. If of an age beyond that just mentioned, it may be assumed that the circumstances which induced a lady to leave her own country are not such as are calculated to ensure success abroad. Altogether, therefore, it does not appear that the time has yet arrived when the presence of British and American medical women in India is generally demanded by native society, or is likely to be generally acceptable in that society.

Notes on Current Topics.

Nauseapathy.

THE world owes a good deal that is of a pre-eminently objectionable nature to homœopathy, but it has fallen to the lot of contemporary disciples of Hahnemann to invent and introduce into their *armamentarium* the most practical refinement of humbug possible for human imagination to conceive. It need hardly be said these new "remedies" are of American origin, or that we shall probably ere long find them in the prescriptions of British unscientific practitioners. The composition of the substances is sufficiently indicated by the names attached to them in the "American Homœopathic Pharmacopœia," and from which the *Boston Medical and Surgical Journal* quotes them. They are: *Syphilin*, *bubonin*, *gonorrhin*, *leucorrhin*, *glanderin*, *anthracin*, &c., and the inventors of the filthy compounds unblushingly describe them as "remedies obtained from the morbid products of the animal kingdom," while they dignify them by the titles "*isopathics* or *nosodes*." It is easy to trace the crude and ignorant reasoning which,

arguing along the *similia similibus curantur* line, has led to the manufacture of such disgustingly loathsome productions, but it is impossible to conceive that the most patient and long-suffering, even among the victims of homœopathy will consciously assent to be made a recipient of pathological products obtained from wholly indefensible sources. We trust that any attempt to import these noisome abominations into this country may be met by the punishment such an effort would deservedly call for.

Pay Hospitals.

In his recent work on Pay Hospitals of the World, Mr. Burdett draws attention to the fact that Dublin has given a more extended trial of the system than any other town in the United Kingdom, the Maison de Santé having been established in Charlemont Street in the year 1854, and successfully carried on since that date. Although it has been so long in existence, we believe that its many advantages are not sufficiently known to a large number of medical practitioners throughout the country, and that with increased support its sphere of usefulness might be largely extended. As at present arranged, it is capable of receiving thirty patients, and persons of respectability of both sexes suffering from any form of medical or surgical disease, except insanity, are admitted. The buildings for the reception of infectious diseases are separate and entirely unconnected with the rest of the institution. The payments vary from one to three guineas a week, which include ordinary medical attendance and nursing, board, &c., a private room being obtained for two or three guineas, and a bed in a public ward for one guinea per week. The establishment most thoroughly combines the comforts of home with the advantages of a well-regulated hospital. The patients who avail themselves of it consist in large numbers of persons coming to town for the purpose of undergoing surgical operations, and of students and others who are taken ill in lodgings in Dublin, the infectious department serving a very useful purpose as a means of isolation when fevers, &c., break out in large families or schools. Those who have had to deal with serious disease in lodging-houses and hotels will well know how to appreciate the comforts and efficient nursing obtainable at this establishment. Patients can employ any medical man they may desire; or, should they prefer, they can obtain the services of any of the medical staff without extra payment, except in cases requiring excessive attendance, as, for instance, important surgical operations or special visits. The proprietors have recently made, at considerable expense, great improvements in the sanitary arrangements, and we believe that the establishment is deserving of greatly increased support both from the profession and public.

A Meteorological Antiseptic.

A COLONIAL journal states that a remarkable instance of the beneficial influence of tropical storms has just occurred in the Philippine Islands. The population of Manila was being decimated by cholera, when, at the end of October, a tremendous hurricane swept over the island, almost entirely destroying the town. On the following day not a single case of cholera occurred, and not one has been reported in the island since.

A New Prize.

THE French Government has recently resolved by decree to found a prize, to be called the Prix Volta, and of the value of 50,000 francs, which shall be awarded for the most successful application of electricity, either in the production of heat, light, chemical force, or mechanical power, or in the transmission of messages, or in the treatment of disease. Competitors may be natives of any country, and claiming the reward must be lodged by June 30th, 1887. Subsequently to this date, a Commission, nominated by the Minister of Public Instruction, will consider the character of the several competing claims, and the report delivered by this Commission will be published in full in the *Journal Officiel*. The nature of the contest, and the conditions under which it will be carried out, alike tend to make the matter one of very considerable importance; and as much to medicine as to any of the arts.

The Banquet to the Medical Officers of the Egyptian Expedition.

WE know of no event in the history of the medical profession so pregnant with possibilities as this (to use Dr. Crawford's words) "true 'unification' of the medical officers of the Army, Navy, and Indian Medical Services into the ranks of this great medical profession, and into a brotherhood which is as honourable to the givers as to the receivers." It must bring both pride and balm to the feelings of the medical officers employed in the recent campaign that, at a time when, amid general congratulation, certain subordinate members of the Army, seizing the opportunity of their very early return from the field, unhesitatingly flung against the Medical Department charges of incapacity which, to say the least of them, have been proved to be directly at variance with the opinions of the commanders of the troops, the representative members of the profession have with one accord come forward, not only publicly to proclaim their unshaken confidence in their military brethren, but to afford to those whose duty it is to pronounce opinions on the conduct of all branches of the expeditionary force; an occasion for either eloquent silence or candid testimony; thereby obtaining, as it has proved, for their accused brethren the following certificates—viz., from His Royal Highness the Commander-in-Chief, "that he highly appreciates their valuable aid and good work done;" from Sir Garnet Wolseley that, "individually none are more devoted to their duty;" and from the Secretary of State for War that, "he especially wished to do honour to the medical officers who have served in Egypt with so much distinction and ability." While it must be regretted by all that a royal command should have deprived the banquet of the presence of so many distinguished guests, there can be no question that the foregoing opinions, deliberately penned by those in authority, are of greater weight than the same words courteously uttered amid the usual amenities of accepted hospitality.

If anything could silence the narrow jealousy of small minds such unimpeachable evidence, voluntarily offered, would produce that desirable result, but we do not suppose that we are within measurable distance of the Millennium, and can only congratulate our military brethren on being

in possession of such high credentials that they can afford in future to disregard all puny calumny.

Porro's Operation.

A SUCCESSFUL case of Porro's operation occurred on Monday, the 27th of November, in a house in Islington, Dr. Clement Godson, Assistant Obstetric Physician to St. Bartholomew's Hospital, having undertaken it. The subject was a dwarf, twenty-four years of age, whose pelvis was too hopelessly distorted to admit of delivery by any usual means. She was four feet four inches high, while the infant measured twenty inches in length, and weighed eight and a-half pounds. The time occupied by the whole proceeding was just one hour, and at latest accounts the state of the mother was very favourable, the highest temperature reached being less than 100°, and the pulse-beat never more than eighty per minute. The child is alive.

The late Dr. Spencer, F.R.C.S.I.

OUR advertisement columns contain the list of subscribers to the appeal made on behalf of the widow of the late Dr. Spencer, who died of typhus fever, contracted in the discharge of his dispensary duties, and his being obliged to place the body of his unfortunate patient in her coffin when others shrunk from that duty. Dr. Spencer's delicate health rendered him ineligible for life insurance, and his death leaves his widow totally unprovided for. We trust that the members of our profession will generously respond to this appeal.

Lady Candidates and Medical Examinations.

THE Pass lists of the London University M.B. Examination, lately issued, include the names of two students from the School of Medicine for Women, one of whom obtained a place in the first division of the general list, and in addition, the gold medal and exhibition for obstetrics. This lady, Mrs. Scharlieb, is the first of her sex to gain these highly honourable distinctions; and the present list of Bachelors of Medicine is especially notable on account of its containing such an unusual illustration of the success which may attend the prosecution of medical studies by women. The other successful lady candidate is Miss Edith Shove, who has been placed in the second division. With such examples of what may be accomplished on their part by steady perseverance, and with the opportunities now open to them, to obtain the most desirable qualifications, there is every inducement for female students to enter on the task of preparing themselves for professional practice; and we do not doubt that the positions already gained will be held in the future with a determination that will overcome all obstacles and conquer all difficulties.

The Pathological Section of the Academy of Medicine of Ireland

Met in the Royal College of Surgeons on last Friday evening. An address was delivered by the President of the Section, J. M. Purser, Esq., M.D. Specimens of Hodgkins's disease were shown by Dr. J. Magee Finny and Mr. W. Thomson. The following specimens were exhibited by card:—1. Mr. J. B. Story—Glioma retina; 2. Dr. E. H. Bennett—Fibrous and osseous union of

fractures of the patella; 3. Dr. A. H. Corley—Vesical calculus; 4. Mr. C. Coppinger—Loose cartilage of knee joint; 5. Dr. Foot—Pachydermatocoele, &c.; 6. Mr. P. S. Abraham—(a) The Bacillus of tubercle; (b) Sections illustrating the formation of vessels in granulation tissue; (c) Double fracture of the lower jaw. The following papers were read:—1. Mr. J. K. Barton, President of the Royal College of Surgeons—On Volvulus; 2. Dr. Thomas E. Little—On Aneurism of the Internal Iliac Artery; 3. Mr. W. I. Wheeler—On Nasal Polypus.

Resignation of the Permanent Secretary to the Local Government Board.

IN consequence of ill-health, the permanent secretary to the Local Government Board, Sir John Lambert, has been compelled to resign his post, whereby the services of a highly capable and successful public servant are lost to the country. None will fail to regret the cause which has necessitated this course on the part of Sir John Lambert, to whom, in greatest part, must be attributed the present efficiency of the department with which he has so long held official connection. The responsibilities of such a position are necessarily very heavy, and with no tendency to become less so; the secretary to the Board being required to preserve a constant knowledge of its whole organisation and working, and to keep himself at all times *au fait* with every particular of its administration. The new occupant of the position is Mr. Hugh Owen, whose qualifications for the important post to which he has been called afford the best evidence of fitness to conduct its affairs. He has undergone a long course of training in the offices of the Board, and is, next to his predecessor, probably better acquainted than any other person with the routine and aims of the Health Department of the Government. It cannot be denied that he will have much to do in the way of rearrangement and modification, but there can be no question of the ability which he will bring to bear on whatever task may be confronting him.

A Stinging Tree.

THE *Gardeners' Chronicle* gives an interesting account of the effects of the stinging tree, *Laportea gigas*. The pain produced by the sting of a single hair on the right hand gave rise to remarkable symptoms, the pain being confined to the right side of the body and being succeeded by a numbness and slight paralysis. Besides the pain, a sensation of losing the senses, or rather, of becoming insane, was experienced. The severe symptoms lasted two hours; the spot pricked remaining constantly painful for nearly a month after being stung.

Drug Frauds.

THE *Pharmaceutical Journal* says that at the drug sales last month three bales of false buchu leaves, and five bags of a new buchu with linear obtuse leaves, and also the leaves of *Bursera vulgaris*, were offered. A bag of a bitter bark, some of which has on previous occasions been sold as *Cusparia* bark, was again placed on the market. Seventy-five bags of the stems of *Coccoloba* were offered as Colombo root, and some of the mouldy *ipeocuanha*, mentioned recently, after having been washed and dried, was again put up for auction. A adulterated matico was also offered for sale.

London Hospital Medical Club.

ON Thursday evening last the anniversary meeting of the London Hospital Medical Club was held at the Holborn Restaurant. Mr. James F. Adams, one of the surgeons of the hospital, presided, and was supported by a large number of members and their friends, in all sixty-three. Among those present were Mr. Jonathan Hutchinson, Dr. Langdon Down, Mr. Spencer Watson, Dr. Christie, Dr. Stephen Mackenzie, Dr. Sansom, Dr. Turner, Dr. Gilbert Smith, Dr. Warne, Mr. Waren Tay, Mr. Trèves, Mr. Moullin, Mr. R. Debenham, Dr. Woakes, Dr. Bedford Fenwick, Dr. James Anderson, Mr. Brownfield, Mr. Munro Scott, Warden of the College, and Mr. Rivington (Hon. Sec. and Treasurer). The ordinary business of the Club, including the admission of several new members, was transacted at a preliminary meeting; and after an excellent dinner and the usual loyal toasts, the chairman spoke of the value of the Club in promoting union and good feeling amongst those who had worked, and were working, at the great charitable and educational institution with which they were all connected. The Club was founded in 1838, but an anniversary meeting of the gentlemen educated at the London Hospital was held as long ago as 1792, and very likely before that time, as the London Hospital Medical School was the first complete medical school in the metropolis. Special interest attended the present meeting from the fact that the chairman's father, an able and well-known surgeon and lecturer, Mr. John Adams, was for twenty-four years the popular secretary to the Club. The toasts of "The Chairman," proposed in eloquent terms by Mr. Hutchinson, and of "The Secretary," given by Dr. Christie, were drunk with more than ordinary cordiality, and with all honours. Allusion was made by Mr. Rivington to the loss sustained by the Club in the lamented death of Mr. George Critchett, the most genial of men, and to the increasing prosperity of the Club, as shown by the constant augmentation in the number of members and of the balance in hand (more than £200). The Club was an unique institution, and ought to include every *alumnus* of the London Hospital. At the termination of the speeches, songs were sung by Dr. Gilbert Smith, Mr. Garman, Mr. Appleford, and Mr. Hewkley, and appropriately terminated a very pleasant and successful meeting.

Medicated Ether and Alcohol Spray.

DR. UNNA, of Hamburg, in his anxiety to limit the quantity of iodoform used in individual cases, employed it, dissolved in ether, in the form of spray. He thought he discerned advantages in this method of employment that led him to the trial of other medicaments in solution in ether or alcohol spray. The advantages he thought he recognised were comprised in the following: 1. A more energetic and searching action of the drug, which is driven more deeply by the spray into the tissues, and which reaches more readily out-of-the-way corners by this than by any other method. 2. Much more sparing use of the drug employed than when used as a powder, or in ordinary solution. 3. A soothing effect from the use of the spray. He recommends this form of employment in all parts

difficult of access, either of skin or mucous membrane, external meatus auditorius, nasal and pharyngeal cavities, urethra and rectum, vagina, hairy scalp, &c., or for mucous membranes that are constantly washed by secretions. As examples of the classes of cases in which Unna has employed medicated spray may be mentioned: Solution of chrysophanic acid in ether for herpes tonsurans, favus, sycosis parasitaria, and psoriasis capitis; chloral hydrate ether spray as a local anæsthetic for slight operations, such as the opening of abscesses; iodoform ether spray in soft ulcers and syphilitic affections, wherever situated; iodide of mercury and iodide of potassium ether spray; corrosive sublimate ether spray, or corrosive sublimate carbolic spray, in all kinds of fungoid and syphilitic skin affections; collodium or wax ether spray, for the isolation of ulcerated surfaces lying opposed to each other, and for the protection of parts contiguous to an ulcer to which stronger applications are about to be made, &c.

The Cradle of American Medicine.

PHILADELPHIANS are advancing the claims of their city to be regarded as the cradle of American medicine. The first practical instruction in anatomy in America was by Dr. Thomas Cadwalader, in 1750; the first permanent general hospital was founded there in 1752; the first clinical instruction in America was given there by Dr. Thomas Hurd in 1766; the first medical library in America was founded there in 1763; the first medical society in America was organised there in 1766; the first medical dispensary in America was established there in 1766; and the first American medical college was organised there in 1765.

Deaf-Mutism.

DR. HEDINGER, of Stuttgart, has recently published a report on Deaf-mutism and the Institutions for Deaf-mutes of Baden and Würtemberg, for an account of which we are indebted to the *Deutsche Med. Zeitung*. The author has taken for the motto of his work an expression of Wilhelmi, to the effect that the statistics of deaf-mutism should have for their aim not a mere numbering of the unfortunates who are the subjects of these affections, but that they should be mainly employed as a means of searching out and verifying the causes. He makes free use of Wilhelmi's writings. From the statistics already published by Wilhelmi, we learn that mountainous districts afford the greatest number of deaf-mutes, and plains the smallest; that the proportion of males to females affected is as four to three; and that, contrary to the views of Voisin and Child, the offspring of marriages of persons near akin afford 10 per cent. of the whole number, independently of 5 per cent. of the blind, and 15 per cent. of those afflicted with mental disorders. Amongst the causes of congenital deaf-mutism are adduced disparity of ages in parents, especially greater age of the mother, sicknesses, constitution (scrofula), imperfect procreative power, sickness, excitements, &c., during pregnancy, direct hereditary transmission, and drunkenness on the part of the parents. Amongst the causes of acquired deaf-mutism brain diseases occupy the most important place; thus, of Wilhelmi's cases, 29.5 per cent. had their origin in brain affections, convulsions, &c., and 25.05 per cent. in cerebro-spinal meningitis. That every epidemic of this disease crowds

the institutions for the deaf and dumb is a well known fact. His reports of autopsies are few in number, but interesting. They only comprise five cases. In four the semi-circular canals were occluded, or otherwise abnormal; in one case the posterior half was absent. As regards hearing power, the statistics of the Baden and Würtemberg institutions, taken in conjunction with those collected by Toynbee, give the following results:—1.5 per cent. could hear words; 3.6 per cent. could hear the voice; 22.9 per cent. could hear sounds; 72.0 were absolutely deaf. The author considers it wrong to leave a child who is hard of hearing, or who can even scarcely hear at all, to its fate, but maintains that every care should be bestowed upon its treatment, and that no child should be handed over to a deaf and dumb asylum until a skilled specialist has pronounced its case to be incurable. The advantages of the German method of educating deaf-mutes, which consists (as every one is now aware) in teaching them to speak vocally, over the method in use in France and England (sign-talking), are ably discussed, and, one might safely imagine are sufficiently obvious even without skilful advocacy.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE EDINBURGH OBSTETRICAL SOCIETY AND PATHOLOGY.—The step taken by the Obstetrical Society in appointing a pathological committee to report on specimens presented at the meetings of the Society is certainly an advance in the right direction. Hitherto the products of disease have been simply placed on the table with merely a word or two as to their nature, no discussion taking place regarding them. The same system is adopted in the Medico-Chirurgical Society of Edinburgh. It is a pity that the two societies do not unite, surgical, obstetrical, and pathological questions being discussed in sections devoted to each. Much valuable pathological work is undoubtedly lost by the isolated position of the two societies. The united Transactions would be of more value, and would induce country practitioners to contribute. The formation of a pathological society would be only the multiplication of segments, to which we object, but Edinburgh could well support a society publishing one volume of Transactions in which clinical medicine, surgery, pathology, and obstetrics each added their share to the general fund of information. The societies of Dublin having set an excellent example of union into one "Academy of Medicine;" we commend the same to the consideration of the two societies before mentioned.

THE NEW FEVER HOSPITAL, EDINBURGH.—The first meeting of the newly-constituted Public Health Committee of the Edinburgh Town Council, held last week, was largely attended. Councillor Clark was unanimously reappointed convener. The first matter under consideration was the disposal of the Old Infirmary buildings. Mr. Morham, the City Superintendent, was in attendance, and explained, by means of plans, &c., the former decisions of the committee as to the amount of space which would be required for the infectious diseases hospital. Ultimately a unanimous approval was given to the scheme of the late committee—namely, that the whole of the surgical hospital should be retained for the purpose of a city fever hospital, in which those forms of infectious disease should be treated which are not treated in the adjoining fever hospital belonging to the managers of the Infirmary.

EPIDEMIC OF FEVER AT ABERDEEN.—An epidemic of fever is at present raging in a low-lying district in the east end of Aberdeen. Nearly thirty patients are at present lying in the Royal Infirmary. The sanitary authorities have taken all necessary steps to prevent the spread of the disease by disinfecting the houses in which the cases have occurred. One has been shut up altogether; the rest have been cleansed.

GLASGOW MATERNITY HOSPITAL.—The annual meeting—and, we may add, the annual squabble—of the General Court of contributors to the Glasgow Maternity Hospital was held on the 28th ult. in the hospital, Mr. Richard R. Grant in the chair. Dr. Miller, physician to the hospital, read the medical report for the year ending the 15th inst. From this it appeared that 256 cases had been treated in hospital and 1,254 at the homes of patients, or a total of 1,510, an increase on the number last year of 260. Only 23 nurses had received training in the hospital. While this number was below that of last year, the class of women was much superior. There was a considerable increase in the number of students, no fewer than 154 having joined. Professor Leishman spoke decidedly in favour of the management of the institution. He had changed his mind as to the usefulness of maternity hospitals. Referring to Continental hospitals, he remembered how, when puerperal fever got into them, it rapidly spread and sacrificed maternal life to an alarming extent. He was glad to say that he had lived to change his views on the matter, and the views of other people were changed as well. Antiseptics had been brought into such general and thorough use that there was now comparatively little danger of the alarming malady to which he had referred.

DECREASE OF FEVER AT JOHNSTONE.—The fever at Johnstone has now reached a climax, and is rapidly decreasing. There have in all been between 60 and 70 deaths, but very few fresh cases are reported by the medical gentlemen.

GLASGOW WESTERN INFIRMARY.—The eighth annual general meeting of qualified contributors to the Western Infirmary of Glasgow was held in the Religious Institution Rooms on the 30th ult., Sir James Watson presiding. Mr. Henry Johnston, the secretary, read the annual report, of which the following portion referred to the patients:—The number of patients treated from 1st of November, 1881, till 31st October, 1882, was: Out-door patients, treated in surgical wards, chiefly for accidents, 873; treated in Dispensary—medical cases, 7,298; surgical cases, 5,257; women for special diseases, 889; for diseases of the ear, 1,066; for diseases of the teeth, 322; for diseases of the throat, 264; vaccinated, 701; midwifery cases, 25—total, 16,895. In-door patients—Remaining in hospital at 31st of October, 1881, 310; new cases admitted, 3,855—total, 3,665. Of the in-door patients, numbering as above, there were dismissed well, 1,253; greatly improved, 583; improved, 704; not likely to be benefited by longer residence, &c., 576; died in hospital, 244; remaining in hospital at 31st October, 1882, 305—total, 3,665.

DUMFRIES.—AN OUTBREAK OF FEVER.—For some time past fever has been prevalent in Dumfries and Maxwelltown, but principally in the latter borough. The managers of the Infirmary having declined to receive more than a certain number of patients in the ward appropriated to infectious diseases, and there being considerable room in the building not occupied, the Dumfries Local Authority asked Dr. MacLagan, Edinburgh, to examine the Infirmary and report. He has made some important suggestions, to consider which a general meeting of Governors has been called. In Dum-

fries eight patients sent to the Infirmary were from one household, which is the number the weekly committee have, in the meantime, intimated they will receive. From Maxwelltown there have been five applications for admission.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 25th ult., were at the rate of 28 per 1,000 per annum, against 29 in the preceding week, and 21, 29, and 19 in the corresponding periods of 1881, 1880, and 1879.

THE HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 25th ult., was 94, and the death-rate 21 per 1,000. Diseases of the chest accounted for 50 deaths, and zymotic causes for 8, of which 1 was due to fever, and 4 to scarlatina—the intimations of these diseases being respectively 19 and 44.

POLITICO-RELIGIOUS INTRUSION INTO MEDICAL AFFAIRS.

THE *Dublin Freeman's Journal* has, within the past week, tried to apply to the Irish Academy of Medicine the policy of politico-religious discord, which has stood that journal in good stead on many other occasions when it was desired to break up an effort for good because that effort was not according to the views of that journal. On this occasion the attempt is the more to be regretted and despised because every one who is conversant with the truth of the matter knows that there is not, in the charge that the Academy has practised religious exclusion, even the fraction of truth which commonly serves the *Freeman* for a text. The following is the editorial passage to which we refer:—

"Now comes the discreditable part of the affair. Every member of one of the original societies who desired to join became a member of the new organisation without election, and every member was therefore equally eligible for election upon the governing body. A little clique, however, assembled, and sent out what is commonly called a 'house list.' On this list they only placed a limited number of names of their own nominees, twelve, we believe, in the case of the minor councils, thus conveying, and we believe, indeed, that the circular accompanying the last asserted that the choice of members in the ballot was limited to ten out of these twelve nominees. This was a flagitious, and we doubt if it was not an illegal, proceeding. The names of the men thus sent around were nearly all Protestant, and the result has been that on the general council not one single Catholic has been elected, and that on the departmental councils there are only one or two in each case."

Now the real truth is as follows:—When the Academy was in course of formation the members of all the professional societies in Dublin were invited to attend the preliminary meetings, and did so with absolute freedom of every politico-religious consideration whatsoever. Three of the societies joined in the movement cordially. The fourth—the Obstetrical—though its members had almost unanimously approved of the movement, was placed by its Council in a position of antagonism to the Academy, and some of the leaders in that hostile demonstration happened to be Catholics. When the organisation of the Academy had been completed, circulars were sent out which invited all members of any of the societies who contemplated enrolling themselves as Fellows of the Academy to send in their names if they desired to become candidates for seats on the Sectional Councils. This invitation included every Fellow of the Colleges of Physicians and Surgeons, and almost every practitioner of note in Dublin; and it was open to every Catholic physician or surgeon to come in as a candidate as a matter of right. It would seem that very few applicants

of any kind forwarded at first their names for insertion on the lists, partly, as we think, because the period before the election was only a few days; partly because many had not made up their minds to join as Fellows; but chiefly because individual members hesitated to submit themselves to election, fearing a severe contest and possible unsuccess. Thus it happened that when the lists should have been printed there was an altogether insignificant number of applicants, and it became necessary for the provisional officers of the Academy to consider for themselves the persons most deserving to be placed on the Sectional Councils. They therefore made, strictly for their own information, four such lists of ten names each, and naturally those lists did not contain the names of those members of the Obstetrical Council who had opposed the formation of the Academy.

We are in a position to deny absolutely that these lists were either printed or circulated, or any influence used to carry them, but they were shown for approval to a few. Meanwhile, names had been sent in, and amongst the rest a list of fifteen names suggested for a Council of the Obstetric Section, including therein the names of the hostile persons. Every name so sent in was fairly submitted to a ballot vote of the whole Academy, numbering about 150 Fellows, and including a large number of Catholics. And what was the result? For the Pathological Council, there being only ten applicants, all were elected, including one Catholic. For the Medical Council two candidates, both Protestants, were rejected, and the only Catholic who offered himself was elected. For the Surgical Council four candidates, all Protestants, were rejected, and the only Catholic who offered himself was elected. For the Obstetrical Council five candidates were rejected, three of whom were Protestants. Of these, two Catholics and one Protestant who had been prominent in the opposition to the Academy were thus excluded, while another Catholic who had supported the Academy movement was elected by a good majority. Thus it is seen that of twelve rejected candidates ten were Protestants, and two Catholics, while of six Catholics who offered themselves four were elected. The three gentlemen, Catholic and Protestant, who were refused admission to the Obstetric Sectional Council, were so refused because they were known to be hostile to the Academy, and we believe that the profession will be of our opinion that, under the circumstances, they had nothing less to expect.

Having thus exposed the absolute falsity of the accusations made by the *Freeman* we may, we hope, venture to dismiss the politico-religious aspect of the Academy from consideration. In truth, we feel heartily ashamed to have found it necessary to follow an ultra-party newspaper into the narrow corner in which it lives and into which it seeks to drag scientific and professional affairs. We have done so because we fear that there may be some of our profession who might take the *Freeman's* statements on such a subject for gospel, and be thus led to misconceive the character of the Irish Academy of Medicine, and we therefore think it right, not only to state the facts, but to express our firm conviction that the recent elections were absolutely free from any shadow of influence, religious or political.

MR. FAWCETT'S ILLNESS.

WE understand that the serious illness of the Postmaster-General presents many features of unusual interest, foremost among these being the complete absence of anything like the typical temperature curve of typhoid fever, the thermometer showing for the most part 103° F. pretty steadily for some

days, and then being higher in the morning than in the afternoon. That there is true typhoid fever, in addition to moderately severe pharyngeal diphtheria, would seem to be certain by the character of the diarrhoea, by the abundant roseolous rash, and by some tumidity of the abdomen. We are glad to know that the diphtheria is passing off, and that the typhoid symptoms are so far not very severe.

THE FEES TO PRESIDENT GARFIELD'S PHYSICIANS.

WE learn by telegram that the board which was appointed to consider and report upon the claims arising out of the late President Garfield's illness have recommended that the following fees be paid to the physicians engaged in the case:—To Dr. Bliss, 6,500 dols.; to Dr. Agnew, 5,000 dols.; to Dr. Hamilton, 5,000 dols.; to Dr. Reyburn, 4,000 dols.; to Dr. Boynton, 4,000 dols.; and to Dr. Edson, 3,000 dols. These, as well as other claims made upon the Government, are much reduced from the original amount.

Literature.

THE SURGERY OF THE RECTUM. (a)

AMONG the many literary undertakings with which the medical press at present teems, there are few that deserve a warmer recommendation at our hands than the present new edition of Smith's work on the rectum. Mr. Smith, a surgeon of great experience, has presented to his readers the fifth edition of his book, which is a fair proof that the matter and information therein contained has been fully appreciated. It is written in a plain, practical style, and gives a vast amount of information on the surgical diseases of the rectum, including the result of the author's lengthened experience, and the necessary treatment to be carried out in each case. We strongly recommend this work, feeling sure that it will prove a useful and practical guide to the special diseases affecting the rectal canal.

MECHANICAL DENTISTRY. (b)

IN writing of the first edition of this work we bestowed on it somewhat faint praise in stating that it was one of the best works on the subject hitherto published, for we remarked we were not acquainted with any book of the kind possessing more than trifling value. It is impossible to teach the practical processes of dental mechanics by means of books, and it is not necessary so to teach them, inasmuch as every dental student is obliged in his professional education to devote three years in acquiring a practical acquaintance with this department of his calling. Chemistry and metallurgy of dental mechanics, of course, can be learned from books; but as separate works exist on these special subjects, they are not needed, although they are included and form a great part of works of the kind before us. Mr. Hunter's book is, however, of sufficient value to make it worth a place in the library of those dentists who like to possess all that is in any way useful in the literature of their department.

Correspondence.

AMERICAN DIPLOMAS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—While agreeing most cordially in your remarks on the above in your issue of the 8th ult., may I be permitted to offer a few observations on the subject.

In America there are colleges and colleges, and unfortunately for the profession in American, some of the qualifying bodies are purely and simply institutions for the

(a) "The Surgery of the Rectum," comprising the Lectures on Surgery delivered before the Medical Society of London, 1865. By Henry Smith, F.R.C.S., Professor of Surgery in King's College. Fifth Edition. London: J. & A. Churchill, 1882.
(b) "Mechanical Dentistry." By Charles Hunter. London: Crosby Lockwood and Co. Second Edition, 1882.

manufacture of quacks. From my experience of American institutions I can say fearlessly that America possesses some of the highest, as well as some of the lowest, types of qualifying bodies.

The University of Pennsylvania which I had the pleasure of visiting during a visit to the United States a short time ago is equal, if not superior, to any I know of. Its staff is made up of men second to none, and its teaching arrangements are made as near as possible to the highest models in England and Europe. Its hospital teaching is conducted in a high class hospital in direct connection with the University. The curriculum of the Medical Faculty of the University is as full and comprehensive as in any of our own colleges, and the chemical, histological, and pathological laboratories are, in themselves, well worthy of the highest praise. The University is a handsome out stone building standing in its own grounds, and separated by a broad drive from the University hospital. The dissecting room is lofty, spacious, and constructed on principles of the strictest sanitation. When I visited it the temperature was close to 90° Fah., and, though dissections were being carried on I did not notice anything offensive. The students engaged in dissection appeared fully impressed with the necessity of careful and thorough dissection. I cannot pass from this subject without saying that, from all the gentleman connected with the University and hospital staffs, with whom I came in contact, I received the greatest kindness and consideration.

In the city of Philadelphia there exists an institution known as the College of Physicians, the membership of which is the real test of the resident medical men's respectability as it admits to its membership only those men who have taken degrees in regular medical colleges after a full curriculum and examination. The College of Physicians is the home of the Medical Society of the State, and contains lecture rooms, library, reading room, and is a handsome well-built structure. In its reading room I found copies of the principal journals of Europe and America.

I also visited the Pennsylvania Hospital which is an important institution containing all the most improved arrangements for hospitals. The methods for keeping the temperature down in summer and up in winter are highly interesting, and I felt called on to say that I was greatly interested and pleased with all I saw.

Unfortunately I had not time to visit the Episcopal Hospital which I believe would have repaid the trouble, as I was informed that it was a first-class institution.

The Jefferson College is the only regular qualifying body beside the University, and this I was unfortunately unable to see, as I was compelled to return to New York before I could get through it.

There are, I believe, some other bodies in Philadelphia who confer degrees and propose to teach medicine, but as they are not regular bodies I shall not speak of them.

Now, Sir, that I have given a rough sketch of one regular American college and its hospital connections, I think we need not fear that the profession would be injured by the admission of the graduates of such institutions to the Register. The difficulty would be in knowing who was who. But, before the graduates of the general run of American colleges were admitted to the Register I should hope the Register was done away with. I would propose that before any foreign graduate was admitted to register, that his diploma should be attested by the British Consul of the city or state in which his college was situated, and that he should be admitted to an examination such as at present is in vogue at Durham University for men of fifteen years' standing, or something of that kind. At present the state of medical education in America, with the honourable exception of a few colleges, is simply deplorable. The competition among the so-called colleges all over the country, the under-selling and under-teaching is simply heart breaking to the professors of the regular and high class universities. The University of Pennsylvania has for years taken a foremost place in the fight against corruption, and stands out honourably and strongly in the clear light of professional dignity and universal respect.

I am, Sir, yours, &c.,

Whitwick, Leicester.

WILLIAM DONOVAN.

[It is, we hope, unnecessary for us to repudiate any intention to depreciate the value of the degrees granted by the University of Pennsylvania, or other American institution

of equivalent rank. Such foreign licensing bodies ought to be recognised, and their *alumni* admitted to practise in Great Britain; but it is our contention that—in the making of a law for such recognition—nothing should be left to the discretion of the Medical Council, which has shown itself devoid of any such quality. There are two propositions of law for the recognition of foreign degrees—the first, that the individual possessing the degree shall apply to the Medical Council to be admitted to practise in Great Britain, and shall be accepted or rejected upon the merits of his particular case; this is the proposal contained in the last Government Bill, and it would give the Medical Council the power to admit any applicant, no matter what his professional attainments might be, without any inquiry into the status of the College which graduated him. The second proposal is that embodied in Lord Ripon's Bill, which passed the House of Lords some years ago. It is that, when application for admission to British practice was made, the Medical Council shall weigh the status of the licensing body which granted the degree—shall satisfy itself that that degree represented an amount of knowledge *not less than that required* for a British registrable licence, and that, if it be so satisfied, all diplomas granted by the same institution shall be recognised as entitling the holder to registration. This is the proposition which we advocate, because it would debar the Medical Council from jobbing for the benefit of any candidate, and would ensure that the Council shall not accord recognition to any foreign diploma unless that diploma was at least as good as the home qualification. We think, moreover, that no foreign diploma should be accepted under any circumstances unless it conferred full legal authority to practise in the State in which it is granted. This proviso would exclude all foreign degrees until they had received the *imprimatur* of the Staats-Examen.—ED.]

Liebig's Extract of Meat.—It certainly would appear from recent decisions that some further attention to the trade marks question is called for, and on considering same it seems desirable to compare our law with that of the Continent. To the medical profession it is a point of great importance that when they advise the employment of certain preparations by their patients there should be no misgiving as to the patient's purchasing the right article. These remarks are based upon the judgment just given in the action of the Liebig's Extract of Meat Co. v. Anderson. In the case in point the name of Baron Liebig was attached to the extract sold by the defendant in pots bearing the likeness of the late Baron Liebig, and upon this the Company and the Liebig family brought an action against the vendor to restrain the sale by him of extracts of meat under the title of "Baron Liebig's Extract of Meat," upon the ground that the article manufactured by the Company had attained a great and distinctive reputation by reason of its being manufactured under the control and subsequently before being sold to the public analysed by the late Baron Liebig, and since his death by Professor Pettenkofer and the present Baron Liebig, and that a certificate of genuineness was attached to each pot, and that the sale by the defendant under the title of "Baron Liebig's Extract of Meat" was calculated to deceive the public into the belief that when they purchased the defendant's article they were purchasing that manufactured and sold by Liebig's Extract of Meat Company. Judgment was, however, after a trial extending over several days, given in favour of the defendant, upon the ground that the Company had no exclusive right to the name of Liebig or Baron Liebig, and that the defendant's pots were not calculated to deceive. Sometime since a similar action was brought in Paris against some dealers in extract of meat for using the name of Liebig. Judgment there was given in favour of the Company upon the ground that the Company had made a reputation by its personal connection with Baron Liebig, and that, until the Baron himself had withdrawn permission to use his name from the Company, no one had the right to adopt it. It was perfectly open to vendors of rival

extracts to say that their article was prepared according to the method of Baron Liebig, but not to call them "Liebig's Extract." It clearly follows that, according to the English law, a man might prepare an inferior sort of extract similar to carpenters' glue and call it Liebig's Extract of Meat, and a physician ordering his patients to take "Liebig's Extract" might be more puzzled by the result of their taking the inferior article than a joiner would be! By the French law it is clear that such a result would be impossible, and it therefore does seem to us that medical men, as well as the trading community, should unite in demanding that protection should be given to the public, by securing to the manufacturers the sole use of any name or symbol under which a thoroughly reliable article has gained a high reputation.

Notices to Correspondents.

MISSING NUMBERS OF THE "DUBLIN MEDICAL JOURNAL."—Five shillings each will be given for the numbers of the *Dublin Journal of Medical Science* for February and March, 1840, if sent to the Dublin Office of this paper, 3 Molesworth Street.

Q.—Apply to the Local Government Board. We do not possess the information.

AN ANTIDOTE FOR PHOSPHORUS

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Could you or any of your readers kindly state if there is any antidote for phosphorus-poisoning? I think I have read somewhere that lime-water is; but I cannot find anything in the text-books. Children are so apt to bite the heads off matches; I conclude in such a case, to drink plenty of cold water, if they would take it (as it is not soluble in water), and give an emetic would be the best course.

Yours truly,
G. S. N.

[In reply to our correspondent, we know of no positive antidote to that substance, though oil of turpentine has been thought by some to possess antidotal properties for that poison, provided it is given sufficiently early; but in cases of poisoning by phosphorus, its prompt removal from the stomach by emetics, such as those of the sulphate of zinc (20 grains in water), or sulphate of copper (3 grain doses in water every five minutes till vomiting is induced), or the stomach-pump, if at hand, should form the chief points of treatment.—ED.]

ALOPECIA.—Dr. Neligan was in the habit of giving the following prescription when desiring to promote the growth of hair, and it is still frequently employed with good results:—

R Tinct. cantharidis, f. ℥j.
Aque sambud, f. ℥ij;
Ess. rosamarin, f. 3vj. Misco; fiat lotio.

DR. R. A. H. (Dublin).—The work is substantially the same as the previous edition, which we reviewed at length. We are happy to confirm your judgment in the matter.

DR. MERCIER (Stone) will please receive our best thanks.

DR. J. O. F. (Durham).—We fear that the insertion of your letter would be much more likely to hinder than further the progress of medical reform. Our action from the first has been perfectly consistent, and our expression of "the mulish hindrance of the irreconcilables" is justified in the eyes of every moderate and right-thinking man. The importation of Arabi Pasha, Egypt, the Arrears Act, &c. into a letter, for which you demand insertion in a medical journal does not quite coincide with our views of the "dignity" to which you refer, and precludes altogether its chance of publication.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

A SPECIAL general meeting of the Society was held on Friday, November 24th, to confirm certain alterations of the bye-laws that had been approved at a special general meeting, held November 3rd. The President, Sir George Burrows, took the chair. The chief alterations made in the bye-laws were as follows:—

The sum required to qualify as an honorary member was reduced by ten guineas; the proposals for membership and the declarations of the widows and orphans may now be signed by two registered medical practitioners instead of by two members of the Society; the admission fee was abolished; the income of the widow eligible for relief was raised from £50 to £30, and certain powers were given to the directors to make extra grants under special circumstances. The age of the orphan eligible for relief was raised to 16 years, and in the case of complete orphans, to 18; and the amount of income of orphans was also increased. In the case of a widow of a member marrying, the child ceases, under the new bye-laws, to have any claim on the Society.

SINGLETON'S OINTMENT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In answer to your correspondent's query as to the composition of Singleton's Golden Ointment, I think that he will find a good substitute—if it be not, as I believe it to be, the identical thing—in 10 gr. of the yellow oxide of mercury, carefully levigated with 2 dra. of fresh butter, or, better still, benzoated lard. This ointment will answer every purpose of the expensive and often rancid *Singleton's Ointment*. The same substance made into an ointment with cold cream is "Payanstick's ointment," so useful in cases of penetrating ulcer of the cornea.

JAMES MARTIN.

MEETINGS OF THE SOCIETIES.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 p.m., Dr. Edward C. Seaton, "On the Influence of Small-pox Hospitals, illustrated by the recent behaviour of Small-pox in Nottingham."

OBSTETRICAL SOCIETY OF LONDON.—This evening, at 8 p.m., specimens will be shown by Dr. Cleveland, Dr. Edis, Dr. Galabin, and others.—Dr. Hopkins Walters, "On a Case of Post-partum Avulsion of the Uterus, Right Ovary, and Fallopian Tube; followed by recovery."—Dr. A. Wynn Williams, "On a Case of Ruptured Perineum; improved method of operating."—Dr. Edis, "On a Case of Epithelioma of the Cervix Uteri, Pregnancy, Caesarean Section; recovery."—Mr. J. Knowles Thornton, "On a Case of Extirpation of Uterus and Appendages for Epithelioma of the Cavity."

HARVEIAN SOCIETY OF LONDON.—Thursday, Dec. 7th, at 8.30 p.m., Continuation of the Harveian Lectures: Mr. Henry Power, "On Ophthalmic Medicine and Surgery in relation to General Practice."

CLINICAL SOCIETY OF LONDON.—Friday, Dec. 8th, at 8.30 p.m., Mr. Godlee, "On Three Cases of Intussusception in Infants treated by Abdominal Section."—Dr. Coxwell, "On the Case of a Child with Symptoms resembling those of Myxodema (patient will be shown)."—Mr. Nunn, "On a Case of Necrosis of the Hyoid Bone and Larynx."—Mr. Davies-Colley, "On a Case of Enormous Enlargement of the Lower Lip, cured by Operation."—Cases of Pseudo-hypertrophic Paralysis in Adults will be shown by Dr. T. H. Green and Dr. J. K. Fowler.

ACADEMY OF MEDICINE IN IRELAND.—Friday evening, Dec. 8th. The President of the Surgical Section (J. K. Barton, President of the Royal College of Surgeons), will deliver an address.—The following specimens will be exhibited by card:—Mr. Keasal Franks—1. Excision of the Knee; 2. Amputation of Thigh for Acute Suppuration of the Knee Joint; 3. Amputation of Thigh for Osteitis of Knee-Joint.—Mr. H. G. Croly—1. Urinary Calculi; 2. Medullary Sarcoma.—Mr. A. Benson—Fragments of Calcareous Cataract dislocated into Anterior Chamber.—Mr. Stokes—1. Medio-Tarsal Amputation for Epithelial Ulceration of Great Toe; 2. Syme's Amputation for Caries of the Tarsus; 3. Supracondylar Amputation for Atrophy of Leg and Extreme Deformity (Varus) of Foot; 4. Teale's Rectangular Amputation of Thigh for Chronic Disease of Knee; 5. Teale's Rectangular Amputation following Excision of the Knee-Joint for Caries; 6. Amputation of Thigh (Antero-posterior flap) from Necrosis of Leg Bone.—The following papers will be read:—Mr. O'Reilly (Trim), "Case of Nephrectomy."—Mr. J. F. Knott, "Case of Dissecting Aneurism of the Aorta."—Mr. H. Fitzgibbon, "Use of Anesthetics in Rectal Surgery."—Mr. Wheeler, "Trephining in Caries of the Mastoid Process."

Vacancies.

Chipping Norton Union.—District Medical Officer. Salary, £65, with the usual medical fees. Applications to the Clerk on or before Dec. 25th.

West Bromwich District Hospital.—House Surgeon. Salary, £30, with board, &c. Applications to the Hon Sec. on or before Dec. 9th.

Appointments.

BRADSHAW, T. R., M.D. Dub., Resident House Surgeon to the Liverpool Royal Infirmary.

CRENN, P. J., M.D., Physician to the Cork North Infirmary.

GRACE, C. E., M.R.C.S., Resident House Physician to the Liverpool Royal Infirmary.

HIGGINS, C., F.R.C.S. Eng., Ophthalmic Surgeon to Guy's Hospital, Ireland. W. W., M.D., Medical Officer to Miss Mary Murray's Hospital for Girls, near Prestonpans.

JONES, D. L., M.R.C.S., Resident Assistant Surgical Officer to Charing Cross Hospital.

LOWE, T. E., M.R.C.S., Resident House Physician to the Liverpool Royal Infirmary.

SPENCE, W. J., L.E.C.P., L.R.C.S. Ed., House Surgeon to the Bradford Infirmary.

WIGAN, C. A., M.R.C.S., Resident Obstetrical Officer to Charing Cross Hospital.

WILSON, A. H., M.R.C.S., Resident House Surgeon to the Liverpool Royal Infirmary.

Births.

CURGENVEN.—Dec. 1st, at 41 Friar Gate, Derby, the wife of William Grafton Curgenven, M.D., of a son.

Marriages.

BATCHELOR—HAWKINS.—Oct 12th, at Port Elizabeth, South Africa, Dr. George A. Batchelor, to Beatrice, eldest daughter of the late James Stillwell Hawkins, M.R.C.S., of Bow, London, and step-daughter of J. Robertson, M.D., Grove Hill, Woodford.

EATON—NOLAN.—Nov. 29th, at Donnybrook, Joseph Eaton, M.K.Q.C.P.I., L.R.C.S.I., &c., to Mary E. Gerrada, eldest daughter of William Nolan, Esq., of Simmonscourt, Donnybrook.

Deaths.

BRAD.—Nov. 22nd, at Laineswood, Burgess Hill, Sussex, after a few days' illness, James Brad, M.D. Edin., aged 60.

JENKINS.—Dec. 1st, at Newton, Plymouth, Sophie Pauline, wife of Dr. James Jenkins, C.B., R.N.

MYLES.—Nov. 23rd, at Parsonstown, at the residence of his brother, Dr. J. P. Myles, W. Zachary George Myles, L.R.C.P., L.R.C.S. Ed.

O'FARRELL.—Nov. 25th, at Taglier, Boyle, Co. Roscommon, Harvard O'Farrell, M.D., F.R.C.S., J.P., aged 71.

SMITH.—Nov. 30th, at Retford, Frederick Smith, M.R.C.S.E., L.S.A., late of 780 Old Kent Road, aged 43.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 13, 1882.

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Original Communications.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.
Surgeon to the London Hospital.

(Continued from page 478.)

THE idea of tolerance seems to have originated partly from the fact that post-mortem examinations of cases of ruptured bladder sometimes detect very slight, if any, traces of peritonitis, and partly from cases which appear to indicate the ability of the peritoneum to absorb urine effused into its cavity. The basis will not support the superstructure. For, if the history and progress of the cases in which pathological peritonitis was absent be examined, all the symptoms of intense irritation and inflammation of the peritoneum will be found, and the issue was death. The presence or absence of lymph as evidence of inflammation and irritation, or the contrary, is little to the purpose. Purulent collections, or serous exudation, may take the place of lymph. In Mr. Spence's case, on opening the abdomen, the large intestine was found contracted, the small intestines were rather more congested than naturally, but the peritoneum presented the usual smooth, glistening appearance. There was no marked vascularity, either of the parietal or visceral peritoneum; its surfaces seemed more bedewed with serous secretion than usual, although this did not amount to serous effusion. There were no adhesions, and only a very few minute flakes of lymph towards the epigastric region. Out of 30 intra-peritoneal ruptures, Dr. Stephen Smith notes that marks of inflammation were found in 27, and were absent in 3. Out of 60 cases in my list in which the post-mortem appearances are given clearly, the marks of peritonitis were strongly developed in 39, slight in 12, and absent in 9. Of the 9 cases, 1 was an insane patient, 4 died early—that is, within two or three days—I died in four and a-half days, another in five, 1 on the seventh day, and the other on the eighth day. Some allowance must certainly be made for errors in observation, for in one of the cases in which it is stated that there were no

signs of peritonitis a patch of lymph was seen over the bladder. Again, in the discussion at the Medico-Chirurgical Society of Edinburgh on Dr. Gillespie's case, one of the speakers described it as almost unique as regarded the absence of peritonitis; but if the account of the post-mortem examination be consulted, it will be seen that, though the coils of intestine were not glued together, there was plenty of turbid, flaky serum in the dependent portions of the peritoneal cavity, and there were numerous patches of bright vascularity on the visceral and omental layers of peritoneum. And here I may say, in passing, that I include under apparent errors in observation such statements as are made in the reports of two American cases concerning the *disappearance of the bladder*. In Dr. Kneeland's (a) case of extra-peritoneal rupture "no part of the bladder was found except the neck, to which adhered shreds of softened membrane in which a blood-vessel was observed, the ureters terminating in a pulpy mass in the pelvic cavity. Dr. Kneeland's patient died on the seventh day. Dr. Pendleton's (b) case is very extraordinary. A boy of 7, with his bladder distended, was trod upon, and was not considered injured till twenty-four hours afterwards. He died on the fourth day. Three gallons of fluid were found in the abdomen with pus in the pelvic cavity. There was *no appearance of the bladder*. Doubtless it was merely strongly contracted, lying concealed deep in the pelvis in front of the peritoneum; whilst in Dr. Kneeland's case, I imagine that the sloughy and infiltrated areolar tissue in the neighbourhood of the bladder was taken for the bladder itself, and that the so-called neck of the bladder was the actual bladder contracted. To support this view, I refer to a case of a man of thirty, who was under Mr. Spencer Wells, (c) He

(a) *New York Journ. of Med.*, March, 1851. This case gave rise to an action against the man who had injured the patient, and some curious evidence was given. Medical witnesses for the defence averred that a man with a ruptured bladder could not make water, and that two quarts of urine could not have been obtained at a time unless the patient had been tapped. With more truth it was urged that probably the bladder had not been found at all, that the bladder collapsed after death would not have been noticed *unless it was looked for*, and that if gangrened it would have been turned black, but would all remain in situ.

(b) *Charleston Med. Journ.*, vol. iv., quoted by Stephen Smith.

(c) *Lond. Med. Gaz.*, Aug.

fell from a hammock, and died on the sixth day. At the post-mortem it was seen that the tissues beneath the superficial fascia of the abdomen were dark-coloured and softened and gangrenous, exuding bloody serum with urinous odour. The cellular tissue round the bladder was in the same condition. The peritoneum was entire, but pushed upwards from the anterior surface of the rectum, and from the posterior and superior surfaces of the bladder, forming a large cavity with coagulated blood and urine, at the bottom of which cavity was the bladder, having a rent $1\frac{1}{2}$ in. long in the anterior wall. The edges of the rent were red and hard.

The majority of the cases in which there was only slight peritonitis died within three days, but Mr. Spence's case did not terminate till the fifth day, and Mr. Ellis's lasted fifteen days. Mr. Spence in commenting on this matter observes "when we recollect the amount of organic changes, such as extreme and general vascularity of the serous surface, the effusion of turbid serum and masses of lymph, and the matting together of the viscera, which usually follow the escape of even a small quantity of the contents of the intestines in cases of minute perforation, and where the fatal result generally occurs more rapidly, or in cases where a comparatively small quantity of urine is extravasated into the subperitoneal cellular tissue, it seems to me that the absence of such appearances in this and some other similar cases recorded, can only be accounted for on the supposition that the extremely destructive character of the extravasated urine in large quantity, and in immediate contact with the peritoneal surface, may so depress the vital powers as to prevent the formation of the ordinary inflammatory products, a condition, however, somewhat difficult to reconcile with the acute nature of the symptoms during life, and the period intervening between the receipt of the injury and its fatal termination." Evidently the tolerance of urine by the peritoneum must be judged not merely by the effusion of lymph, but by the local and general symptoms and by the issue of the case. If the intrusion of urine into the peritoneum produces intense pain, tenderness, and distension of the abdomen, and if these symptoms are accompanied by constant vomiting, restlessness, a sunken anxious countenance, altered temperature, feeble pulse, hurried respiration, clammy sweats, and intense prostration terminating in death, I cannot understand why it should be affirmed that the peritoneum tolerates the presence of urine, because after death it is found to have retained its smooth glistening aspect, and to be free from undue vascularity, adhesions, and lymph. That the peritoneum may absorb urine poured into its cavity I will not dispute. Careful examination of the post-mortem records induces me to think that absorption, if any, must be slight. The absence of any considerable quantity of urine in some of the cases is explained by the withdrawal of the fluid by catheterism of the peritoneum through the rent in the bladder, in others by its diffusion through the peritoneal cavity so that its actual quantity was insufficiently estimated. Many cases show abundance of urine in the cavity for the length of survival. To quote only one instance.

In Mr. Ellis's second case, which terminated on the fifteenth day, two or three gallons of pale urinous fluid were found in the abdomen, allowing for the accumulation of a pint and a-half a day in addition to the amount drawn off with the catheter. But even if urine be absorbed by the peritoneum in any quantity as conjectured by Solly, Le Gros Clerk, Max Bartels, and others, I entertain very little doubt that such absorption must exercise a most depressing influence upon the system of the patient in whom the absorption occurs. This is not denied even by some of the advocates of tolerance. Thus, his lectures "On the Surgical Disorders of the Urinary Organs" (p. 318.)

Mr. Reginald Harrison observes: "There is good reason for believing that the peritoneal cavity is more tolerant of the presence of healthy urine than at first we might be inclined to suppose. In fact, I would go further

and say that, in these cases the fatal peritonitis set up is not due so much to the entrance of healthy urine within the limits of an uninjured peritoneum, as to the decomposition of urine which follows its confinement by, or even contact with, tissues more or less disintegrated by violence. Menzel's experiments (*Wien Med. Wochenschrift*, Nos. 81-85, 1869) are confirmatory of this view, as they demonstrate that healthy urine does not in itself cause destruction, and that its effects on the tissues are innocuous, so long as an escape is provided for it." Mr. Harrison then adduces Mr. Crossley's case, already quoted, as one in which the patient was almost within the limits of recovery, and observes that the patient "was poisoned by his own urea before nature had time to provide some compensating action by which it could have been got rid of. Such instances seem to show that if no extensive damage is done to the structures of the abdomen, if the urine that finds its way into the cavity of the peritoneum is not largely contaminated with blood, or other source of putrefaction; and if escape, as by catheterism, is provided for urine so effused, serious peritonitis is not necessarily provoked. In the majority of cases of intra-peritoneal rupture of the bladder one or other or all of these conditions are usually absent. The urine, under such circumstances, largely mixed with blood decomposes and gives rise to that rapid and destructive inflammation which, in spite of all treatment, brings these cases to a fatal termination in the course of a few days." In short, the subject of an intra-peritoneal rupture of the urinary bladder is placed between two fires—either he falls a victim to an intense peritonitis, or he succumbs to urinary intoxication—and the idea of tolerance disappears, for however tolerant the peritoneum may occasionally appear, intolerance is plainly exhibited by the system of the patient. Nor is urine tolerated by the areolar tissue, be it the urine of the infant or the urine of the adult. Both alike when penned up in the meshes of the tissue will set up intense inflammation, suppuration, and sloughing, and I distrust altogether any statement which would involve any opposite conclusion. I must not, however, pass over an important and interesting observation made by the author just quoted, concerning the innocuous character of urine deficient in its organic solids. Mr. Harrison says: "As bearing upon what has been said about the decomposition of urea as a cause of alkaline urine, I may mention a case which I saw some little time ago which much interested me. It was one of stricture, with extravasation of urine into the scrotum, occurring in a person suffering from Bright's disease of the kidneys. Though the extravasation had come on suddenly, and had existed for twenty-four hours unrelieved, there were no signs of acute inflammatory action and commencing gangrene, such as are usually expected. However, the tension being considerable, I incised the parts involved in the extravasation. As the fluid escaped from the incisions, I noticed that it had not that strong ammoniacal odour which is so perceptible in such cases. Subsequently I treated the stricture, which was exceedingly tight, and for some time kept in abeyance the more threatening urinary symptoms. I was somewhat puzzled for an explanation, as I felt sure that the case was one of extravasation, and not of acute scrotal oedema. How was it, then, that extravasated urine failed to create gangrene? I collected some of the urine as it trickled through the wound, and compared it with some subsequently drawn off by the catheter. I found them identical, and in both there was almost a complete absence of urea. This, then, to my mind, solved the mystery, and explained that as there was no urea to decompose, there was no source for the production of the ammonia by which the destruction of tissues in connection with extravasated normal urine is effected. By the absence of urea the urine was rendered chemically harmless to the tissues with which it came in contact."—*Op. cit.*, p. 51.

At the Galway sessions, a man, named John Hanlon, was sent to gaol for a month, for writing a threatening letter to Dr. Nally, of Kinyarra.

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

(Continued from page 480.)

III.—On the Seat and Mode of Origin of the Disease.

PATIENTS with hip disease seldom die during its early stage; hence post-mortem evidence of the primary changes is rare. We find, therefore, that, through the absence of positive proof upon the point, much speculation has arisen as to the mode of origin of the disease. Every structure in the joint has in turn been mentioned as the seat of origin. Even the synovia has not escaped. Thus, an old writer, Freake, (a) considers the disease to be due to "an acrimonious condition" of this fluid, capable of producing caries of the bone. Synovia, he says, is like "good olive oil for locks," but, adds he, "if oil of vitriol be used instead of it, the effect need not be told." De Haen's (b) view of the seat of the affection is sufficiently comprehensive. He says it may exist "in the integuments, in the cellular membrane, the membrane fascia, the muscles, the involucre of the ischiatic nerve, the periosteum of the bone, the capsular ligament, the cartilages, the bone itself, the glandular innominata, the ligamentum teres, or finally in all the above mentioned parts together." Ford (c) considered that the disease arose in a "morbid state of the cartilages and bones;" Astley Cooper (d) and Coulson (e) that it commenced in the synovial membrane; Albers (f) and Rust (g) that it commenced in the head of the femur; Brodie (h) considered ulceration of the articular cartilages the primary affection; Bell (i) that it commenced in the Haversian gland; Key (j) that it started in the ligamentum teres; Syme (k) that it arose as a chronic inflammation of the bones. Among modern authorities, Hilton (l) considered that, "on the whole, the disease commences more frequently in the ligamentum teres, than in any other portion of the articulation;" Holmes (m) thinks that in many cases the disease begins by inflammation of the ligaments; Barwell (n) thinks there is no doubt that it may begin in the synovial membrane or bone, but not in the ligaments or cartilages; Pirrie (o) that in young children, the disease begins in the cancellous tissue of bone, but that in patients past puberty, cartilage is the primary seat; Erichsen (p) considers that any one of the structures, hard or soft, forming the joint, may be the starting point; Annandale (q) that the head of the femur is most frequently the seat; Druitt (r) that it may begin as inflammation of either bone or synovial membrane; Macnamara (s) that "it may commence in the medulla contained in the head or neck of the femur or of the acetabulum, it may begin in the synovial membrane of the joint, and before puberty in the soft structures situated between the epiphyses and diaphyses of the upper extremities of the femur, as well as in the epiphyses of the acetabulum;" Sayre (t) thinks that it may begin in one of three ways: firstly, as a synovitis, secondly, in rupture of the round ligament, and thirdly, in rupture of minute blood vessels beneath the articular cartilages; Croft (u) believes it begins as tubercle in either bone or synovial membrane; Gant (v) that it commences in the cancellous tissue of the head of the femur or of the acetabulum, probably in both bones simultaneously, this writer also believes that it may begin in the synovial membrane in scrofulous subjects; Bryant (w) that it arises generally as "an inflammatory action of the bone" extending to the joint; lastly, Virgil Gibney, (x) a recent American writer, thinks that it always begins as a central disease of bone.

Having reproduced the above views, as seems only due to the distinguished surgeons who have held them, I would venture to express the opinion as to the seat of hip-joint disease that I have been led to form after considerable study of the opinions of others, of clinical evidence, and of post-mortem appearances. I would urge strongly, that in the great majority of cases, the disease begins as a *simple catarrhal inflammation of the synovial membrane*. Cases beginning in this way I would designate "Cases of Ordinary Origin." A small proportion of cases, however, appear to

begin in one or other of the many ways mentioned above, and these, being comparatively few, I would call "Cases of Extraordinary Origin." A few remarks will be offered upon each class of cases.

1. *Cases of Ordinary Origin.*—In these, as just stated, the disease begins as a simple inflammation, acute or sub-acute of the synovial capsule; the process commencing as active hyperæmia, passing on to exudation into the joint and beneath the epithelium, and ending, if left unchecked, in destruction of the synovial membrane by cutting off its nourishment from beneath. This simple synovitis is probably exactly similar to that which affects the knee-joint after a sprain, the pleura after a chill, or the peritoneum after a wound, and may be caused by the slightest traumatic causes in an individual of weak constitution.

In support of this view of the origin of the disease, both clinical and post-mortem evidence may be offered. Thus, it will be remembered, that one of the earliest clinical signs of the affection is a fulness about the groin, due apparently to distension of the joint by fluid. Prior to this, there is a desire to keep the joint stiff, and the local pain produced by moving the joint is to be accounted for by the friction of the congested and thickened synovial membrane. The pain in the knee, always an early symptom, I believe to be caused by the pressure upon the obturator nerve of the capsule distended by fluid (not to reflex action), for in the case of a synovial membrane exudation follows congestion in quick succession. Further, it will be remembered that the psoas and iliacus muscles pass closely over the capsule to the place of insertion, and when tense they would exercise considerable pressure upon the joint. Hence we find, that quite early in a case the patient keeps his leg flexed and adducted, in this way relaxing these muscles and removing pressure from the joint. Now, it appears difficult to understand that these symptoms should be produced if the seat of the disease were either the acetabulum, the head of the femur, or the cartilage encrusting either bone, for no motion of the joint or alteration in position of the limb would affect these. And if the ligaments were inflamed, a posture which would relax some would render tense others, and pain would not be diminished. With regard to the round ligament, Mr. Key, who considered that the disease commenced in that structure, founded his opinion, not so much upon observed facts as upon the old view that the round ligament checks abduction, a view which is now known to be erroneous.

The post-mortem evidence of the earliest stage, little as this at present is, I would venture to claim as supporting the view I hold. Coulson, in the case of an infant upon whom he made a post-mortem examination, when the disease had existed only two months, found "the round ligament destroyed, and the synovial membrane inflamed, there was absorption of some portion of the cartilage covering the head of the femur, and of the cartilaginous rim of the acetabulum; but, on making a section of the femur the bone was found healthy, and the cartilage no further destroyed." Holmes refers to a case which he examined after death in an early stage, and in which, "little more was to be seen beyond an inflammatory condition of the synovial membrane." In a specimen of a similar case at the Children's Hospital, which Dr. Abercrombie was so good as to show me, there had been distension of the joint with fluid, and the synovial membrane was found congested, especially that covering the ligamentum teres (that is, where there is most room for expansion of vessels). The disease in this case had existed for three weeks only. In another case, mentioned by Holmes, and examined a month after its origin, a quantity of lymph was found in the joint, and some ulceration of the round ligament; and the same author mentions a French case, in which death occurred in a few days from acute abscess, and in which the chief, if not the sole morbid appearance, was an inflammatory state of the synovial membrane, with ulceration of the ligamentum teres (an explanation of ulceration of the round ligament will be given later). Sir B. Brodie records a case in which death occurred a

week after a wrench of the hip-joint. The synovial membrane, in this case, was found ulcerated, and the joint contained about an ounce of dark blood. In the museum of St. George's Hospital is a specimen (y) from a case of ten weeks' duration. Here, not only has the synovial membrane disappeared, but the cartilage also, in parts where the disease has more advanced; showing that the process originated upon the joint surface. A most interesting and detailed account of a case, with post-mortem appearances, both naked-eye and microscopic, is recorded by Dr. Willard and Shakespeare. (z) The account is too long to be reproduced here, but it may be stated briefly that the observers came to the conclusion that the stage was the "first or initial" stage, and that the intensity of the morbid process affected mainly the synovial membrane.

The above cases, in which post-mortem examination has been made comparatively early, have not been selected, but are all of the kind which have come under my observation, and I would point out that in not one of them is there evidence that the disease commenced in either bone, cartilage, or ligament, but that all show, as I believe, the common origin of the affection in an inflammation of the synovial membrane.

(a) Freahe, "An Essay on the Art of Healing." (b) De Haen, "De Morbo Coxarum." (c) Ford, loc. cit. (d) Astley Cooper, "Lectures on Surgery." (e) Coulson, loc. cit. (f) Albers, "Priesfrage." (g) Rust, "Arthroskopologie." (h) Brodie, "Diseases of the Joints." 2nd Edit. (i) Bell, *London Medical Gazette*. Vol. I. (j) Key, "On Ulcerative Process in Joints." *Med. Chir. Trans.*, Vol. xviii. (k) Syme, "Principles of Surgery." (l) Hilton, "Lectures on Rest and Pain." (m) Holmes, loc. cit. (n) Barwell, "Diseases of the Joints." 2nd Edit. (o) Pirrie, "Principles and Practice of Surgery." 1st Edit. (p) Krichsen, "Science and Art of Surgery." 6th Edit. (q) Annandale, "Pathological and Operative Treatment of Hip Disease." (r) Drulitt, "Vade Mecum." 10th Edit. (s) Macnamara, "Diseases of the Bones and Joints." 2nd Edit. (t) Sayre, "Lectures on Orthopedic Surgery." (u) Croft, "Trans. Path. Soc." 1881. (v) Gant, "Science and Practice of Surgery." 2nd Edit. (w) Bryant, loc. cit. (z) Gibney, *London Medical Record*. 1881. (y) Specimen No. 43, Series III. (v) *Boston Medical and Surgical Journal*, Nov. 4th, 1880.

(To be continued.)

TREATMENT OF NEURALGIA. (a)

By CHARLES R. FRANCIS, M.B. Lond., &c., &c.,
Formerly Professor of Medicine in the Medical College, Calcutta.

(Concluded from page 482.)

WITH regard to the various ante-neuralgic remedies in general use, their efficacy consists for the most part in diminishing, or altogether removing, the pain for the time. They are essentially pain-killers. Many of them are simply local applications—as, ointments of atropia, aconite, or veratris; oil of peppermint; a combination of iodoform and chloroform; chloroform alone; chloral and camphor; liniment of belladonna; a strong infusion of capsicum on lint, covered over with gutta-percha; ether spray; hydrocyanic acid and cyanide of potassium; oleate of morphia, &c. Sometimes the benefit of the remedy—taken internally—is limited to certain nerves, as chloride of ammonium, valerianate of zinc, chlorate of potash, croton chloral, &c., in facial neuralgia; gelseminum, chamomile, nitrite of amyl (inhalation), for neuralgia of the fifth pair; carbonic acid injection for neuralgia of the uterus. Then, various remedies are employed to diminish the sensibility of the nervous system generally—as bromide of potassium, cannabis indica, conium, stramonium inhalation, the spinal ice-bag, &c., &c.; or to give that to the nervous system which is supposed to be deficient—viz., phosphorus; or to stimulate it—as tea, coffee, guarana; or to supply some deficiency in the blood—as iron in anæmia. Other remedies are prescribed to give tone to the nervous system and improve the general health—as electricity and galvanism, quinine, and arsenic; the two last, in cases of well-marked periodicity, being given in larger doses to anticipate an attack. Counter-irritation, in the form

of flying blisters, has been recommended for the shifting neuralgic pains common in nervous sensitive women; but, as the pain is pretty sure to go elsewhere, and much cutaneous tenderness is often left, their value is doubtful. Flying blisters, in my own experience, are most beneficial where there is effusion between a nerve and its sheath, or thickening of the latter. I have found them of excellent service in the latter condition in sciatica, applied above, and in the course of, the seat of pain. They are also decidedly useful in intercostal neuralgia after shingles.

All these various remedies (and indeed in some instances nothing more is required—I refer particularly to those that are merely pain-killers) are of more or less value so far as they go; but, for the permanent cure of neuralgia something more, generally speaking, is required. As before observed, all cases cannot, as a rule, be treated exactly alike. To begin with (this is a rule of almost universal application) I recommend total abstinence from alcoholic drinks whether as beverages or medicine—as medicine, I mean, for the neuralgia. Let the neuralgic sufferer substitute Kepler's malt extract, or maltine, for his beer or stout, or even take no substitute, and he will be surprised at the result. It may be that, without anything further, the attacks of pain will altogether cease. If medicine be required I strongly recommend the union of a nervine tonic and an anodyne, administered on a systematic principle, and to serve as a fortifier and tranquillizer of the weakened and irritable nervous system; and, when necessary, in still larger doses as an anti-periodic. In malarious fevers, by adding an opiate to the tonic (quinine), an earlier and more complete cure is ensured. Less quinine, too, when that is given, is needed; and there is, consequently, less probability of tinnitus. So, in periodic neuralgia similar results may be expected. Dr. B. W. Richardson has, in vol. xii. of the *Medical Temperance Journal*, pointed out the advantage of the combination, which is becoming generally recognised.

It is by no means necessary in all cases to give heroic doses of the anti-periodic; though, in those of a chronic nature, it will usually be necessary. Quinine, where admissible, is undoubtedly the best; but, when it cannot be borne, sulphate of cinchonine in similar doses answers almost as well. Salicine may be given in gr. x. doses, repeated at intervals of half-an-hour, up to gr. xxx. Neither of these drugs causes tinnitus when given, even in anti-periodic doses; unless, indeed, these be very large or frequently repeated. Where quinine can only be borne in moderate doses, it and arsenic go very well together; gr. v. of the former, and ℥i. of Fowler's solution; or, ℥xx. of this solution alone will suffice. Though, from ample experience with this drug, I should not hesitate to prescribe even so much as ℥xxx., and repeat it in a short time—say an hour—if absolutely necessary, I think it is preferable to use other anti-periodics in the first instance. Whenever arsenic is used an anodyne should, of course, be combined with it, to counteract its irritating action on the stomach and intestines. It is well to bear in mind that quinine may often be tolerated hypodermically, when the stomach will not bear it: and that gr. v., thus introduced, is equal in efficacy to gr. xxx. swallowed. The neutral sulphate should be used. It is readily soluble (gr. j. to ℥xij.) in water without the aid of any acid—a great advantage, as there is then less fear of irritation of the skin, and boils. It is not uncommon for a patient to say, on hearing that quinine is to be given, "Oh! I've taken lots of quinine." Yes, but how! One frequently finds it prescribed in small doses as a general tonic, but rarely, except, of course, in well defined malarious cases with periodicity, as an anti-periodic. Neuralgic patients often require a deal of looking after. And herein lies the advantage which the practitioner, who sees his patient almost daily, enjoys over the physician who perhaps has only seen him once.

(a) Read before the Harveian Society of London, Nov. 10th, 1892.

The nature of the tonics is a point for consideration. Easton's syrup, as containing quinine, iron, strychnine, and phosphorus, is the best where the several ingredients can be borne. But, whatever be selected, I must repeat my recommendation that an anodyne be combined with it, care being taken to counteract any functional irregularities that may be caused by its exhibition. And of anodynes I would advocate nepenthe, a preparation of opium manufactured by Messrs. Ferris and Co., of Bristol, which deranges the functions, if at all, less than any other—resembling in this respect the bi-meconate of morphia. Hyoscyamus may be substituted in the case of those who cannot bear opium in any shape; or conium, or belladonna, or croton chloral. This last is very promising. Belladonna, which we find in India to be so serviceable in alleviating the neuralgic pains of dengue, might be more extensively used.

Of surgical remedies, as nerve tapping, stretching, and the like, I have no personal experience. One can readily understand that the victim of neuralgia in its most agonising forms—e.g., tic douloureux—would readily hail any measure that gave promise of relief, even excision of a ganglion. There are not cases enough of this operation, or of nerve stretching, on record from which to form an opinion as to the efficacy of either; but, inasmuch as sensations—pain, even—have been felt in the distal ends of an extremity after removal of the limb, I should question the permanent value of the former; and, notwithstanding the recorded efficacy of the latter, I should be too afraid of tetanus (a result which has indeed occurred) to submit to it myself. It seems, moreover, so directly opposed to that most valuable of all remedies, and from which the nervous system would specially derive advantage—viz., rest. I once had a patient who declared that he constantly had neuralgia—and very severely, too—in his hair! Such a case would surely be beyond the reach of surgical interference!

Amongst the most troublesome of the so-called neuralgic cases that come before us are those where neuralgia seems to be blended with myalgia. I am acquainted with a lady who declares that she has a cancer growing in her right side—the exact spot being about the centre of the infra spinatus muscle. The pain, which is always referred to the same spot, is not constant; indeed, she is sometimes without it for several days. It is unaffected by pressure, and unaccompanied by swelling; nor is there any sign whatever of malignant disease. Playing the piano brings on the pain after a time. Nothing can persuade this lady, who is of a highly nervous temperament, and who has suffered severely from neuralgia, that she is not the victim of malignant disease. Within four years she has consulted three physicians, three surgeons, and nine general practitioners—fifteen in all. The late Charles Murchison, and Hilton, Paget, and various others have all coincided in opinion that, upon a very slender basis of truth, there is a huge superstructure of fancy. She is now 40, and, although it is evident that the disorder makes no progress—the lady has lived in dread of an open cancer,—this patient will have it that the cancer is there, and that the doctors are all wrong. In some of these cases there is a rheumatic basis, as in the omodynia, scapulodynia, and dorsodynia, observed amongst labouring men; in others there may, at some previous period, have been slight rupture of muscular fibres; in others there may be a neuralgic origin; in all, more or less defective innervation, so that the particular muscle affected is easily fatigued—pain even being sometimes induced—on exertion. Each class of cases must, of course, be treated in part according to its original nature. A mixed soothing and stimulating plan will usually be attended with most success; but, speaking generally, many cases of this description are, I venture to think, well suited for treatment by massage. To the limited extent of shampooing, or muscular kneading, practitioners in India are familiar enough

with massage. No one who has not experienced it can appreciate the effect induced, where the tired muscles of the legs are kneaded by the hands of an expert after a day's shooting, or other hard work. Fatigue is no longer felt to the extent of preventing sleep, but, in its place, a sensation of pleasurable weariness that cannot be described; nay, sometimes, the weariness disappears altogether as if by magic.

It may be sound and very common-sense advice to give to a lady patient, who complains that when she crochets she has pain in one particular spot in her side,—"Don't crochet." But something more would be expected from a physician; and I believe that in massage we possess an excellent remedy that is well suited to these cases, where the uneasiness—it often hardly amounts to pain—constantly returns in the same spot, until at last the mind is not unnaturally led to imagine the worst. In addition to the general treatment suited to the particular case, whatever amuses the mind and, lifting it as it were out of itself, diverts it into other channels, must have a beneficial effect.

Neuralgia is often regarded as hopelessly incurable. And so, at one time, was the "collapse" condition in cholera; whereas, now, fifty per cent., under appropriate treatment and if the patient have a good constitution, recover. I would, therefore, urge upon my professional brethren, when treating the most unpromising case of neuralgia as when endeavouring to maintain life in the most advanced stage of that fell disorder, the adoption of the motto "*Perseverando*."

THE ESTABLISHMENT AND MAINTENANCE OF BRAIN HEALTH. (a)

By J. BATTY TUKE, M.D., F.R.C.P., F.R.S.E.,

Formerly Morrisonian Lecturer on Insanity, Royal College of Physicians, and Lecturer on Mental Diseases, Royal College of Surgeons, Edinburgh.

DR. TUKE said he held it to be a well-ascertained physiological fact that the brain cells were organs which could be acted on for good or for evil, and that they were directly subject to the laws of health. It might be said in passing that, as a nation, we had decided to adopt a system of education which was in itself the greatest brain tonic at our command, a remedy which, if not altogether a specific, must strike deeply at one great cause of crime, misery, and degradation. Especially in our great cities there was a considerable class the members of which might be termed moral idiots. A child brought up, or rather dragged up, in a cellar, whose parents were thieves by profession; whose companions were equally degraded; who was surrounded from his earliest days by scenes of debauchery and wickedness, must almost inevitably fail to develop a moral sense. Right was wrong to him, and wrong was right. Strictly speaking, this was his moral sense. Some of them might feel at times inclined to grumble at the expense and working of the Education Act; but the grumble would cease if they reflected that they, as a nation, were doing their very best to remove a serious opprobrium from society. The Compulsory Education Act was something like the Compulsory Vaccination Act. Society had determined, in the one case, to apply a preventive to the spread of a serious and dangerous bodily disease; and, in the latter, to a grave and serious moral disease. In speaking of the influences which act for good or evil on the brain, Dr. Tuke alluded first to those over which the individual had no control; and, second, to those over which every man and woman could exercise control. The influences over which the individual had no control were those connected with his antecedents and up-bringing. A man might be handicapped in life by the mistakes or faults of his ancestors; and, different from the racehorse, he had to carry weight in the race

(a) Abstract of Lecture delivered before the Edinburgh Health Society, Dec. 2nd, 1882.

of life according to his imperfections, not according to his advantages. There was a pretty general consensus of opinion that consanguineous marriages were on the whole to be deprecated. If they tasked their memories, and tried to remember how many perfectly healthy families they had known—families without a history of consumption, gout, rheumatism, affections of the nervous system, &c.—he feared the number they could estimate would be very small; and if they took into account the tendency of such diseases to become intensified in the children of cousins, he thought they would agree with him that consanguineous marriages involved a risk which it was not well to incur. Alluding next to a question which was often put him by anxious parents, whether it was advisable to allow their children to marry into families in which nervous disease was known to exist, he remarked that, of course, as an abstract proposition, there was but one answer to the question—that it was not advisable; but while he did not advocate marriage under such conditions, he expressed the opinion that there was not much more, if any, reason for avoiding a family in which there was a history of nervous instability than there was for avoiding families in which other forms of hereditary disease existed. Passing to consider the practical questions connected with the rearing of the infant and child, he said every child's future history depended on the food it got and on its surroundings. Much depended on the mother; if healthy, she should suckle her child, but not for too long. He had met with many cases in which the sole ascertainable cause of nervous symptoms in young children was their being too long suckled. But the mother herself must be well fed, and this brought him to the consideration of another question.

In some respects he believed the food of the working classes in Scotland was improved, partly because wages were higher, partly because in the new workmen's houses the means of cooking were better, and partly because new articles of diet had been introduced into the market. But he also believed that it had become deteriorated in a very important item—porridge and milk—for which had been substituted a much less nutritious, and in itself a somewhat deleterious article of diet—tea and bread. The physiologist would tell them that porridge and milk was a "typical" food—that was, that it contained all the necessary constituents of food in the most perfect proportions. He had nothing to say against the staff of life so long as it was sound in quality and well fired, except that it was not such a typical food stuff as oatmeal, and, weight for weight, did not possess as equal power of nutrition as porridge. He advised all working men, whether they worked in the workshop, in the office, or in the study, to feed themselves, their wives, and their children, at least once a day on the most perfect form of food which God had given them—porridge and milk. The next subject which naturally suggested itself as exercising an important influence on the child's brain cells was education.

With every respect for the management of public philanthropic institutions, he would much rather see a child of his less well dressed, less well fed, living early into real life, his brain cells absorbing real experience, and becoming educated by normal vicissitudes than see him the best boy in the best hospital in the country; and, speaking as a physician and a physiologist, he would advise all to avoid the temptation, should it be presented to them, of sending their children to any institution when, by any sacrifice, they could keep them at home. Of course, a child had to encounter greater dangers at home than when shut up in a monastic institution. They were overworked, and overworked themselves, at school. One of the great causes of overstrain in early youth was the vicious system of offering prizes for competition. It deflected the mind of the child from the main aim and object of its study, and often defeated the object which it was hoped to obtain. The youthful mind must not be pressed too far in the direction of

abstract facts and theories. Our own educational system was running somewhat wild in this direction, and the child's brain did not get time to assimilate the food it got. A sort of brain dyspepsia or indigestion set in.

His experience might be exceptional, but it tended towards the opinion that the rising generation was not so well acquainted with the standard literature of our own country as boys and girls were twenty-five or thirty years ago. He dared say its knowledge of the hard facts of history was more exact, the rules of arithmetic might be more thoroughly understood, but he doubted very much whether "Robinson Crusoe," the poems of Burns, the "Pilgrim's Progress," Sir Walter Scott's glorious novels in prose and verse, Prescott's "Conquest of Mexico and Peru," and such like educational influences were as much at work as they used to be. Careful reading of such standard books helped the boy's and girl's brain to assimilate the tougher food it received at school, and introduced a digestive power which helped to diffuse the aliment throughout the whole mental system. Having pointed out the necessity of teachers knowing how to administer intellectual aliment carefully and thoughtfully, and how brain health suffered now-a-days, if there was truth in the statement that the pupil was being made for the school, not the school for the pupil, Dr. Tukey remarked that a great deal had been said and written of late about the overworking of girls and young women in schools and colleges, and his friend Dr. Clouston had come forward as the champion of health and ignorance for women. He could not help thinking that Dr. Clouston had overstated the position of matters; that he had based his opinions more on the observation of isolated cases than on the general condition of highly-educated women; that he had mistaken the wail of the one for the murmur of the many. No doubt a certain number of young women suffered and broke down whilst studying, but this did not necessarily imply that study was the cause of the breakdown. Idleness and ignorance were much more prolific causes of disease amongst women than overwork. They were the main producers of hysteria, and all sorts of vapourish complaints, of many ills and evils, and of insanity, if not of insanity. As a matter of fact, it was not an easy thing to overtask the energies of the brain by work. It was not work, but worry that killed the brain. The latter, he feared, must be ever with us all. The most highly-educated and hard working women whom he had the honour of knowing were eminently healthy. Perhaps this might be the "survival of the fittest;" but even granting that it was so, the more women worked, the more fit women they would have. But breakdown from overstrain did occasionally take place, and the first really important symptom was sleeplessness; when that set in there was cause for alarm. Loss of sleep was brought about thus:—When the brain was being actively exercised, there was an increase of blood in its vessels—this was spoken of as "functional hyperæmia." If they continued the exercise of the brain powers too long, there was a tendency for the blood to remain in too great quantity from the cells becoming exhausted and not being able to control the vessels. In sleep the amount of blood was diminished, and sleep could not be procured if this functional hyperæmia persisted. In the absence of sleep, the cells could not recover themselves, and their activity became impaired. Headache, loss of appetite, and general listlessness followed; then changes in the character of the blood, and the trains of symptoms so ably described by Dr. Clouston. As soon as a child or young person developed continuous headache, work should be discontinued at once. In conclusion, Dr. Tukey remarked that most men working in the same department of medicine as he did recognised that if there was a hope of diminishing the amount of brain disease, it was to be effected by preventive medicine, and he had therefore directed their attention more especially to the transgressions of the father than to those of the son.

Clinical Records.

ST. MARY'S HOSPITAL.

Chronic Destructive Arthritis of Knee-Joint—Excision—Temperature normal throughout after the seventh day—Cure.

Under the care of Mr. NORTON.

THE subject, a boy, *æt.* 4, whose history could not be obtained, was admitted on the 24th February, 1882. At the date of admission the left knee-joint was considerably enlarged, the ends of the bones femur and tibia being increased in size, and the synovial membrane thickened and protruding as a pulpy mass on each side of the patella; the leg was bent at almost a right angle with the thigh, and could not be straightened, any attempt at so doing being accompanied by severe pain. About two inches above the knee on each side of the thigh was an abscess, fluctuating, but not yet discharging. The abscesses were opened, and then poulticed, but, as the poultices soon brought about an eczema, they were replaced by vaseline applications. An attempt was made to straighten the limb somewhat by means of a McIntyre splint whilst the patient was under chloroform but so much pain resulted, and the child cried so incessantly, that it was removed on the following day, and a light weight and pulley ordered to be applied to the foot.

Little or no change took place in the state of the patient. He took his food well, and temperature was normal throughout, and on the 29th March the abscesses were still discharging, but a probe would not pass into the joint. The symptoms of disease of the joint were masked, for the child was apparently in good health and spirits, and suffered from no symptomatic fever or constitutional symptoms. Yet it was evident that the joint was somewhat extensively diseased from the pain produced when any attempt was made to straighten the limb, from the enlargement of the entire joint, and especially of the prominence of the pulpy synovial membrane on each side of the patella.

On the 19th of April it was decided to resect the joint. A curved incision was made below the patella and that bone turned upwards and the joint exposed; the ligaments were cut through and the ends of all the bones made to protrude; sequestra were found in both the femur and tibia, and the diseased portion of both bones was sawn off; bleeding, which was rather profuse, owing to the dilatation of vessels from the long-continued chronic inflammation, was arrested by ice. The bones were now approximated, a drainage tube inserted on each side, and the limb fixed upon a back splint. Listerian principles were strictly carried out throughout the operation and after treatment. Two minims of liq. opii sed. were given in a teaspoonful of water every hour till the patient went to sleep; and he passed a quiet night. On the 20th April the limb was dressed antiseptically, and the wound syringed through to wash out any clot of blood, the temperature of patient being at the time 102.6°. The traumatic fever remained at about 102° till the third day, when the temperature dropped to normal, though it rose again in the evening to 101°. After this the temperature lowered gradually till the seventh day after the operation, when it became normal and remained so during the rest of the convalescence of the child. The child's pulse was quick, often 140 per minute, though I think nervousness had a great deal to do with the rapidity of pulse; yet taken when the patient was asleep, it was still 110 per minute. The dressings were changed every two days for a time, and after the first week only once in three days, then once only in the week.

The splints were not removed till June 12th, after which patient was allowed to crawl about the ward. He was discharged on July 20th, considered to be cured.

Seen on December 8th, that is, more than nine months after the operation, the bones were well fixed, in a perfectly healthy condition, and the limb was about an inch and a-half shorter than the sound limb. The child walks about, looks healthy, and is in good condition.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 8TH, 1882.

The President, Professor LISTER, F.R.S., in the chair.

Mr. RICKMAN J. GODLEE on

THREE CASES OF INTUSSUSCEPTION IN INFANTS TREATED BY ABDOMINAL SECTION.

Case I., *æt.* 9 months, was admitted into University College Hospital with well-marked symptoms of intussusception, from which it had been suffering for four days. The bowel protruded at the anus. The child was very ill and weak, and it was doubted whether it was justifiable to perform any operation. It was not thought wise to spend much time on attempts at inflation, and accordingly abdominal section was performed without much delay. Antiseptic precautions were adopted throughout; the child being as far as possible protected from the chilling influence of the spray by using as small a volume as possible, and wrapping up the greater part of the trunk and legs in cotton wool. No great difficulty was experienced in finding the point of involution, nor in reducing the intussuscepted part; the wound was secured as in an ovariotomy, and a dressing of iodoform wool was applied and secured by a flannel roller. The temperature rose the day after the operation to 105, but soon fell to about 100. It was necessary to give small quantities of brandy after the operation, and for some few days minim doses of laudanum were given to check restlessness and a slight diarrhoea which ensued. A little suppuration occurred along the course of the sutures, but the wound healed well, and by the eleventh day it had completely closed, the child being apparently in perfect health.

Case II. was a somewhat younger child who had been seized with sudden pain two days previously. The symptoms of intussusception were clear, and a sausage-shaped tumour was felt to the right of the umbilicus easily movable, especially from above down. In the intervals between the spasms, the child was apparently free from pain. Under the influence of chloroform, the tumour could be easily felt, and it was thought that it diminished under manipulation, but as a considerable mass remained, the abdominal section was performed as in the previous case, and reduction was effected by grasping the end of the ileum and drawing it toward the wound. Next morning the child seemed pretty well, but peritonitis set in rapidly, and death occurred the following night. The spray used in this case was remarkably small. At the autopsy the last two inches of the ileum and the first two of the cæcum were found much congested and thickened, and some slight ulceration had occurred in the ileum; the rest of the intestines were almost empty. There were marked appearances of peritonitis.

Case III.—A child, *æt.* 14 weeks, was admitted into the North Eastern Hospital for Children, with symptoms of intussusception that had lasted several days. The child was very ill, and the abdomen much distended and tender. The bowels protruded at the anus. Abdominal section was performed. It was very difficult to find the point of involution, which was seated deeply in the splenic region and correspondingly difficult to effect the reduction. After about four inches had been drawn out the cæcum and vermiform appendix appeared, and thinking that the reduction was complete, Mr. Godlee drew the cæcum towards the iliac fossa and closed the wound in the abdominal wall. The child never rallied, but died eight hours after the operation. At the autopsy it was found that seven inches of large intestine still remained unreduced. It was clear that the involution had commenced, not as is usually the case, at the ileo-cæcal valve, but at some point in the course of the transverse or perhaps the ascending colon. Some sloughing had already occurred in the cæcum. Mr. Godlee pointed out how easily such a mistake as that which he made in the last case may occur, and the manner in which it may be avoided. He did not feel discouraged by the result of the last two cases, but, whenever the gut protruded at the anus, he would at once proceed to the operation, or at all events would not waste much time in attempting inflation. On the other hand, in cases such as the second recorded he would give inflation and injection a good trial, since those are the cases most likely to be cured by this proceeding, and they are in a condition better able to bear the exhausting results which it causes; and moreover, it is clear that the danger of peritonitis is a real one, even if the operation be carried out antiseptically.

THE proceeds this year of the Hospital Saturday and Sunday collections in Manchester amount to £7,537, being an aggregate increase of £1,585 over the sum raised in 1881.

Mr. GEORGE BROWN ON A

CASE OF ACUTE INTUSSUSCEPTION.

The patient, a little boy, aged two years and nine months, an active and robust little fellow, was taken suddenly ill about an hour after a hearty breakfast, on the morning of Friday, April 14, 1882, with severe abdominal pains, followed by sickness and constant desire to go to stool. His bowels had acted naturally in the morning, and up to the sudden attack he was apparently in excellent health. Mr. Brown saw the patient within an hour of the onset of the symptoms, and found him on the sofa crying and writhing in agony. Ordered hot fomentations to abdomen and two-minim doses of liq. opii sed. every hour. The symptoms, however, continued very severe the whole day, and towards night blood mixed with mucus was voided from the bowels in considerable quantity. This pointed almost conclusively to the nature of the case, and the diagnosis was confirmed on the following morning, by which time the invaginated intestine could be felt in the rectum. The abdomen was much distended, and there was a large sausage-shaped tumour in the left inguinal and lumbar regions. The case being one of extreme gravity, Mr. Brown suggested the calling in of a consultant, and Dr. Cholmeley saw the patient on the 15th, who recommended enemata and insufflation, with the internal administration every hour of a full dose of henbane, to be tried before resorting to an operation. The henbane, after a few doses, had a very soothing effect, but the enemata and insufflation only seemed to aggravate the symptoms, causing more straining and some signs of collapse. On the next day (Sunday), finding treatment unavailing, the parents consented to an operation, although, from the severity of the symptoms and the semi-collapsed condition of the patient, success seemed almost hopeless. Assisted by Mr. F. H. Hume and Mr. J. B. Cook—chloroform having been administered—Mr. Brown performed abdominal section, making the incision just at the inner margin of the tumour, about two and a-half inches to the left of the middle line. After considerable difficulty the point of invagination was found, but all attempts at releasing the incarcerated gut by the usual methods failed. After the patient had been under chloroform about an hour it was decided to discontinue further attempts at reduction. It was then found impossible to return the portion of intestine which had been drawn through the incision to the abdominal cavity in consequence of extreme distension with gas. As pricking with needles seemed to cause no diminution in bulk it was deemed advisable to make a small longitudinal incision in the descending colon to facilitate the escape of gas and fecal matter (if any). This procedure at once revealed the cause of the failure to release the invaginated bowel. The inflammatory action had been so severe as to cause firm adhesion of the mucous membrane of the colon and that of the invaginated small intestine. The latter was also of a very dark colour. The bowel was then returned to the abdominal cavity, and the wound closed, except a small portion which was left as in the operation for artificial anus. The child recovered from the immediate effects of the operation better than could have been expected, but later in the evening severe retching and vomiting ensued, which speedily resulted in collapse, and death took place about six hours after the operation. Mr. Brown said the chief features of the case were the rapid and acute character of the symptoms, and the fact that although only about fifty-two hours had elapsed from the onset of the attack to the performance of the operation, firm adhesion of the intestinal surfaces had taken place. In any similar case he would have great confidence, supposing milder measures failed, in recommending the performance of the operation as soon as possible after the true nature of the case had been recognised. In future he should select the middle line for section, as offering greater advantages for manipulation than that selected in the present case.

Mr. BRYANT congratulated Mr. Godlee on the courage he had exhibited in acting on the opinion he had formed from the result of his first operation. Though but one successful issue was recorded, the facts were of a nature to support the adoption of early interference, for it could not but be felt that valuable time had been lost in dealing with the second case instanced, which might possibly have terminated successfully had speedier measures for relief by operation been resorted to. Mr. Bryant was struck by the ease with which the intussuscepted bowel had been withdrawn in all the cases; Mr. Brown's case, on the other hand, afforded an example of rapid

inflammation. The analogy between hernia and intussusception ought always to be borne in mind, and that taxis, though a valuable measure in early stages of each, would prove injurious at later periods; so, also, with intussusception, immediate resort to injection, &c., was justifiable; while, later on, nothing but operation could be expected to afford successful results. The occurrence of rare cases of spontaneous reduction should not be permitted to influence the judgment of surgeons in respect to treatment, in the direction of supplying a rule of conduct in these cases, for such terminations could only be regarded in the light of surgical accidents. The third case reported by Mr. Godlee, offered an instructive example of the fact that the extent to which invagination might occur could not always be determined with accuracy.

Mr. HOWARD MARSH said that successful instances of treatment of intussusception were rare, and that Mr. Godlee's first case proved both the possibility of performing abdominal section on infants without fatal consequences, and that mechanical treatment of intussusception offered some prospect of a favourable result. Mr. Bryant had suggested the right method of considering these cases by comparing them with hernia, for in both classes of obstruction the time would arrive when nothing but mechanical means of treatment could avail. It was no argument against such interference to urge that the issue was rarely successful. Mr. Brown's case was instructive as showing the rapidity with which inflammatory changes following strangulation might occur; Mr. Godlee's first case demonstrating an opposite conclusion. Existence of hæmorrhage afforded evidence both of strangulation and of continued circulation concurrently, as was pointed out by Dr. Hilton Fagge. It was more important to consider the duration of such strangulation than the length of time during which invagination merely had existed, the period at which the former came on being very variable. Mr. Marsh urged fearless and early operation in such cases, without undue loss of time in preliminary efforts at reduction by the milder methods of inflation and injection, for the severity of the proceeding offered no reason against its adoption, inasmuch as it alone afforded any prospect of preserving life in cases where less radical measures proved useless, as happened in the great majority of intussusceptions. He thought Mr. Hutchinson's suggestion to avoid pulling on the portions of intestine affected most valuable.

Dr. F. TAYLOR narrated the histories of three cases of intussusception under his care last year, in two of which recovery followed inflation. In both instances intussusception had lasted from three to five days, but the symptoms set up were not at all severe; the ages of the patients were five years, and eight to nine years respectively. The third, an unsuccessful case, was that of a much younger child, and was accompanied by very severe symptoms of acute suffering. Inflation was adopted with the result of reducing the size of the tumour from that of a hen's egg to that of a hazel nut; but the original dimensions were restored after a few hours. The case was seen by Mr. Golding Bird, and inflation by air attempted with a similar result, and the child died about three hours afterwards. Post-mortem examination showed that the intussusception was not at all reduced, and even the injection of water failed to remove the condition; operation in this case must have been of very doubtful value, but Dr. Taylor agreed to the importance of early operative procedure as a rule.

Dr. MAHOMED narrated a case of chronic intussusception seen by himself a short time ago. It had lasted for three months, and at one time protrusion of four or five inches of intestine had occurred. For many reasons, which he would not stay to explain, diagnosis was obscured, but the question had arisen whether it might not be well to excise the whole portion of affected bowel, first cutting down upon its site. This proceeding seemed to afford the sole chance of cure in chronic cases, and he would propose its adoption. He had seen so much injury follow mere reduction of the intussuscepted gut, that he believed it would be in every way a better plan to remove it altogether from the body.

Mr. HOWSE was anxious not to depreciate operation in these cases, but at the same time he felt there were many difficulties in the way of success. He had operated in four cases of intussusception, in one of which preliminary treatment by inflation, &c., had failed; in two of them there was protrusion of intestine from the anus. Abdominal section was resorted to eventually, and in two cases the unreduced portions of intestine were excised. He found that many difficulties must be encountered in this operation, and especially from the escape of feculent material and air at one stage of it, to prevent the injurious effect of which he

advocated the employment of a shield of rubber or other suitable material. Union of the divided intestine would also be found a difficult matter, from the resistance to its withdrawal far enough to admit easy manipulation. These considerations suggested a necessity for replacing present operations by some other proceeding, by which the need for abdominal section might be avoided; and in this connection it would be well to bear in mind the case in which an Italian surgeon, mistaking a protruded intussuscepted intestine for prolapsus ani, had drawn the gut down and cut it off, with the result that complete recovery ensued. Mr. Howse considered this operation was worthy of imitation; it was certainly much simpler and easier than that involving abdominal section, and risks of peritonitis might be much reduced by appropriate treatment of the peritoneal surface exposed by means of sutures.

Dr. ANDREW CLARK congratulated Mr. Godlee on the frankness he had exhibited in describing his unsuccessful cases, and expressed a wish that surgeons would keep careful records of all facts in respect to temperature, &c., observed in these cases, as thereby they might accumulate evidence of utility to physicians.

Mr. WARRINGTON HAWARD commented on the importance of distinguishing between mere invagination and strangulation of the intussuscepted mass, which latter condition could not always be readily diagnosed from the symptoms present. Even acute symptoms could not be held to prove the existence of strangulation, as was shown in a recent case of his own. In this instance a child, seventeen months old, was brought in with a history of acute pain and vomiting five days before. These symptoms persisted, with accompanying constipation, relieved only by the passage of a single motion, and blood had been discharged two days after the onset of the attack. Dr. Cafavy saw the patient, and at once diagnosed intussusception. Ether was forthwith administered, and inversion, &c., were tried without effect. Abdominal section was then performed, when, notwithstanding the acute symptoms so long maintained, the invaginated bowel was at once easily withdrawn. The difficult part of the operation, however, then began. Part of the distended small intestine had escaped in spite of all efforts to retain it, and it could not be returned without splitting the peritoneum. Inversion of the child was useless to force the gut back, and this was eventually punctured in several places. Even then the peritoneum was split, and a trocar had to be employed for relief of the distension, the manipulation and time thus required being both very considerable. The child died a few hours after, and commencing peritonitis was found post mortem, due, no doubt, to the handling suffered for so long.

Mr. MARCUS BECK had performed the operation once, and likewise experienced difficulty in returning the intestine to the abdomen. The child apparently died under operation, but was restored by artificial means, only, however, to succumb thirty-six hours later.

Mr. PEPPER remembered the case mentioned by Mr. Beck, to whom he was acting as house-surgeon at the time of the operation. In another case he had seen similar results occur.

Dr. BUZZARD urged the advisability of bearing in mind that cases of intussusception differed from those of ovarian disease, in which no attempt at natural recovery ever took place. No obstruction occurred as a consequence of intussusception until formation of adhesions commenced, from which time natural recovery advanced; subsequent ulceration progressed, so that the invaginated part became detached and thrown off, thus restoring the lumen of the tube. In most cases death preceded this fortunate termination, an event expressed by the French phrase, *elle mort guérie*. This tendency to natural recovery on the part of intussuscepted intestine removed it from that class of disease, in which abdominal section had been attended with such brilliant success.

Dr. GLOVER suggested the possibility of employing extract of belladonna as a remedial agent with advantage in cases of intussusception. By the success attending its use on one occasion a child, who had suffered for ten days from intestinal obstruction was saved from being submitted to abdominal incision for its relief. Large doses of the drug were given, and recovery ensued.

Prof. LISTER remarked that Mr. Howse's suggestion deserved very careful consideration, the proposed operation being in effect an imitation of the natural process to which

Dr. Buzzard had referred. He had no doubt in his own mind that peritonitis in Mr. Godlee's second case resulted entirely from the condition of the bowel, and not to manipulation of the peritoneum. Mr. Lister commented on the want of frankness displayed by surgeons who described themselves as not operating antiseptically, simply because they dispense with the spray—the least important element of the system. Such surgeons, by the minute precautions they took to ensure perfect cleanliness and asepticism, did in reality operate antiseptically.

Mr. GODLEE, replying to the discussion, said that strangulation was acute in his second case, thus supporting the opinion of the President. His (Mr. Godlee's) statements were all made with reference to very young children, in whom inflation was attended with least benefit. This treatment was better adapted to older patients, who stood it well, as Dr. Taylor's cases had shown. He could not think surgeons were justified in awaiting separation of the invaginated gut by natural processes in infants; and he admitted that difficulties in the way of diagnosing strangulation were undoubtedly great. In dealing with his own cases, he had employed but little force or traction, but rather pulled out the inner, at the same time unrolling the outer, piece of intestine. In Mr. Hutchinson's case reduction was accomplished after existence of intussusception for one month, so that time could not be taken as a proof of impossibility of successful treatment. In both his own cases temperature before operation was not above 99°, but afterwards went as high as 108° or 104°. He also had found it difficult to return the escaped small intestine.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TYPHOID FEVER.—The whole meeting of the Académie de Médecine, on Wednesday last, was devoted to the all-absorbing question of the epidemic of typhoid fever. M. Gueneau de Mussy, who opened the discussion, called the attention of his colleagues to the influence of the different qualities of water on the present epidemic. It is well known that water contaminated with faecal matter is the most powerful vehicle of typhoid fever. There was a canal that furnished water to 600,000 inhabitants, and that water was proved to be seriously contaminated. He considered the fact to be serious enough to demand the immediate attention of the authorities, or otherwise the city would never be free from the fever. The town of Brussels and other large European cities were well supplied with pure water, and Paris should not be inferior in that respect. M. Hardy criticised the treatment adopted by M. Herard, and of which he gave an account at the last meeting. He considered the doses employed by him of salicylic acid, phenic acid, and especially sulphate of quinine, to be far from innocuous. He had visited a typhoid patient whom he found to be suffering from cerebral and pulmonary congestion; the temperature had also fallen below the normal. On inquiry he was told that she had taken 30 grains of quinine and 10 grains of phenic acid daily. He put her on cinchona and opium, and now she was recovering. Two days afterwards another patient succumbed, and he attributed the fatal result to the large dose of quinine administered two days previously (30 grains each day). In another hospital about the same time a patient died suddenly after taking 45 grains of quinine. He did not ignore the fact that sometimes patients died suddenly in typhoid fever without any explicable cause, but those cases were rare. Although he had cited only three cases that might be safely attributed to the large doses of the quinine, yet he believed that if there were not more accidents it was from the fact that in a large number of patients the absorption was not complete. In his hospital, where the treatment adopted was purgatives, tonics, enemas

(simple), and light diet, the mortality was exactly half that observed under other treatments. As to the high temperature, he never was afraid of it as long as the pulse was not in proportion. He believed that the pulse was rather neglected in these cases, all the attention being given to the temperature. In typhoid fever the pulse is often below 100, and the temperature at 102° or 103°. In such cases he generally gave a favourable prognosis. M. Hardy concluded by expressing the hope that all the heroic remedies would be abandoned, and that the old classic treatment would be continued. M. Hérard, replying, defended energetically his treatment against the attack that had just been made, and cited as authorities Barthez and Rilliet, who, with many others, employed with good results this treatment. He could not consider that M. Hardy had succeeded in proving that the fatal results of the cases he mentioned was due to quinine. As to the phenic acid, he considered it a good local antiseptic administered in enemata at the dose of 4 or 5 grains. M. Legouest did not believe with M. Hardy that the sudden deaths were to be put down to the treatment adopted, but he did not think that quinine given without acid, and in wafers, according to the method of M. Hérard, was a good plan, as it was liable to pass through without being absorbed. He cited the case of a patient who thus passed through the rectum from ten to fifteen of these wafers of quinine intact. After a few remarks from M. Beaumetz, who was inclined to coincide with M. Hérard and the last speaker, the assembly arose.

THE *Union Médicale* reports the case of a woman who was delivered of three girls and a boy. The four children together weighed six kilograms and a quarter. Three were born dead and the fourth was very feeble.

THE Lords Commissioners of the Admiralty have awarded to Dr. Henry J. Domville, R.N., C.B., Honorary Surgeon to the Queen, the Good Service Pension of £100 a year for Inspector-Generals of Hospitals and Fleets, vacant by the death of Dr. James W. Johnston, R.N., Honorary Surgeon to the Queen.

AN anonymous donor has presented the Ventnor Consumption Hospital with funds for an additional house and furniture, to meet the great pressure of applicants for admission. The Committee are anxious of receiving offers to erect two more houses, so that a complete block may be built.

SURGEON-GENERAL Sir J. A. Hanbury, K.C.B., who was principal medical officer of the Egyptian Expedition, and Principal Veterinary Surgeon J. J. Meyrick, C.B., are to remain for the present at Cairo, Sir Archibald Alison considering their presence desirable in consequence of the sickness which prevails among both men and horses of the Army of Occupation.

A POOR-LAW Conference for the county of Yorkshire will be held at Halifax on Thursday, December 21st, when papers will be read on "Recent Legislation," "The Education of Pauper Children," and on "Settlement and Removal," by the President and others; and one on "Vaccination," by Dr. T. M. Dolan; the latter is expected to provoke considerable discussion, in view of the recent Norwich inquiry.

REGISTERED FOR TRANSMISSION ABROAD.

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Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 13, 1882.

INTUSSUSCEPTION.

ON Friday evening last the Clinical Society of London was engaged during its whole meeting with a discussion on intussusception, to which a paper read by Mr. Godlee gave rise. In this communication Mr. Godlee described three cases of abdominal section for the reduction of invaginated intestine, performed by himself on young children, with the result that one recovery and two deaths ensued. It would be ungenerous for us to withhold an expression of admiration at the fearless honesty and frankness which was exhibited by the author of the paper in thus publishing the disasters attending his treatment in the two unsuccessful cases; and it will be generally felt that the encomiums so gracefully and happily addressed to Mr. Godlee by Dr. Andrew Clark in this connection were universally deserved by their subject. Mr. Godlee, however, was less than just to himself in describing as a blameworthy error his *failure* to distinguish in one of his cases that the whole of the invaginated portion of intestine had not been retracted during operation. In his account of the case he draws attention to this omission with the intention, apparently, of charging to his own account the commission of a fault which may only too readily be forgiven him. It would need more than human skill and intelligence to avoid the possibility of such an error under all circumstances, for at the best the sense of sight can be depended upon in such cases to a far less degree than the tactile sensibility of the operator. With only his fingers to guide his judgment he may

very well be mistaken concerning the amount of reduction accomplished; and though the continuity of peritoneal surface may be urged as conclusive proof that the invagination has been completely unfolded, yet it is by no means an impossible or improbable accident that to the touch this continuity might seem to exist, while a portion of the intussusception remained within the containing gut. It cannot, therefore, be regarded as a blunder of an unpardonable description that in one of the three cases narrated the accident occurred, but rather as a demonstration of the extreme difficulty attending the relief of intussusception in children so young as those dealt with by Mr. Godlee.

The discussion to which we refer turned mainly on two points, these being whether, and when, operation for the reduction of invagination should be undertaken. That the prospect of successful interference diminishes in proportion as it is delayed, may be taken as the general opinion expressed during the debate, although Dr. Buzzard urged that the natural tendency to recovery by sloughing of the invaginated intestine removed cases of intussusception from the category of those diseases which imperatively demanded operative treatment through abdominal section. Even he, however, made due allowance for the rarity of this termination, the frequency of which is certainly not of a character to justify much hope from such expectant methods. Particularly also is it futile to trust to it in the case of very young children, whose vital powers are wholly unequal to lasting through the time essential for the development of all those inflammatory changes in the strangulated gut which must necessarily precede its removal by natural effort. Several speakers appeared to lose sight of the fact that the question in hand was that of the treatment of intussusception in infants, and thus they launched into discussion of subjects which were in reality extraneous to the paper.

In all Mr. Godlee's cases except the last the intussusception was of the common ileo-cæcal variety; in each it was manipulated through a median abdominal incision but in one only was the operation preceded by attempts to reduce the invagination by milder modes of treatment—viz., in the first and successful case. We were frankly informed that, encouraged by this success, Mr. Godlee forthwith proceeded to repeat the operation on the next case that occurred in his practice, without loss of time in preliminary attempts; in this one death ensued. The third case hardly deserves to be ranked as a failure, the condition of the bowel being so hopelessly bad that no hope of recovery could be entertained.

To what extent, then, is immediate operation justifiable? In deciding on the answer to the question, it is necessary to consider the consequences of delay; and they are undoubtedly serious. The onset of strangury is by no means easily detectable, several instances having been quoted on Friday to show that even acute suffering affords no positive criterion that it exists. But, as a general rule, in the case of young children it may be accepted that in the event of inflation and injection proving unavailing after a trial or two, operation should be straightway resorted to. This conclusion would

probably have been all but universally rejected a decade or so ago, whereas now that abdominal surgery is no longer the *bête noir* of operators, but few practical surgeons will be found to deny the justice of the decision. There are, however, not a few still who duly regard the teaching of every fatality which follows exposure of the great serous cavities: and among them must be named Mr. Howse, who offers a suggestion that, as Mr. Lister remarked, was well worth further consideration, with the object of avoiding any direct interference with the peritoneum in the treatment of intussusception. Mr. Howse recommends that the invaginated intestine should be seized through the rectum, and so drawn out and cut off at the anus. The exposed peritoneal surfaces are next to be carefully and closely united; and the result would be in Mr. Howse's opinion a sound and successful intestine. This proceeding, it should be added, is suggested by the termination to a case narrated by Mr. Hutchinson, in which an Italian surgeon, mistaking a protruding intussusception for prolapsed anus, treated it in the manner described by Mr. Howse, the result being as explained. It is a little difficult, perhaps, to see how such a mode of treatment can be generally trusted to; for it must certainly occur that in cases where adhesion is at all considerable traction on the protruding anus would itself determine the formation of additional invagination, and this might not improbably necessitate subsequent renewed operative interference. As yet the single example of this mode of treatment does not entitle it to rank higher than as a curiosity in surgery; and in spite of the eminent authorisation given to it, it would be an unwise proceeding to attach too much importance to it as an operation.

Mr. Warrington Haward struck a timely note of warning when he drew attention to the excessive difficulty sometimes experienced in returning the small intestines which have escaped from the abdominal cavity during manipulation of the intussusception. In his own experience this really offers the worst obstacle to a successful termination, particularly as in their distended condition the coils of intestine exert a high degree of tension on their peritoneal investment. In the very interesting case recorded from his own experience, Mr. Haward was compelled, even after aspirating the bowel in several places, to employ a trocar for the removal of the contained gases; and even then the protruding mass was not returned until the peritoneum had been injured in more than one situation, the child dying soon after with symptoms of commencing peritonitis. This serious complication received a due amount of recognition from the surgeons who followed in debate, and ought to be carefully borne in mind while estimating the risks of the operation.

Dr. Mahomed suggests bold excision of a foot or more of the implicated bowel, as may be found necessary, and the startling nature of the proposition ought not to preclude it from consideration when we take into account recent improvements in the operation of enterotomy. In this connection Mr. Treves, of the London Hospital, has introduced a method of uniting the cut extremities of the intestine, which offers the certainty of far more perfect

coaptation than has ever yet been attained, the two ends being maintained in apposition during application of the sutures by aid of a most ingeniously-devised inflated rubber tube. As this operation was discussed at the Medico-Chirurgical Society yesterday (Tuesday) evening, we may with advantage to our readers return to it again.

The debate on intussusception at the Clinical Society must be accepted as resulting in a very valuable addition to our knowledge of the subject, and the features surrounding its operative treatment. Its tendency was admirably shown in the effect it produced on Mr. Godlee, who declared that in view of the expressions employed, and the encouragement given by his critics, he should not hesitate in the future to again perform an operation from which he would otherwise have been deterred by the ill-success he had already experienced with it.

THE HEADACHES OF ADOLESCENTS.

SURGEONS have long noted the relationship subsisting between the period of growth, or that of adolescence, and certain affections of the skeleton, such as deformities of deviation, exostoses, &c. Physicians have been equally cognisant of a like influence exerted during that period of life on the progress of acute diseases and the development of nervous affections. Under the latter category there exists one affection of a special nature, which has hardly yet received the attention which it merits. We refer specially to the cephalalgia or obstinate headaches which affects youths between the ages of eleven and sixteen, and which, by their intensity and the obstinacy sometimes acquired, cause them to be considered as a special morbid entity. Professor Charcot, of Paris, has directed especial attention to this subject, and Mons. Keller purposes prosecuting the study of these cases in a forthcoming number of the *Archives de Neurologie*. In the meantime we shall glance at the salient features presented by this affection. A youth, possibly from eleven to twelve years of age, hitherto in excellent health, intelligent, and acquiring knowledge with facility, is suddenly seized with severe headache. Frequently they are at first light and transient, and do not interfere with study; soon they become more frequent, more obdurate, and ultimately compel a cessation of intellectual application. There is now established a chronic malady, painful for the sufferer, and serious in its consequence, inasmuch as it interposes a barrier to all scholastic applications. The character of the headache is frontal. It never affects the posterior or lateral regions of the head. It is furthermore painful in the real acceptance of the term, a fact by which it is distinguished from other nervopathies, such as the cerebral paresis of adults or the ordinary neurosthenia, in which the sensations are vague and localised in the occipital and parietal regions. The pain is aggravated by mental application. When the malady is very pronounced the least study reacts painfully on the affected part. Sleep is enjoyed; the pain is usually absent or feeble on awakening, but occurs during the morning, especially if mental occupation is indulged in, and acquires its maximum intensity towards evening. The affection is distinguished from ordinary neuralgia in that there is no hyperæsthesia along the nervous tracts, and

from the ordinary migraine in not being unilateral nor propagated through the optic nerves, nor accompanied with sympathetic derangements of the stomach. The absence of febrile disturbance, the complete integrity of the intelligence, and the cure, which appears to be the rule, exclude the idea of any organic affection of the head.

With respect to the etiology of the disease, in some cases the rheumatic diathesis may be encountered, while in others this is totally absent, both in the patient and the family history; nor is an hereditary predisposition to nervous affections always to be traced. We are thus compelled to seek an explanation in the period of life through which the patients are passing. Thus, under the influence of some modification of general nutrition in connection with growth, the brain, owing to some given idiosyncrasy, may become weakened or painfully irritated. The situation of the pain corresponds with the portion of the brain especially active, as the seat of reflection and intelligence, during the period of adolescence. Be that as it may, it is quite certain that, should this peculiar pain exist independently of intellectual application, it is invariably aggravated by it, and it becomes the chief agent of the disease, and maintains and prolongs it. If the affection were due exclusively to a condition of growth, it should disappear with the progress of age. This does happen, doubtless, occasionally; yet in other cases the affection is so persistent that educational pursuits have to be totally abandoned for an indefinite period, as late in life even as the age of twenty-five. In these days of cramming this species of headache possesses interest to parents and guardians of children; and Mons. Keller assures us that no form of treatment has been so successful in his hands as the methodical application of hydropathy.

PERSISTENT VOMITING OF PREGNANCY.—I.

UNDER the above heading, we gave a short time ago (November 1st), a brief account of the recent labours of two Russian physicians (Professor Horwitz and Dr. Sutugin) on this subject. The appearance of the fourth edition of Dr. Graily Hewitt's well known and justly appreciated "Diseases of Women," containing as it does an entirely new chapter on "The Vomiting of Pregnancy," is our excuse, if any be needed, for returning so soon to the subject. It is now eleven years since Dr. Hewitt presented his paper to the Obstetrical Society of London, in which he first offered what is now known as his "Explanation of the Cause of the Vomiting of Pregnancy." The propositions he then laid down were: "That nausea and vomiting are associated with pregnancy; that nausea and vomiting are associated with disease of the uterus." From this he proceeds to the inference, that "the condition which gives rise to nausea and vomiting in cases of uterine disease is possibly the cause of the symptom in the more ordinary case of pregnancy." A careful observation and comparison of facts led him "to frame the theory that the sickness of pregnancy is due to the combined effects of the increasing distension of the uterus, and an associated flexion of the organ." Since the publication of this paper, its author has carefully weighed the importance of all the facts bearing on this question that have come under his own

observation, whilst he has allowed but little, if anything, to escape that has appeared in the way of criticism and published cases, either in British, or American, or Continental literature.

This chapter, some account of which we propose to lay before our readers, contains an important series of ably-observed facts, and a thorough re-examination of the theory first made public in 1871—thus made long after the blush and charm of novelty have passed away. First, as regards the name. Dr. Hewitt calls it "Severe or Dangerous Vomiting in Pregnancy. Perhaps upon the whole no better name can be found for it than that of "Pernicious Vomiting of Pregnancy." This sufficiently indicates its grave character, without having such an objectionable sound at the bedside; it has, moreover, one merit in that it is not new. As a basis for his researches, he has made use of the data afforded by thirty-one cases observed either by himself or others. In regard to supposed etiology, the thirty-one cases may be divided into four classes of very unequal dimensions.

Class I. comprises all those cases in which retroversions or retroflexions were found to be present, and to which the vomiting was attributed. These were four in number, and were the cases numbered 1, 2, 25, and 27. In Case 1 the vomiting was cured by redression of the uterus, in Case 4 by causing the patient to lie on her face. In Case 2 abortion was produced by art, and in No. 3 it occurred spontaneously.

Class II. comprises those cases in which anteversion or antelexion was ascertained to be present, and in which it was supposed to stand in causal relation to the sickness. This class is much larger than the other, and embraces eleven cases—viz., Nos. 5, 7, 8, 9, 11, 13, 14, 26, 28, 29 and 30. The first of these (No. 5) was a case recorded by Ulrich, which ended fatally. The post-mortem examination revealed a striking condition of things. Nothing worthy of note was discovered in any except the genital organs. "The body and fundus of the uterus—considerably enlarged—lay directly behind the right horizontal ramus of the pubes, much antelexed; the length of the body of the uterus was five and a-quarter inches; the position of the flexion was three inches from the os. On the under surface the walls of the uterus were soft and flabby; on the upper surfaces they were much condensed, and very firm. On opening the cavity of the uterus the placenta was seen to have had its attachment to the lower segment of the uterus, and thus had harboured the fœtus. Above the seat of flexion in the upper segment of the uterus no free cavity existed; the small interval between the rigid walls of the uterus was filled with a mass like a placenta firmly adherent everywhere." Dr. Hewitt remarks on this case that "it is my decided opinion that the bending of the uterus, and consequent hindrance to the regular expansion and growth of the uterus, was the influence producing the obstinate vomiting." The second case, No. 7, was one observed by the author himself in consultation. Antelexion was discovered, and postural treatment recommended. The result of the treatment was that "the sickness underwent at once a most material alleviation, soon disappeared, and delivery at full term occurred." The third (No. 8) was published

by Dr. Moore in 1872. The uterus was acutely antelexed. All attempts at redression failed, and the vomiting continuing, artificial abortion was induced. The fourth (No. 9) was one reported by Dr. M'Clintock. The uterus was found to be "slightly anteverted." Treatment was of no avail, and the patient being in a highly dangerous state, abortion was induced. In this case "the uterine tumour could not be distinguished above the pubes," and the author remarks that it is probable "that the body of the uterus was really abnormally low in the pelvis." In connection with this case Dr. Hewitt replies to the objections made by Dr. M'Clintock and to his theory, viz.—that in retroflexion of the gravid uterus vomiting is not always present. He acknowledges the force of the objection, but replies that even in the non-gravid uterus he has met cases of retroversion accompanied by most severe and distressing sickness, which have been relieved almost magically by redression of the uterus; that "neither in the gravid nor in the non-gravid state is sickness an invariable symptom, but this does not prove that the flexion is not responsible for the sickness when it does occur." The fifth (No. 11) was one of the late Dr. Copeman's cases, in which "there was some degree of anteversion." Dilatation of the os relieved the sickness. The next was also one of Dr. Copeman's (No. 13). In this case the head could be felt *per vaginam* below the level of the os uteri. A cure followed redression. The next case (No. 14), also one of Dr. Copeman's, was one in which the fundus was displaced forwards. The displacement was rectified. The next day the sickness was much less, but as it continued slightly, dilatation was performed, which was followed by cure. The next case (No. 26) was that of a patient admitted into University College Hospital. The vomiting was very severe and persistent. Anteversion of the uterus was diagnosed by the resident medical officer, but when Dr. Hewitt examined her the uterus had already escaped out of the pelvis. After this she vomited only about three times and gradually recovered. The next (No. 28) was one in which antelexion was discovered; the os uteri was swollen, and the anterior cervical wall thin. No mention is made of any attempts at redression being made in this case; tents, however, were introduced, but without effect. The history is further imperfect with regard to results. The tenth case (No. 29) was one of very severe sickness arising from antelexed uterus, with great hypertrophy and hardening of cervix and os. The report of this case is also imperfect. No mention is made of redression; the cervix was, however, dilated by means of a metallic dilator. Relief followed the day after, but abortion occurred on the second day. The patient died a little over a fortnight later from exhaustion. In the last case (No. 30) the uterus was antelexed, and "the body of the uterus quite low down in front, while the os uteri is far back, the uterus being thus jammed downwards behind the symphysis pubis." Postural treatment was employed with success.

AN "emplastrum impermeabile russicum" is being introduced upon the Continent which is said to be likely to throw English plaster into the shade.

Notes on Current Topics.

Mr. Seymour Haden in America.

MR. SEYMOUR HADEN, who is so well known as a skilful etcher, has been lionising in New York, where the Lotos Club recently afforded him a reception. Mr. Haden seems to have excited the enthusiastic admiration of the honest New Yorkers, who are ecstasically surprised at the combination of artist and surgeon that he embodies. Following so soon after his eminently-distinguished fellow-countryman, Herbert Spencer, and placed in a somewhat similar position to that occupied by the latter at the farewell dinner given in his honour at Delmonico's, Mr. Haden seems to have deemed the occasion a fitting one for disagreement with the views on America enunciated by the Apostle of Evolution. These views we recently referred to somewhat briefly, and it will, therefore, be of interest to quote Mr. Haden's rejoinder. He is reported to have declared that the very reputation for energy found fault with by Herbert Spencer had been a great attraction for himself, and regretted that it was not a feature of British character. Mr. Haden continued: "I disagree *in toto* with Mr. Herbert Spencer. It has been my business and my pleasure to see the effect of work, and to judge of it, and I can honestly say that I never saw in all my professional career the least injury to life or health result from what Mr. Spencer calls overwork." This somewhat extraordinary admission of limited experience was then supplemented by the citation of a case in which the speaker described himself as having been in consultation with Sir William Gull, who likewise uttered the same curious opinion. In the presence of two such authorities it is perhaps vain to discuss the question; but certainly we may be permitted to doubt the utility of wide publication being given to views that are not, to say the least, of common acceptance.

Homœopathy Despondent.

THE homœopathic brotherhood are uneasy because they have *no locus standi*, and this they have decided to seek for in the shape of an Act of incorporation at the hands of the Board of Trade. It seems that the London School of Homœopathy, which is to all intents and purposes the fountain of inspiration of the creed in this country, is unhappy in that it is not in a position at present to reward its adherents in the way they deserve to be rewarded, and it is desirous of being incorporated, that its supporters may henceforth hoist the healing signal "L.H." or "F.L.S.H.," which signify respectively "Licentiate of Homœopathy" and "Fellow of the London School of Homœopathy." It is somewhat of a blow to infidel outsiders to learn that there is any necessity for thus artificially stimulating what we have been again and again assured of late is a vigorous and exceedingly healthy association. At the same time, it is encouraging to note that the few really eminent homœopathic physicians are steadfastly opposed to this fanciful scheme of incorporation, which is after all scarcely calculated to enhance the fading dignity of the fated school. The *Homœopathic Review* is not unnaturally highly wroth with the minority who are opposed to levelling down the pro-

fession of homœopathy to that of a trade, because it probably fears that without some such help to existence the forthcoming extinction in store for the whole structure would be hastened.

Porro's Operation.

THE patient on whom Dr. Clement Godson recently performed Porro's operation on account of contracted pelvis, and to whom we referred in our last issue, has progressed steadily towards recovery, and but little doubt is now felt in her ultimate complete restoration. The child also is healthy and doing well.

The Sanitary Diploma of the Irish College of Physicians.

MR. GEORGE R. PRICE, Barrister-at-Law, and Mr. Mervyn J. B. Pratt, C.E., and Master in Engineering of the University of Dublin, have been appointed, respectively, Examiner in Sanitary Law and Examiner in Sanitary Engineering, for the certificate of Sanitary Science of this College.

Clinical Teaching at Oxford.

IT is with feelings of the liveliest satisfaction that we note many signs of determined activity with the object of restoring to Oxford its proper position among British schools of medicine. For too long a series of years have the numerous endowments originally bequeathed for the purpose of advancing the study of medicine been allowed to be disbursed without due consideration being had to the objects of founders. It is notorious that, beyond the work done by one or two students per term in dissecting a single body in the museum cellars, absolutely no medical studies are conducted at Oxford, and in particular have the facilities afforded at the Radcliffe Infirmary for clinical work been persistently neglected. Now, however, the appearance of a change is becoming evident, and it is possible to hope that ere very long the wards of the hospital will not exist in vain so far as study is concerned. A statute has been laid before congregation, and has passed the first stage, of which the object is to sanction the appointment of clinical lecturers from the staff of the Infirmary, and to remunerate them for services rendered in such capacity from the Lichfield Trust Fund. When the provisions of this statute shall once have come into force, it is easy to see that most important changes will come over the whole face of medical study in the University; and, taken in conjunction with the recent appointment of Professor Bardon Sanderson, it may be regarded as of most favourable import for the future.

THE will has been proved of the late Mr. Joseph Thomas Olover, F.R.C.S., of 3 Cavendish Place, Cavendish Square, W., the personality exceeding £27,000.

THE Court of the University of Edinburgh have announced that they will, on the 22nd of January, 1883, proceed to the appointment of the additional Examiner in Medicine in each of the departments of chemistry, anatomy, midwifery, and practice of physic.

Great Fires.

DURING last week the metropolis was the scene of two large conflagrations, one involving the total destruction of the well-known Alhambra Theatre, and the other that of an almost fabulous amount of valuable manufactured stuffs. The money value of the buildings and goods thus destroyed by fire and water is put at nearly three million pounds, and it is hardly surprising that the story of so great pecuniary calamities should be mingled also with accounts of human suffering in various ways. Even during the progress of the fire two persons at least received fatal injuries, these unfortunate men being members of the Fire Brigade present at the burning of the Alhambra. In the other, the City fire, no life was lost or very serious injury sustained. A vast number of persons will be thrown out of employment through these disastrous fires, and strenuous efforts will be requisite to preserve many of them from suffering by want and exposure. We trust the appeals made on their behalf will be liberally responded to.

Treatment of Writer's Cramp.

HITHERTO the successful treatment of scrivener's palsy has been rendered more difficult from the necessity of enforcing abstinence from writing during its course. As the affection generally, or almost invariably, attacks those who write much, and, moreover, write for their living, it follows that suspension from employment is a very serious matter, and very frequently interferes disastrously with a successful issue of this case. To obviate this difficulty, Professor v. Nussbaum, of Munich, has invented a bracelet to which a pen may be fastened, and which allows of a patient carrying on his employment without affecting injuriously the successful treatment of the disease. The bracelet consists of a stiff band of gutta-percha about $\frac{1}{4}$ of an inch thick (3 mm.), 1 inch to $1\frac{1}{2}$ inch broad, and $3\frac{1}{2}$ to 4 inches in length. It should be wide enough to allow the four fingers and the thumb to be passed in. (These are the dimensions given in the *Deutsche Med. Zeitung*, from which this account is taken; but any one taking the measurements for himself will see that the length meant must be the length when the bracelet is flattened out on itself, so that the circumference will be just double the $3\frac{1}{2}$ to 4 inches, as given above.) In use, the little finger should not enter the bracelet at all, the thumb only a little way, whilst the ring finger should be passed in almost up to the metacarpal bone. The bracelet can only now be held firmly by extending the fingers, thus making use of the extensors of the fingers and the abductor of the thumb. As soon as the flexors are made use of, the bracelet falls. A pen is now sewed on to the bracelet in such a way that it just touches the paper when the hand is lying on the writing-table. The more the fingers are extended, the more firmly is the bracelet held, and the better does the patient write after a little practice. Thus is that proper antagonism between flexors and extensors of the fingers and between abductors and adductors and opposens of the thumb secured, which should be the best way of treating the disease. By this means, writing need not be prohibited, but rather writing by means of the bracelet should be encouraged, as, after the proper antagonism between the two sets of muscles is re-established, writing in the ordinary way may once more be recom-

menced. This method of treatment, combined with massage of the hand, baths, and faradisation, has, in the hands of von Nussbaum, been very successful.

The following five points encourage him to make known the method to his professional brethren:—

1. Every individual who had suffered from scrivener's palsy, and could not even scratch his name, much less write a couple of lines, wrote, to his great astonishment, with the bracelet, at once and without trouble, a couple of pages, &c.
2. No trace of cramp was ever observed whilst writing with the bracelet.
3. Every one declared whilst writing with the bracelet, even in those portions of the hand that had been before accompanied by torment, that the sensation was extremely agreeable.
4. After some little time some of the patients acquired the feeling that they could write again in the ordinary way without spasm.
5. It is certainly rational to relieve those muscles from work that have been affected by spasm, and to strengthen the weakened antagonism by diligent gymnastics, and this is what does take place in writing with the bracelet.

Lectures at the London College of Physicians.

THE arrangements for the customary series of lectures at this College are now complete for the first quarter of the New Year, and we understand that the following have been definitely decided on:—The Gulstonian Lectures will be delivered by Dr. J. Matthews Duncan, on Feb. 16, 21, 23, the subject being "Sterility in Woman;" the Croonian Lectures by Dr. J. E. Pollock on Feb. 28, March 2, 7, subject, "Modern Theories and Treatment of Phthisis;" and the Lumleian Lectures by Dr. A. B. Garrod, on March 9, 14, 16, on "Uric Acid in its relation to Renal Calculi and Gravel." The entire series will be delivered at the same hour, five o'clock, on the Wednesdays and Fridays of the foregoing dates; members of the profession being admitted free on production of visiting card.

Important for Smokers.

THE *Deutsche Med. Zeit.* says that in the chemical laboratory of the Board of Health, in Bremen, Dr. Kissling has made investigations in regard to the danger of smoking cigars. As grave poisons he found carbonoxyd, sulphuretted hydrogen, prussic acid, picrolin bases, and nicotin. The first three cannot come into consideration, as they are too volatile, and present in too small quantities. Regarding the nicotin, however, he found that a very small trace only is burnt up by the smoke, but that the stump becomes the richer in this narcotic substance, the larger the cigar is, the more the end is chewed, the shorter the stump gets, and the oftener the cigar is lit. Conclusion: to avoid all danger, smoke a cigar not too thick and long, do not chew the end, smoke only two-thirds of every cigar, and throw it away as soon as relighting becomes necessary. Never smoke a cigar after it has once gone out. *Cigarettes are the least injurious of all tobacco smoking.*

Antagonism between Atropia and Pilocarpin.

THE *Deutsch Med. Zeitung* reports that Dr. M. Levinsky, of Warsaw, has been making a series of experiments in Professor Navrozki's laboratory, in the University of Warsaw, with a view of settling the vexed question of the antagonism between the two above-mentioned drugs. The experiments gave the following results:—1. Atropia, even in very small doses, diminishes the secretion of saliva, and paralyzes the chorda tympani nerve. Large doses of pilocarpin injected after atropia re-establish the salivary secretion, but not the irritability of the chorda tympani. If large doses of atropia have been employed pilocarpin will not restore the activity of the salivary glands. 2. If pilocarpin be injected first, much larger quantities of atropia are required to suppress the salivary secretion.

Notification of Infective Diseases.

WE note with great satisfaction the growth of the opposition on the part of the profession to the proposal to make physicians sanitary detectives. The defeat of the sanitarian Quixotes at Liverpool has been followed by their rout in Glasgow. Our correspondent reported last week the action of the profession against the notification clauses of the Police Bill, and we learn that, in consequence, the Bill has been withdrawn. It will not be presented to Parliament during this session at least, on account of the intention announced by the Lord Advocate to prepare a Police Bill applicable to all the large Scotch towns generally. The deputations which waited on the Town Council, however, found that body quite enamoured of the powers these compulsory notification clauses conferred on their officers; and it is not at all improbable that had the Lord Advocate not upset the Council's calculation we should ere long have been saddled with dual responsibility, under penalties both severe and cumulative.

Irish Academy of Medicine.

THE Committees of Subsections of Anatomy and Physiology and of Public Health were elected last week by the Councils of the Surgical and Medical Sections conjointly, and of the Pathological Section respectively, as follows:—*Anatomy and Physiology*—Chairman, A. MacAlister; Committee, D. J. Dunningham, A. MacAlister, Ph. Abraham, J. E. Purser, J. Knott, J. MacArdle, F. Houston. *Public Health*—Chairman, Charles A. Cameron; Committee, J. W. Moore, T. W. Grimshaw, J. F. Pollock, T. Purcell, Geo. F. Duffey, J. H. Chapman.

The Hospital Saturday Fund.

THE Board of Delegates of this Fund met on Saturday last, under the presidency of Mr. H. N. Hamilton-Hoare, treasurer, to consider the report of the Council for 1882, and the awards of the Distribution Committee. The report showed that the total receipts were £8,872, exceeding those of 1881 by £500, and those of 1880 by £2,000. Of the entire income £6,318 was derived by means of collection sheets supplied to workshops, &c., and £2,160 resulted from the street collection, being £144 in excess of the previous year. There were 900 stations occupied by

ladies on the 2nd of September, as against 650 upon the previous Hospital Saturday. £900 of the street collection was in coppers, and included 5,000 farthings. In nearly 3,000 London workshops there were collectors of the Fund entitled to distribute when needed to their fellow-workmen "letters" securing to the recipients the benefits conferred by the hospitals and dispensaries participating in the receipts. Awards, amounting in the aggregate to £7,250, were made to 67 hospitals, 37 dispensaries, 6 convalescent homes, and 2 surgical-aid societies. No institution applying to participate in the Fund had been disqualified. The amount of distribution adopted was based upon the relief afforded and the efficiency and economy of the various participating institutions; and it ranged from £400 9s. 2d. to the Brompton Consumption Hospital, to £22 19s. 2d. to the St. Andrew's (Folkestone) Convalescent Home.

The Growth of the Temperance Cause.

WE note with great pleasure that in the Speech from the Throne, last week, the Queen said—"The growth of the revenue, however, is sensibly retarded by a cause which must in itself be contemplated with satisfaction: I refer to the diminution in the receipts of the Exchequer from the duties on intoxicating liquors." The circumstances must, we imagine, have been very convincing which induced the Ministry to refer to this subject in her Majesty's speech, and that they did so is a sign that teetotallers are now worth cultivating as a political power.

Medical Society of the College of Physicians in Ireland.

AT a special meeting of this Society, recently held, resolutions were adopted, that, in consequence of the formation of the Academy of Medicine in Ireland from among the members of this Society and of the other medical societies in Dublin, the Medical Society is now dissolved, and that the books of the Society be entrusted to the care of the College. The Medical Society, which has thus ceased to exist, had a chequered history extending over sixty-six years. It was instituted in the year 1816 as the "Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland," and was reconstituted in the year 1864 under the title of the "Medical Society of the King and Queen's College of Physicians in Ireland."

HER MAJESTY THE QUEEN has forwarded a quantity of old linen from Windsor Castle for the use of the patients in University College Hospital.

As scarlet fever, which recently prevailed at Haarlem Hospital, and prevented the contemplated visit of the Queen to the sick and wounded Marines and seamen there, has now disappeared, an official communication has been received, stating that no further discharges of the sick and wounded men of the services in question are to be made at the hospital until her Majesty has visited the establishment. No date is yet fixed, but the Queen is expected to arrive at Osborne to spend the Christmas about the 18th inst.

A Spoon in the Stomach.

On the 10th of September of the present year a youth, whilst playing with a spoon, swallowed it. He was taken at once to the Hôpital Lariboisière, Paris, where he complained of pain in the epigastrium and tightness of breathing. During the day, vomiting set in, the patient could not sleep, and there were no signs of the offending article changing its position. The size of the spoon, too, made its passage either way very problematical. It was 9½ inches in length (24 ctm.). M. Félicet, in whose charge the patient was, determined upon gastrotomy. Before the operation was commenced the stomach was washed out with Vichy water. After the peritoneum was reached and the bleeding had been checked, the stomach was distended with ether vapour, which was forced in by means of a pump. The peritoneum was now divided on a director, whereupon the now distended stomach-wall bulged through the opening. Before being opened, the stomach was stitched to the abdominal wall, and the firmness of the stitches was tested by further distension of the stomach with ether vapour. The stomach was then opened, and the spoon removed. Lister's dressing was employed. The further course was favourable, and the patient was discharged after three weeks with only a small fistula remaining.

The Owens College Museum.

At a meeting last week in the parlour of the Mayor of Manchester resolutions were carried to the effect that it is desirable that a museum be erected in connection with Owens College, and that a fund of not less than £50,000 be raised for the purpose. The buildings are to be constructed from a design by Mr. Alfred Waterhouse, under instructions from the Court of Governors of the College. Promises of sums to the amount of £20,000 have been received, and for the remainder of the costs a canvass will be made.

The Bradshaw Lecture at London Royal College of Surgeons.

THIS lecture will be delivered for the first time by Sir James Paget, at the Royal College of Surgeons, at three o'clock on this day (Wednesday). The subject of the lecture is "On some Rare and New Diseases," illustrated, as we understand, by the contents of the museum of the College.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Bolton, Portsmouth 14; Leicester 17; Birkenhead, Bradford, Derby 18; Brighton, Bristol, Salford, Wolverhampton 19; Edinburgh, Plymouth, Birmingham 20; London 21; Sheffield Preston, Norwich 22; Huddersfield 23; Leeds, Oldham, Nottingham 24; Dublin, Hull 25; Manchester 26; Glasgow, Blackburn, Cardiff, Halifax 27; Liverpool, Newcastle-on-Tyne, 28.

THE London Gazette of Friday, December 1, contains the announcement that the Queen has been pleased to order the appointment of John Watt Reid, Esq., M.D., Medical Director-General of the Navy, to be an Extra Member of the Military Division of the Second Class, or Knight Commanders, of the Most Honourable Order of the Bath.

THE highest annual death rates per 1,000 in the large towns last week from diseases of the zymotic class, were—From scarlet fever, 1·4 in Oldham, Halifax, and Sheffield; from measles, 1·8 in Cardiff, and 3·1 in Sunderland; from whooping cough, 1·4 in Halifax, and 1·6 in Preston; and from fever, 1·4 both in Halifax and Newcastle-upon Tyne, and 1·9 in Liverpool. The 36 deaths from diphtheria included 18 in London and 11 in Glasgow. Small-pox caused 5 deaths in London, 4 in Newcastle upon Tyne, and one in Nottingham.

IN accordance with custom, the next (the sixth) annual meeting of the Dublin Branch of the British Medical Association will be held on Thursday, January 25th, 1883, at the Irish College of Physicians, when the President-elect, Dr. Banks, Physician in Ordinary to the Queen in Ireland, will deliver an address. The Branch now, under the presidency of Dr. Kidd, numbers nearly 180 members; and a large accession of new members, which it is expected will bring its number up to at least 200, before the annual meeting, is confidently looked for.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Bombay 24, Madras 29; Paris 24; Geneva 16; Brussels 21; Rotterdam 27; The Hague 33; Copenhagen 22; Stockholm 25; Christiania 15; St. Petersburg 44; Berlin 21; Hamburg 22; Dresden 27, Breslau 30, Munich 25, Vienna 22, Prague 28, Buda-Pesth 24, Trieste 27; Rome 21; Turin 23, Venice 33; New York 21, Brooklyn 23, Philadelphia 18, and Baltimore 31.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE NOTIFICATION OF INFECTIOUS DISEASES.—The question of the notification of infectious diseases has occasioned some commotion among the profession in Glasgow.—At a meeting of the Glasgow Town Council held on the 5th inst., Dr. Fergus and Prof. Gairdner appeared as a deputation from the Faculty and made the following representations:—Dr. Fergus, promising that in company with Dr. Gairdner he appeared as a deputation from the Faculty of Physicians and Surgeons, said he was anxious not to occupy the time of the Council, and therefore he would confine himself to giving them the result of his experience as a district surgeon for nearly twenty years, during which he ministered to the poorest of the inhabitants. In 1873, acting upon that experience, he called the attention of the Police Board to the large number of uncertified deaths, and this matter of uncertified deaths had a clear bearing on the proposal to make notification of illness by medical men compulsory. His experience was that people did not inform medical men of illness in their families so long as they could possibly help doing so. Even under present rules, he believed there was a large amount of concealed disease, and he was satisfied that if the provision in the Police Bill as to compulsory notification by medical men were retained, the amount of concealed disease would be enormously increased, and many other difficulties would be created. He believed, however, that with the present sanitary staff householders might be educated up to the point of giving notice of disease. Professor

Gairdner also addressed the Council. He said that having been at one time the medical officer of health for the city, he did not wish to appear in apparent antagonism to the methods devised in the sanitary interests of the community, but he was convinced that the proposed measure, as it stood at present, would not operate in the direction intended. Professor Gairdner referred to a visit he made with Dr. Macgill through the districts of the city where relapsing fever was prevalent some years ago, and the result of that visit was to show that not one case out of twenty was attended by a medical man, so that compulsory notification by the medical attendant would in these cases have been absolutely ineffective. The real object, it appeared to him, was to educate the householder partly by compulsion by law and partly by force of opinion. It was perfectly just that a householder who had a case of infectious disease in his house should be considered in law "the author of a nuisance," and the power of the law, so far as possible, brought to bear upon him. Compulsory notification by medical men would also tend to set up a feeling between the poorer class and the medical profession which it was most undesirable should be the case. The Lord Provost assured the deputation that the representations they had made would have every consideration, but he had not the slightest doubt, at the same time, that his brethren of the Council would also take notice of reports from other quarters where the proposed method of notification was in operation.

DR. FERGUS.—An Order in Council reappoints Dr. Andrew Fergus to be again for five years a member for Scotland of the General Council of Medical Education and registration of the United Kingdom.

DIPHTHERIA IN DUNDEE.—At a meeting of the Sanitary Committee of the Dundee Police Commissioners, held on the 5th inst., the medical officer called attention to the great mortality in cases of diphtheria. Sixteen cases had been reported in November, of which fourteen proved fatal; and during October seven cases had been reported, six of which had proved fatal. The cases were not confined to any particular locality, but occurred throughout the town. The medical officer attributed this outbreak of diphtheria to defective or objectionable house drainage, and urged the necessity of prompt measures being taken to improve the drainage. The Committee, after full consideration, gave special instructions to the sanitary inspector to investigate as to the drainage of the houses where the cases of diphtheria had occurred, and also in all other suspected localities, and to see that everything necessary was done to prevent the spread of this malady.

EDINBURGH.—**HEALTH OF THE CITY.**—For the week ending with Saturday, the 2nd inst., the mortality in Edinburgh was 28, and the death-rate 20 per 1,000. There were 11 deaths under 1 year, and 21 above 60, of which 4 were above 80, and 1 above 90 years. Diseases of the chest accounted for at least 50 deaths, and zymotic causes for 4, of which 2 were due to scarlatina and 1 to measles, the intimations of these diseases being respectively 31 and 28.

PRESENTATION TO DR. FRANCIS HENDERSON, OF HELENSBURGH.—At a meeting of the patients and friends of Dr. Francis Henderson, held on the 2nd inst. he was presented with a cheque for £500, a drawing-room timepiece, and a diamond ring for Mrs. Henderson, in recognition of the feelings of regard and esteem in which he had been held in Helensburgh during the past 18 years. The state of his health had necessitated Dr. Henderson's severing his connection with Helensburgh. He has taken up his residence in the West End of Glasgow.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 2nd inst., were at the rate of 28 per 1,000 per annum, against 28 in the preceding week, and 20, 25, and 29 in the corresponding periods of 1881, 1880, and 1879.

THE NEW COUNTY HOSPITAL FOR Ayr.—The annual meeting of the subscribers to the Ayr County Hospital was held on the 4th inst. The report of the Committee of Management showed that the total income for this year had been £811, and £850 last year, and the amount of expenditure this year £886, leaving a deficiency this year of £75. The board of management recommended the appointment of Dr. Chalmers C. Scott as resident house surgeon in the new hospital, and it was agreed to open the hospital on Christmas day. It was intimated that the subscriptions to the new hospital amounted to £6,906, of which only £160 remained to be received, and that up to November the cost of the hospital had been £3,589. It was intimated that twenty persons had furnished wards at their own expense, and others had furnished various appliances, and that Sir Andrew Barclay Walker would give a donation of £500 for the support of the children in the hospital.

PERTH.—**COMBE LECTURES.**—The closing and eighth lecture was delivered in the City Hall, which was crowded in every part, when Dr. Andrew Wilson, the Combe Lecturer, gave an interesting discourse on "On Ventilation, and the Skin and its Work." The present lectures have nightly attracted large audiences, far exceeding any similar auditory which has attended lectures in Perth. At the close, cordial votes of thanks were passed to the Combe Trustees, and to Dr. Wilson.

GLASGOW.—**ASSOCIATION FOR PROVIDING TRAINED NURSES.**—The seventh annual meeting of the Association for Providing Trained Nurses for the West of Scotland was held on the 7th inst., in the Religious Institution Rooms, Sir Archibald Campbell, Bart., of Blythswood, presiding. Mr. Kerr, Secretary, read the annual report, which was of a highly gratifying nature. The adoption was moved by Sir Archibald Campbell, and seconded in a fine speech by Dr. S. J. Moore.

ILLNESS OF PROFESSOR GRAINGER STEWART.—We are glad to state that Professor Stewart, who has been confined to his room for nearly three weeks, suffering from a severe rheumatic cold, is now convalescent, and will soon be in his lecture-room, where his presence has been greatly missed.

THE FELLOWSHIP OF THE EDINBURGH COLLEGE OF SURGEONS.—Of the fourteen gentlemen whose names are proposed for this distinction, only one of them resides in Edinburgh. Six reside in London, five in the provinces, one in Ireland, and one in Africa. What can be the value to these gentlemen of their new title, unless they are anxious to let it be known that they have £25 to spare? One would have thought that the public were sufficiently educated by this time to be able to place the true value on this distinction. This does not appear to be the case, or the demand for it would have ceased.

UNIVERSITY OF EDINBURGH.—We understand that at the last meeting of Senatus two portraits were presented to the University—one of the late Dr. John Muir, presented by his brother and sister, Sir William Muir and Mrs. M'Laren; and the other of the late Charles Murchison, M.D., presented by the Murchison Memorial Committee, who recently founded the Murchison Scholarship in clinical medicine.

THE TYPHOID EPIDEMICS OF GLASGOW.—Last Thursday Dr. E. Duncan read a paper before the Philosophical Society of Glasgow on the clauses in the draft of the Glasgow Police Bill

which have reference to the prevention and mitigation of disease, taking as his premises the two facts—first, that during the prevalence of the excessive milk epidemics which had occurred during the past eight years, although there was an unusually large amount of the typhoid poison circulating in the drains and sewers of Glasgow, there was no extension of the fever along the lines of drainage or into the neighbouring houses; and, secondly, that in many instances the house drains and soil pipes in these neighbouring houses were very defective, and freely permitted of the flow of sewage gases from these soil pipes and house drains containing the typhoid poison into these houses. The obvious conclusion was, that in Glasgow epidemics of typhoid fever did not now arise from the inhalation of sewer gases. On the basis of these facts, he asserted that the cases of typhoid which were so produced must be comparatively few—first, because five weeks must usually elapse after the poisoning of the community began before the sanitary authority could become acquainted with its cause; secondly, because the statistics of other towns in which the clauses proposed in the Glasgow Police Bill were enforced, did not, on the whole, give any evidence of progressive improvement in the death-rate from this disease; thirdly, because the bulk of the cases of typhoid were not propagated within the jurisdiction of the city authorities, but came from without; and, lastly, because typhoid fever was not an infectious disease in a public sense, and might safely be treated at home without the slightest fear of its spreading, if the excretion was properly disinfected. On those grounds, he held that neither compulsory notification nor the milk clauses in question would materially diminish the prevalence of typhoid fever in Glasgow. It was from insanitary farm-houses that the typhoid epidemic of Glasgow sprang. He had no doubt but in many of the milk epidemics Glasgow had only reaped what it had sown. The consideration of the paper was adjourned after a partial discussion.

Literature.

MEDICAL AND SURGICAL REPORTS OF THE CITY OF BOSTON HOSPITAL. (a)

THE first paper in this series is of considerable interest, the subject being one upon which there is much information yet to be obtained. Dr. S. G. Webber has carefully studied the normal and pathological histology of the spinal cord, and gives the result of his labours, comparing it with the experience of others; he also adds some good drawings taken with the camera lucida from sections prepared by himself.

The structure of the neuroglia of the cord is most carefully and accurately described, as Dr. Webber says "it" is one of the most important studies in the normal histology of the cord, in order to obtain a correct basis for the study of pathological processes.

Describing Deiter's cells in the neuroglia, Dr. Webber has frequently seen nucleoli in these cells, and in many instances with a high power he has seen two or three fine fibres radiating from the nucleolus.

He has been unable to detect any sheath covering the nerve-fibres, which seemed to him to be closely and immediately enveloped by the neuroglia, and he has satisfied himself of the existence of a peri-vascular lymphatic sheath surrounding the blood-vessels.

Dr. Webber describes the neuroglia as consisting of nuclei, fibres, and branched cells. In disease the nuclei are increased in number, and in the more advanced stages of the degeneration enlarged in size. The fibrous tissue is increased; in chronic disease the fibres are much finer than normal; in

acute degeneration the fibres are twice as large as normal. The cells are increased in size and number. Some of the cells have no processes, others are large, star-shaped bodies with many processes (spider cells). In sclerosis these spider cells are often united by one or two of their processes with the sheaths of the blood-vessels, which Dr. Webber considers confirms the view that they are lymph canals.

In diseases of the neuroglia he has been able to find only fibres, nuclei, and cells, and has not been able to demonstrate the foundation substance; neither has he seen the excrecences arising from the fibres, nor anything resembling fibres composed of fibrillae, all of which structures have been described by Frommann. With regard to the changes in the proper nervous elements in disease, both the medullary sheath and the axis cylinder may be affected, or either alone.

In acute myelitis the medullary sheath is enlarged, and the axis cylinder hypertrophied. In extreme cases the nerve fibres may entirely disappear; generally, many of the axis cylinders persist. If the nervous elements are chiefly affected, the axis cylinder quickly disappears; otherwise the axis cylinder persists almost indefinitely. The nerve cells in chronic disease contain an increase in the amount of deep yellow pigment, the processes are shortened and some entirely disappear, the cell diminishes in volume, loses its irregular outline, and becomes globular.

Dr. Webber adds a caution in studying the changes in the cells in disease. He says: "It must be remembered that the cells vary much in shape and size in different regions, and even in the same region; yet those in the same region closely resemble each other. In judging as to disease of the cells this must be considered; thus, in the anterior cornua, a number of globular cells with only one or two processes, would show disease; but in Clark's columns this is the normal character of the cells; also in the anterior cornua a fusiform cell with only two processes is rarely seen, and many of these, especially if small, would show disease; but in the tractus intermedio-lateralis, and in the posterior columns, this is the more frequent shape, and the prevailing size is small."

Cavities or vacuoles are found within cells either singly or in groups; the septa between the cavities may break down, forming one larger cavity. The central canal is frequently obliterated by an increase of nuclei or cells.

In conclusion Dr. Webber describes the manner in which these changes in the elementary structures of the spinal cord are combined to produce the various forms of disease.

Dr. Ellery Stedman gives the record of the cases of typhoid fever treated in the hospital between 1st January, 1871, and 1st January, 1881, and adds a few practical observations:—There were admitted, 1,036; of whom died, 186; a percentage of mortality, 17.9-10. There were admitted 12 patients over 50 years old, of whom 4 died; one was 60 years old.

Dr. Stedman, having given the details of 23 cases completed by autopsy, makes a few notes of the experience of 192 cases under his own care during the last 10 years. He finds that as many patients came from the newly-annexed and half-rural districts as from the old central and crowded parts of the town.

Contagion, he considers, is not a cause of the fever. It resembles contagious disorders unusually, exempting the patient from subsequent attacks, and this is one reason, he believes, why people over 40 are less liable to this fever, so many having had it once, even, perhaps, so mildly that it was not recognised, the ambulatory form being more common than is supposed.

Dr. Stedman has been surprised at the numbers of cases he has seen, inside and outside the hospital, where diarrhoea as a symptom never appeared. The highest pulse recorded in a case of recovery was 160 on the 14th day. The highest temperature was 107 deg. on the 11th day. The writer has found the disease much more dangerous in an intellectual patient. The last quarter of the year, though furnishing most fever patients, is not the fatal season; he notices that in the hotter months of July and August, the cases, though fewer, are shorter and more intractable.

Dr. Stedman's experience teaches him that the course of a relapse is milder, shorter, and more tractable than the original malady. He says: "Before last year I had never seen a death from relapse of typhoid fever." The pulse he finds to be the most reliable guide to the condition of the patient in this affection; he has seen no patient die whose

(a) "Medical and Surgical Reports of the City of Boston Hospital." Third Series. Edited by David W. Cheever, M.D.; Oliver F. Wadsworth, M.D.; and A. L. Mason, M.D. Published by the Trustees. 1882. Pp. 200.

pulse has not reached 120 twenty-four or more hours before death, though many recover whose pulse has risen above 120.

Among the surgical cases under the care of David W. Cheever, M.D., are five cases of bronchocele, in four of which he successfully performed excision of the tumour; the fifth case, treated by setons, terminated fatally. Dr. Cheever does not seem to consider that there is as much danger in excision of the tumour in goitre, as has been stated by most authors, who advise the operation to be performed only in very extreme cases, where life is in immediate danger; the danger being due to the great vascularity of the tumour, removal of which is generally attended by such profuse hæmorrhage as necessarily to endanger the patient's life, and perhaps to prevent the completion of the operation.

In the four cases in which Dr. Cheever removed the tumour there appear to have been no urgent symptoms caused by the presence of the tumours (in one case, indeed, it was removed from a young lady simply for the purpose of improving her personal appearance), and he seems to have experienced no trouble from hæmorrhage during the operation. In one of the cases Dr. Cheever met with the peculiarity which has been described in a French monograph on bronchocele: "When the tumour has attained sufficient size to engage itself under and lift the sterno-mastoid muscle in its lateral growth, the apex of the lateral lobe insinuates itself between the internal jugular vein and the carotid artery. The vein is lifted forward on the tumour, and will be found, during the operation, in contact with and just under the anterior edge of the sterno-mastoid muscle, in an unusual and unexpected place, and presenting some danger of being wounded. The carotid artery, and with and behind it the pneumogastric nerve, will be found entirely beneath the tumour. Although these cases were operated upon with so little difficulty and terminated so successfully, Dr. Cheever remarks: "If similar cases present themselves again I should urge the trial of at least six months' medication with iodide of iron and iodide of potash."

"Cancer of the Tonsil: Removal of the Tumour by External Excision." Under the above heading Dr. Cheever describes the second operation by this method for this rare disease performed by him.

The first operation was undertaken in 1869, and he was then under the impression that the operation was original. He now finds in the "Jahresbericht des gesammten Medicin" for 1869 that Dr. Hueter says he saw Von Langenbeck operate externally, and by sawing the jaw, in 1865; and that he himself performed a similar operation the same year. Both were cases of sarcoma; Langenbeck's recovered; Hueter's died.

Ollier's Operation, as performed by Dr. Cheever, for the Removal of a Naso-pharyngeal Polypus.—Starting at the root of the nose, over the frontal bone, mid-way between the eyes, an incision was made downward and outward by the side of the nose to the alar cartilage. A similar cut was made on the other side, both incisions reaching the bone. The blade of a small straight saw was then laid flat on the forehead, and the nasal bones and vomer were sawn through down to the alar cartilages. The nose was now easily upset and turned down upon the mouth. Next the vomer was broken and bent by the finger over to the left side, and the inferior turbinated bone was cut away with bone forceps. There was now room enough in the left side of the nares to reach the tumour with the finger. It was found to be attached by a broad root to the body of the sphenoid and to the right palate bone. It was scraped off the bones by the periosteum scraper. Aided by the finger in the mouth it was removed whole, and proved to be an oval fibroid, as large as a pullet's egg. The nose was now replaced, and the nasal bones were wired to the face by two wire sutures, the skin being carefully readjusted with one wire and seven silk sutures. It fitted perfectly. Perfect recovery.

Dr. Gay, alluding to the theory of the local origin of cancer, and the indication it gives for early and thorough extirpation, does not think that there is a period of time, after a diagnosis is possible, when a cancer can be removed with a fair prospect that it will never return; but still advises operation for their removal as making the remainder of life more endurable. He considers that, according to the theory of the local origin of cancer, more extensive and thorough operations for the extirpation of malignant diseases are indicated than have heretofore been customary.

In the removal of breast cancer, for example, not only is the affected gland to be excised with the overlying structures, but the axilla should also be cleared of everything except blood-vessels and nerves, whether the glands are enlarged or not, for they are frequently diseased before they can be detected by external examination. He says our most satisfactory cases have been those in which, by careful dissection, the axillary vessels and nerves, the ribs, and the intercostal muscles have been freely exposed, and also a portion of the pectoralis major, under which glands are liable to remain concealed from the operator, has been cut away.

Considering the volume as a whole, the papers would lead one to believe the surgical department to be in advance of the medical at the City of Boston Hospital, and although containing a few subjects of interest, the book would not be likely to meet with many readers on this side of the Atlantic. The papers contain the minute details of too many uninteresting cases, which increase the size without adding to the value of the work.

THE PRACTICE OF COMMERCIAL ORGANIC ANALYSIS. (a)

THE first volume of this work, which was reviewed in the *Medical Press* at the time that it appeared, seems to have met with so favourable a reception from the public that the author has been induced to follow it up with a further instalment, and promises a third. Upon animal products he says: "I have postponed their consideration till a demand shall arise for an additional volume, or a second edition of those already published." We sincerely hope that the writer will follow out the first-named intention and make his work as complete as he possibly can. We have no work of importance running upon the same lines as Mr. Allen's book, as it is perfectly distinct in character to such works as Fresenius' "Qualitative" or "Quantitative Analysis."

His second volume deals with hydrocarbons, fixed oils and fats, starches and their isomers, alkaloids, sugars, and contains a good index (all-important to a work of this class). When we state that the last volume extends to over 500 pages, we see that it is something more than the practical notes of an expert, and that the subjects have been treated at least in an elaborate form.

As we have very little to say disparagingly of this work, we may at once get that little off our mind by objecting to two points: 1st. In a work of a purely technical and practical nature we cannot see any use in the attempt to arrange it according to a scientific classification. It might have, perhaps, facilitated the author in his writing the work. But as reviewers, we can only look upon the utility of such an arrangement to the reader, or rather, we should say, to the practical analyst who intends to make use of it. For instance, whilst glycerine would, from its technical and commercial analog, be naturally better considered in connection with fatty acids and soap, which occurs in the second volume, we have to look for it in the first volume, amongst the alcohols, because it is scientifically considered as the triatomic glyceryl alcohol. Dextrine is found in vol. i., whilst starches are found in vol. ii. By-the-by, illustrations might have been introduced with great advantage when dealing with the starches. This arrangement also frequently leads to a strained classification—for instance, although some pages are devoted to the estimation of sugar in diabetic urine, the rest of the important normal and abnormal ingredients, such as urea, albumen, &c., are ignored, we presume because there is no convenient place for them. The general analysis of urine would not, of course, come under sugars. Or again, in giving the process for determining the original gravity of worts, instead of considering it under the head of sugar, would it not come better under the description of estimating alcohol, for it is essentially nothing but such a process, or if not, under an article upon beer, vol. i.

The volume under review contains very elaborate articles upon turpentine and balsams. Anthracene, nitrobenzene, and benzene are also important monographs from a commercial and scientific aspect. There is a careful and exhaustive article upon petroleum-testing. It contains a description of the close testing for the flashing point of petroleum oils, an important

(a) "The Practice of Commercial Organic Analysis." By Alfred H. Allen, F.I.C., &c., Public Analyst to the West Riding of Yorkshire &c. Vol. II. London: J. & A. Churchill. 1882.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 20, 1882.

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THE

"Bradshawe" Lecture

ON

SOME RARE AND NEW DISEASES.

Delivered at the Royal College of Surgeons of England on December 13th, 1882.

By SIR JAMES PAGET, F.R.S.

MR. PRESIDENT AND GENTLEMEN,—It is my first duty, in delivering the first Bradshawe Lecture in our College, to offer a tribute of respectful thanks to the generous lady by whom it was founded, the widow of Mr. William Wood Bradshawe, a Fellow of this College, who practised at Andover and at Reading, and died in 1866. He was a home-loving and studious man, who diligently cultivated his mind in both literature and science, and his widow, who survived him fourteen years, being desirous to testify her gratitude for the happiness which she owed to him, bequeathed a thousand pounds to this College, and as much to the Royal College of Physicians, on the condition that each should institute a lecture, to be given annually, and to bear his name. She desired that the lecture should be on some subject connected with medicine or surgery, and that the choice of the lecturer should rest with the President of each College for the time being. She made no stringent regulations, and seems to have wished only to maintain her husband's name in good repute by associating it with the advancement of the science which he loved.

In my endeavour to fulfil her exemplary wish, I have chosen the subject of "Some Rare and New Diseases." I hope to be able, in speaking of them, to illustrate a part of the natural history of disease which I think is too little studied—that part, namely, which relates to the variations and the combinations of diseases in hereditary transmission. Besides, both in the choice of its subject and in the whole enterprise of giving this lecture, I have looked for an opportunity of promoting pathology by promoting pathological

museums, a motive which I am sure will be pardoned though I am conscious of its being in some measure personal, for I have spent so much time and thought in museums, that I feel as if, in their greater utility, I should myself become more useful.

Now, first, respecting rare diseases, there may seem no want of opportunities of studying them. Our journals and the proceedings of our societies are full of the records of rare cases; many collections of such cases have been published, and there are many rare specimens in every museum. All these have that kind of attraction which belongs to everything that excites our wonder, but we too seldom let the wonder have its proper consequences; we too seldom let it provoke our curiosity so far as to make us search for the meaning and reason of the rarity. There is a question we should often ask ourselves—Why is any disease rare? At least, why is any rare which does not depend on some accident or some rarely occurring extreme cause? I shall try to suggest answers which may be, in some instances, sufficient; but I fear that, in more instances, if I can be useful at all, it can only be by suggesting how answers may be found.

First, there is a difference, though it may seem only a verbal one, between rare cases and rare diseases. A case may be called rare when, though it is evidently one of a common disease, it differs from the usual type or standard of that disease in some one or two features. Thus it is a rare case when a common disease is found in an unusual place; as an epithelial cancer on the upper lip, or this fatty tumour on a finger: or in unusual quantity, as in this large cartilaginous tumour on a femur; or again, a case may be rare in respect of the time of its occurrence. For instance, I have lately seen cancer of the rectum ending fatally in a lad of eighteen, and scrofulous abscess in a man of eighty; and many of us must have seen instances, though they are rare (and these are very important in the history of diseases), in which manifestations of syphilitic inheritance, usually evident in infancy, have not appeared till the time of youth or even of adult age; or cases may be very rare in respect of accidental complications or of the absence of some usual symptom. But of all these and other rare cases the number and variety are so great that it would be impossible to deal generally with them, except as with mere story-telling. It would be very useful if someone would collect

hundreds or thousands of them, and arrange them, even though it were only under such headings as I have just indicated. But even as they are singly and in disorder, let me say that we ought not to set them aside with idle thoughts or idle words about "curiosities" or "chances." Not one of them is without a meaning; not one but might be the beginning of excellent knowledge, if only we could answer the question, Why is this rare? or, being rare, why did it in this instance happen?

But, because of their number and variety, I must pass by rare cases and will speak only of some rare diseases—that is, of some diseases which are rarely seen, and yet occur in a sufficient number of cases, and with sufficient uniformity, and sufficient difference from other diseases, to permit of their being described in general terms, and to justify their being called by distinctive names. And of these again, for they are numerous and various, I shall select that group which seems most attractive; the group of those, namely, of which there seems reason enough for believing—First, that they were, lately, new diseases and have become more frequent; and, secondly, that they are due mainly to morbid conditions changing and combining in transmission from parents to offspring. I say due mainly. It is certain that changes in the external conditions of our life have influence on even those morbid conditions which are most personal; but this influence is very hard or impossible to trace in the cases which I have in mind, and it may to-day be neglected though not forgotten. For, in all those cases, the personal factors and those of which alone I have to speak are more potent than the conditional, the inner than the outer. We call these diseases constitutional, diathetic, or by similar names; but the chief fact in them is that they, or the necessary previous states or predispositions to them, are inborn and inbred.

Let me first show that there is reason enough for believing that some rare diseases of this kind were recently—say within the last century—new; and that more recently, though still rare, they have become more frequent. There is, I know, a general unwillingness among pathologists to admit that there are new diseases of this kind; and this unwillingness is often just, for many diseases that may seem new have probably existed long and been overlooked; they may be new to knowledge, but not new in fact. Bright's disease and Addison's disease were new in the sense of having first been well observed and described by those whose names they bear; but no one would venture to say of diseases so difficult to detect, as these used to be, that they did not exist long before they were well observed. We could as well believe that embolism never occurred till just before it was found out, or that right-side hemiplegia used not to be associated with aphasia. These things were old before they seemed to be new; but how long they had existed neither records nor museums can tell. It would be, indeed, very interesting if we could tell the time and manner of first appearing in the case of many diseases which are now common; but it is scarcely ever possible. And yet, if you will allow me a digression, let me show what in some instances museums may supply, and what I hope they will in the future supply much more largely. Here are specimens of typhoid ulcers of the intestines preserved by Hunter. Few things have been more important in the knowledge of fevers than the clear proofs of the distinction between typhus and typhoid given by Sir William Jenner in 1850. It was one of the best life-saving discoveries of this century; before it both diseases were at least partially misunderstood, and neither was so well treated as now. Since the distinction between them was discovered it has been possible to trace in old recorded cases probable instances of both; but there is nowhere so clear evidence of the occurrence of typhoid a century or more ago as is given in these specimens of Hunter's preserved without name or history; not unobserved, and yet not in any fair sense understood. Now in this, as in many things, Hunter set us a good example. He did not think those things unimportant which he did not understand. He was a thorough naturalist, and kept specimens of everything in his field of study which, though not yet, might become useful.

But, however much of what seems to be new we may justly ascribe to our previous oversight of what was old, there yet seems to be evidence enough that new diseases are in progress of evolution, and that, as I have said, some of the rare diseases of which I have to speak are the earliest instances of the new. Good evidence of this kind is to be

found, I believe, in the peculiar joint disease discovered by M. Charcot in association with locomotor ataxy, and in the disease of bones to which I have given the name of *osteitis deformans*. Neither of these, I believe, was described till within the last few years. They may have been overlooked, but to believe this we must believe what is very improbable. We must believe that all the most acute and observant practitioners before our time overlooked, not merely obscure and transient diseases, difficult to study, but cases which lasted many years and gave constant great distress, and were manifested in signs so plain that they could be recognised in the shape and gait, in the posture and whole aspect of the patients, in strangely large heads and curved limbs. And, further, we must believe that the morbid anatomists before ourselves overlooked changes of structure of the largest, most obvious, and most striking kind. It is, surely, very unlikely that they who studied and recorded such cases as those of extreme rickets and *mollities ossium*, and even called it *rachitis adultorum*, should have left unnoticed the cases of these two equally and somewhat similarly disfiguring and damaging diseases. This great improbability is strengthened by that which I believe to be a fact—that we have none but recently collected specimens of either of these diseases in our museums; not even among the crowds of bones and joints collected by our predecessors.

In twenty-six years I have seen twelve well-marked cases of the *osteitis deformans*, and about as many in which it was only partially evident. In the last six of these years I have seen seven of these cases, and others have been published, and yet I cannot find evidence that the disease was ever seen by any of those who had practice like my own; Brodie and Stanley, who saw as many cases of diseased bones as any surgeons of the last generation, had seen no case but that which I showed them more than twenty-five years ago in the patient from whom these specimens were taken. Moreover, I cannot find an old specimen in our museums, or a representation of one in any book of plates, or a description of one in any catalogue. This might not seem very strange in the case of specimens troublesome or expensive to keep, or in such as are said to "show nothing." But these are very striking deviations from health, very plainly to be seen, and dry bones are neither costly nor troublesome to keep. We have large numbers of them collected by Hunter, Howship, Langstaff, Liston, Cooper, Stanley, and others, who collected not merely illustrations of diseases well known to them, but whatever was curious, whether it was understood or not. They would have looked on these bones as gems.

I might repeat this statement in nearly every particular concerning M. Charcot's disease. I believe there is not an old specimen in our museums. There is not one in the Musée Dupuytren; I cannot find a notice or an illustration of one. And yet this disease is now so far from being very rare that Dr. Buzzard has had nine cases under his eye at one time, and several have in recent years been shown in our societies.

Let me adduce one more instance of what I believe to have been new diseases within this century, though the museum evidence is not so strong as in those of which I have been speaking. Many believe, and, I think, quite rightly, that instances of typical gout, such as gained for it the name "*podagra*," have lately become comparatively rare, and that a large number of less acute diseases, regarded as forms of incomplete or suppressed gout, are much more frequent. It may be that some or many of these lesser forms were always as common as they are now, but were overlooked or were not distinguished from other similar ailments. But here is a specimen of the effects of phlebitis of the femoral and external iliac veins, which, with its history, may tell that gouty inflammation of the veins was, fifty years ago, if not a new disease, yet a much rarer one than it is now. Sir Henry Hallford saw as much of gout, I suppose, as any man that ever lived; for he was for many years, during a very luxurious period, in the largest practice among the richest people in this town. He gave an account in 1832 of what he called *phlegmasia dolens* in the male. The disease so-called was common and well-known in women after parturition; so that, to justify his essay as a record of cases hitherto unobserved, it was enough for him to speak of *phlegmasia dolens* as occurring in men. He speaks of it as having been not long before regarded as "immediately occasioned by a deposit of milk"; but that "being tested by a more exact pathology," it was now attributed to "an inflammation of

the veins of the pelvis." And he says, "he was much mistaken if he had not seen three instances of it" in men "within the last few years." He then relates the case of the nobleman from whom, several years afterwards, this specimen was taken by Sir Astley Cooper—an admirable example of phlebitis, which we may be nearly sure was gouty, showing the changes in the blood-clots and in the walls of the veins during many years.

At the present time, phlebitis of this kind in the male can scarcely be called a very rare disease. There are few, I imagine, in large practice who have not seen many more than three cases within the last few years. So, we may believe, I think, that the disease has become more frequent in the last fifty years; and may suspect that not long before Sir Henry Hallford's time it may have been a really new disease. It is hard to believe that it could have been overlooked. Its characters are strongly marked and evident to both eye and touch: it is a very painful, disabling, long-enduring disease, often recurring, sometimes observed in several members of the same family, and commonly leaving the affected limb large, heavy, and clumsy for many years. Could this have been overlooked when similar limbs, in consequence of an allied, though not the same disease, were known and described in women, and while, as it happened, the subject of phlebitis, in its traumatic and pyæmic forms was being very carefully studied? For there was a form of phlebitis much more common in the last century than in this; the phlebitis that occurred after bleeding. Hunter had studied this very carefully, had written on it, and shown it in these specimens; and after him, both this and the phlebitis after amputation were well-known. Especially after the beginning of this century the phlebitis after amputation was thoroughly worked at. It was only three years before the publication of Sir Henry Hallford's essay that Mr. Arnott's renowned paper on inflammation of the veins was published in the *Medico-Chirurgical Transactions*. In the same volume are the chief papers by Dr. Robert Lee on phlegmasia dolens; and he describes cases of phlebitis associated with pelvic cancer; but not one spontaneous phlebitis is mentioned by either of them.

Now, I think that in all these facts there is enough, not, indeed to prove, but to justify the belief that we have here examples of diseases which have appeared in this country for the first time within the last century, and which have since become sufficiently frequent, and acquired sufficiently constant and distinctive characters to be described in general terms and called by new names. Let me repeat: these are not diseases hard to be discerned. They are so well-marked, so distressing, so long-enduring, and both during life and after death so large and distinct in all their characters that it seems impossible that, unless they were very much rarer than they are now, they could have been overlooked.

I think it probable that there are other examples of the like kind; but I do not know them, and would rather go on to the second part of my subject—namely, to show the probability, or, at least, to justify the hypothesis, that those diseases are among the instances of the results of morbid conditions, changing and combining in transmission from parents to offspring.

It should hardly be necessary to argue that changes of type in inherited diseases—changes which may be compared with the variations of species or of varieties in natural history—do take place. Yet I venture to think that many of us are prone to think too little of these variations; to regard them as rather unmeaning exceptions, or as the results of some unusual external conditions diverting diseases from their customary course.

It will be better for us if we study, in pathology as in natural history, varieties as much as species; changes as well as more stable forms. Types of disease there are, standard forms, and the tenacity with which they are maintained—some, even, from pre-historic times—in all the varieties of the conditions of our lives is one of the most remarkable facts in all pathology. But they are not unalterable. Types vary in diseases, as in species; even in the diseases which depend least upon external conditions, and most on the qualities which are transmitted by inheritance.

Let me give some reasons why this must be.

1st. An exact likeness is never transmitted by inheritance; neither an exact likeness of either parent, nor an exact composite of both. This is evident enough in features, size,

weight, and all that we can observe in external things. If we could be exactly endoscopic we should observe equal variation within; the same want of exact likeness in liver and lung, and, I venture to say, in blood and lymph and plasma, and whatever goes to make up the whole person, healthy or diseased. The inheritance of likeness in disease, or liability to disease is, indeed, clear evidence of the transmission of likeness in the very minutest structure and composition. But the likeness is never perfect, it may in different persons deviate this way or that; it may vary towards disease or back again towards the healthy type; but it is never perfect, and in successive generations its degree of unlikeness may increase to a great width of difference.

2nd. The certainty and probable extent of this variation must seem the greater if we consider the mingling of diathesis, and of all dispositions and liabilities to diseases in transmission from and through both parents. Consider the difficulty of maintaining the "breed" in any of the varieties of the species domesticated or cultivated by us, in horses or dogs, in pigeons or in seedling plants; the care that both parents should be of the same blood, or the same race, and that their produce should be raised in all due conditions; and then consider how numerous and wide, in spite of all this care, are the defections from the type. With these facts before us we cannot imagine that diseased conditions should often be transmitted singly and unchanged; it is, surely, not likely that disease should be transmitted with more fixed conformity to type than normal compositions are. Hybrids and mongrels must be even more common among diseases than among species and varieties.

3rd. And, in thinking of the variation of diseases by combining or convergence of inherited qualities, we may not limit our thoughts to a single generation. It is reasonable to believe that instances occur of reversion, in which diseases or tendencies to disease may appear after a lapse of many generations. Such, I expect, are some of the cases in which leprosy has been seen, even of late years, in this country in persons never exposed to any of its external causes; and to the like of this we may refer, I think, some of the rare cases which defy all efforts to refer them to any combination of types of disease now prevalent.

Now, I half wish that I could escape from the necessity of testing my doctrine by my facts; but as I have often asked myself, so others may ask, how can the cases of rare disease of which I have been speaking, be explained as the results of morbid conditions changing and combining in transmission from parents to offspring. In the phlebitis we may often trace a variation from the customary type or standard of the very old and heritable disease, gout. In many cases its relations to typical gout are clear. The patients are members of gouty families, and in many of them other signs of gout are evident, either coincidentally with the phlebitis or at other times; it has, in short, all the evidences of being one of the many forms of what is called "incomplete gout." But, for a reason why this variety of gout settles (if I may so speak) in veins, especially in those of the lower extremities, I can only guess at a convergence of inherited dispositions both to a modified form of gout, and to some condition of veins rendering them, among all the structures, the most sensitive to the gouty process. Certainly it is not accident which determines the disease to the veins, for this disease "runs in families." I know of its occurrence in two brothers and three of their cousins; and I have heard Sir Charles Locock tell of four sisters who had phlegmasia dolens and whose father had crural phlebitis.

I am conscious that this is little more than guessing, and for the osteitis I must guess still further; or, rather, let me say that, to the furthest bounds of propriety, I must exercise that use of the imagination which may happily discern a way towards the truth. I imagine, then, that a likeness of the osteitis deforms to several other diseases may indicate a combination, in definite proportions, of transmitted dispositions to those diseases; a combination which has become possible by changes of the type of one or more of them. First, it shows some relationship to mollities ossium and rickets, for, though it is an inflammatory disease, which they are not, yet the softening which permits of the curving of the bones is distinctive, and hardly occurs in any other form of inflammation of bone in middle or latter life. And, again, the relation of the osteitis to rickets and mollities ossium is notably indicated in the porous thickening of the skull, which is found in some instances of them all, and

which is well marked in our specimens of genuine rickets from erroneous diet in young lions and young monkeys. Further, there appears some relation to gout, for some of the cases have known inheritance of gout, and instances are sometimes seen, in typically gouty persons, of a single bone having all the characters of the osteitis, though all the other bones appear healthy. Such a one is this femur, for the opportunity of showing which I am indebted to Mr. Bowlby of St. Bartholomew's. There is a likeness, also, it may be said, to the osteo-arthritis and other forms of rheumatic gout in the remarkable maintenance of good general health during even many years of a painful and crippling inflammatory disease; and, further, there appears some relationship to cancer in the singular frequency with which cancer or sarcoma occurs in the healthy bones or other parts of those who have suffered for many previous years with osteitis deformans.

Thus, I imagine, by inherited dispositions, accumulating and combining or converging in definite proportions, this disease may be produced. I would try to imagine the genealogy of M. Charcot's disease, but that I have too little clinical knowledge of it. I can only suggest a combination of osteo-arthritis with syphilis chiefly localised in some spinal nerve centre; but I believe far better suggestions may be made by those who, suspecting a combination of diseases rather than many radiating from one source, will carefully study the essays of Professor Charcot and Dr. Buzzard's admirable clinical lectures on Diseases of the Nervous System. Besides, I may seem to have guessed already more than enough. Let me, therefore, say that even if my guesses are wrong, my error cannot weaken the probability of the belief that these and rare diseases of like kind are instances of settled varieties of diseases, severally due to variations and convergence of morbid conditions in hereditary transmission. And if this be in any measure true, or even not more than a reasonable hypothesis, then it must be of great importance that we should know much more than we yet do of the variations which, in progress of time, diseases, or certain examples of them, may undergo; of their deviations in a gradually increasing number of instances from typical or standard forms; their acquirement in those instances of other comparatively fixed and long-abiding characters; of the occasional disappearance of old forms of disease, and the evolution of new ones. Such variations in diseases should be studied as Darwin studied the variations of species. Let me be clear in saying as Darwin studied; for in the pursuit of new knowledge he may be a model to all, as he has been to me so far as I could imitate him. He, as I know, would have studied these things, not by deduction, as from a law exactly formulated and from which he could trace the course of every change, but by a most careful collection of facts, facts to be seen in specimens and read in full records, and stored in museums, and by a study as complete for every case as if no law of evolution had ever been discovered.

Let me add that the study of these variations of diseases is not one of mere pathological curiosities. It may be of great practical utility; let me show how, if only that I may provoke some to pursue it vigorously to whom mere pathology is not attractive. We hear much, and often, of the uncertainty of medicines; of disappointments in the use of this or that supposed remedy; and substances which have long been in good repute for the treatment of this or that disease are spoken of with disrespect. It need not be questioned that in many cases the belief in the utility of medicine has been maintained by completely erroneous observations. Such was the belief in the utility of infinitesimally small doses of anything ever yet swallowed. And other beliefs less evidently absurd may have been nearly as ill-founded. But there are many of which this is not to be said. It cannot be doubted that bromide of potassium is often very useful in epilepsy; yet sometimes, as we say, it fails; or that guaiacum is useful in some cases of chronic rheumatic arthritis, and is in others very disappointing; or that arsenic sometimes does and sometimes does not do good in cases of lymphadenoma. I suppose there is not a medicine in the Pharmacopœia which does not sometimes disappoint him who gives it hopefully; not one which is not, therefore, spoken of with contempt or blame, as if it were a responsible agent convicted of default. But here is an unfair imputation. It is not these medicines which are in fault, but ourselves. That which some call the fallacy of therapeutics is generally the fallacy of diagnosis. To state

the facts roughly, we suppose cases to be alike which are really different; and, very naturally, the medicine that does good in some of them is useless in others. For example, in the group of cases which I chiefly have in view, we do not always discern when a disease has varied so far from its usual type that it is no longer amenable to its usual remedies. A better diagnosis must precede a better therapeutics. We need not only the diagnosis between diseases essentially different, but that between the different and varying forms of each of those which we call by a generic name; and beyond this, we need a more exact power of what may be called analytic diagnosis; for there are few simple cases, and in those which are not simple we need to be able to discern all the components, and the proportions in which they are mingled or combined. Better treatment will follow better diagnosis, and better diagnosis will certainly follow a more exact pathology.

Let me illustrate this with an instance which is besides of some interest in the study of the variations of transmissible diseases and of the utility of museums. Questions are often asked as to the changes which syphilis may, in course of time, have undergone; and, especially, whether internal organs were always, as they are now, liable to its attacks. It is hard to answer such questions on the evidence of any existing records; indeed, I might cite the whole history of syphilis as an instance of the insufficiency of records for the tracing of the natural history of diseases. But here is something suggesting what museums may do: a portion of muscle preserved by Hunter, and at least a century old, in which are morbid changes which may be safely referred to syphilitic gumma. Probably similar evidence may be found in other museums, and there are other facts significant of the existence long ago of these internal syphilitic diseases, as well as the improved treatment following better diagnosis. Fifty years ago, at the beginning of my professional studies, it was the custom, as it long had been, to give mercury not only in all recognised syphilitic cases and in most acute inflammations, but in a large number of cases of which one could scarcely say more than that they were all chronic and all obscure. Especially there were many such cases of what we considered chronic inflammation of the eyes, and of the brain and spinal marrow, the liver, and the testicle. To all of these cases it was customary to give mercury, till, as one said, "the mouth was touched," and thus some were cured, and some uncured, and some harmed. The cures were enough to keep the mercury in such good repute that it was given more and more generally; and then the disappointments, as they were called, became too many, and the mercury was blamed, and was almost disused for chronic inflammations. But, meantime, a more exact pathology, a pathology more exact both in its morbid anatomy and in its clinical studies, was discovering the previously unsuspected syphilitic diseases of internal organs; and with this better diagnosis a more judicious use of mercury, and good reason to believe that the chronic and obscure cases which mercury used to cure were those of syphilis overlooked. The case is an exemplary one of the relations between the true pathology and the right treatment of diseases, exemplary not only for encouragement, but for method of study; for the study was both clinical and anatomical, in the living and in the dead, with records and with specimens. Such must be our study of all the cases which I have chosen to speak of—the cases in which diseases deviate from their usual type, or combine in various proportions, after the manner of hybrids and mongrels or new chemical compounds. But there are some rules in study which are especially applicable to these cases.

1. We should very carefully study all cases which are not according to an admitted type. We should study all exceptions to rules; never thinking of them as unmeaning or accidental. Especially, we should never use, in its popular but wrong translation, the expression "exceptio probat regulam;" as if an exception to a rule could be evidence that the rule is right. If we use it, let this be in its real meaning; translating it, as surgeons should, that an exception probes a rule, tests it, searches it—as the Bible says we should "prove all things"—to its very boundary. In this true meaning the words may be an excellent motto for the study of all diseases that deviate from types.

2. We should look out for indications of the existence in the same person of two or more morbid conditions or dispositions such as may be derived from both parents or from

several ancestors. For, as in plants and animals there are hybrids and mongrels, or, as in chemistry, many compounds and mixtures, so are there in diseases. We see them in the multifarious varieties of what we have to call rheumatic gout; in gout crossed with scrofula, or syphilis crossed or mingled with scrofula or with gout. It is often not difficult to discern some of these combinations among our cases, and I know few things in practice more useful than to be able, even in some instances, to adjust our treatment to the proportion of each disease in the compound. But we may be sure that there is much more to be learned in this direction; and it is best to believe that we rarely have to do with a simple and unmixed morbid constitution. There are few worse habits in practice than that of commonly saying of our case "It is all gout," and of another it is all scrofula, or all syphilis. We might as well say of any Englishman that he is all Norman, or all Anglo-Saxon, or all Celt. We may, indeed, sometimes see persons who appear to be as types of races unchanged in many centuries, but in practice we had better study every man as, for better or worse, a composite of many ancestors.

3. We should have for all these cases a much more complete and exact study of all the personal conditions of disease than is now usual. Of course this should include all that can be learned of each patient's family history; though there are few parts of medical inquiry more fallacious than this often is; and at the best it will need, besides, the exactest study of the patient's self. Perhaps the brilliant success which has been achieved by the recent studies of disease-producing organisms or other materials acting on us from without—a success not equalled in any other field of medical inquiry—has made some think too little of those changes within ourselves which occur in such ordinary conditions of life that they may be called spontaneous. Yet these are not less important in the production of diseases, and these must be studied; just as in agriculture soils must be studied as well as seeds. This is true even in respect of those diseases whose essential causes are most evidently external, even of those which are due to specific contagia; their germs or seeds, if I may so speak, will not germinate in an unfit soil. I suppose there is not a day in which most of us do not inhale or come in contact with the germs of some frequent or contagious disease; but they do not germinate in us any more than do the seeds of tropical flowers in our streets or in the fields to which the wind scatters them; we do not offer the fitting soil. And even among those in whom they do germinate, the product varies according to the soil. And the study of this soil, this living soil, is yet more necessary in respect of diseases which come, in part or wholly by inheritance; for it is in each as personal and distinct as any other constituent of personal character, and the study of it must be intimately personal, with an exact analysis of every disposition to disease. The aim of pathologists in this direction should be for knowledge like that of the keen family practitioner, who, as he says, knows the constitution of every member of a family.

All this is equivalent to saying that these variations in diseases must be studied both in practice and in scientific pathology. It is hopeless that either a practitioner who thinks lightly of pathology, or a pathologist who thinks lightly of observant practice, should do more in the study of these questions than attain to that measure of partial truth which is often as deceptive as error. Each must be tested by the other. The living and the dead must be alike and equally studied; and the dead must be studied in exact observations, with accurate records, and especially with museums.

I need not dwell on the value of good records, good descriptions, and good photographs, or other representations of diseases; but they never have been and, probably, never will be, enough. We need, with them, museums in which changes of structure may be preserved for repeated and revising study and comparison. For instance, in regard to the group of diseases of which I have been speaking, we ought to have in our museums specimens in which we might study all the gradations of change of structure from type to type, all the changes due to mingling of forms, all varieties of diseases, all hybrid forms. We need to be able to study all these things, as the naturalist or the comparative anatomist needs his specimens; not only for teaching what is already known, but for continued re-examination and continued additions to his own knowledge.

And for complete study we must have large museums showing the coarse naked-eye characters of diseased structures. I

am sure no one will think me likely to depreciate the microscope; it has added, and will continue to add, more than can be told to our knowledge; but it has not diminished the value of other evidence; and in pathological anatomy, as in all our sciences, there are many instances in which the naked eye sees facts with more meaning than the microscopic one can.

This is especially true in the case of morbid structures resulting from nearly allied diseases, and therefore especially true for those of which I wish to urge the study. In morbid structures as in species the nearer the alliance the less are the differences to be found in minute structures, and the more must we depend for distinctions on the study of visible shapes, and sizes, and constructions. I suppose that we could not with the microscope distinguish the human skeleton from that of the monkey; certainly, we could not distinguish one skull from another in all those varieties of national form which are collected in our museum. And so it is in many instances of morbid bone formation. I doubt whether microscopic examination could detect characteristic differences in each of this group of specimens. With the naked eye it is sure that this is a syphilitic node on a tibia, and this a growth beneath a chronic ulcer over the shin, and this a pedicled exostosis, or ossified cartilaginous outgrowth from the shaft of a long bone, and this an instance of osteo-arthritis, and this a portion of the skeleton of an osteo-sarcoma or osteoid cancer.

Moreover, it is to be observed that in morbid structures, as in those that are natural, in the same proportion as the aggregated elements of embryonic structures acquire their complete and final form, so do the bodies composed of them acquire distinctive shapes and methods of construction plain to the unaided senses. The ova of many species may seem alike both in outer shape and in their component elemental structures. But in proportion as these structures are differentiated, and developed into their higher and abiding forms, as into nerve fibre, and muscular fibre, and the rest, so the larger characters of even the nearly allied species—the characters of shape, and size, and appropriate construction of the whole body, and of each part of it—become more and more different; and these constitute the real distinctive characters of each species.

And so it is in morbid products. The acquirement of distinctive shapes and methods of construction coincides with the development of elemental forms. For example, in these sarcomata are only the lowest elemental structures, round cells, spindle cells, and shapeless plasma; and the masses thus combined are shapeless, featureless, decisive by negation. But in these fatty, and fibrous, and cartilaginous, and bony tumours, in which the elemental structures have advanced to higher forms, the masses which they severally compose are almost as characteristic and distinct in visible shape and construction as are the several normal organs of the body.

In every case, then, both the largest and the smallest characters should be studied. The naked eye can discern one set of facts, the aided eye another; both are essential to complete knowledge; no one should be content with either, for neither is alone sufficient. So we must have large specimens as well as small ones, and certainly large ones for the study of the gradual variations of diseases as they deviate from typical forms, and become variously mingled.

And now, as I come near to my term of time, let me, as is customary in certain other places, conclude with an earnest appeal to your liberality. We want liberal contributions, not of money, but of specimens to our museum. We want specimens of many kinds; of course we want whatever is rare, but not these alone; we want some to complete our series of typical specimens; and, to keep to the chief subject of my lecture, we want the opportunity of choosing among many of what are called bad "specimens." We are all too ready to collect what are called good specimens as being well-marked instances of the standard characters of diseases, and to put aside as "bad" those which deviate from those characters, just as, clinically, we speak of good and bad cases of a disease. Of course, good specimens, typical specimens must be at hand for the teaching of pupils who have to study illustrations of the accepted descriptions of diseases; but it is among bad specimens, even as it may be among exceptional cases, that those who are past pupillage, though they have not ceased to be students, may study the variations of disease. I ask the more boldly for contributions to the pathological collection because of its present satisfactory condition and the activity of work in it. You will soon see it in the repaired and renovated building. Looking at the number and value of the specimens and the

wide range of pathology which they illustrate; looking at the interest of the history of our science which is told in many of them; at the memorials of Hunter and Matthew Baillie, of Astley Cooper, Liston, Howship, Lawrence, Hammick, Fergusson, Hilton and many more; looking forward to what the museum will tell of the researches and skill of those who are still with us, and among whose names I venture to feel sure, Mr. President, that none will take precedence of your own, while men study the specimens with which your skill and just audacity in operating have enriched the series of diseases of the ovaries and uterus: looking at all these things, and then at the perfect order and condition in which the specimens are preserved, I feel that the collection is one which all we members of the College may feel personal pride in calling our own, and should feel a personal duty to enrich. And its utility is being constantly more appreciated. I have been often made happy by the contrast which I have seen while working at the new edition of the catalogue. While I was writing the last edition between thirty and forty years ago, scarcely a student ever entered the museum. Hour after hour I sat alone; I seemed to be working for no one but myself, or for nothing but the general propriety that a museum ought to have a catalogue, though no one might ever care to study with it. Now, and for some time past, a day rarely passes without many pupils and others being at work in every part of the museum.

All this is good; but much more is to be done. Our museum should be, even more than it is, the centre in which all pathologists may find help in searches after that which is not yet known; in such searches, for example, as may lead to a complete knowledge of the variations of diseases. For many years, even from the beginning, the anatomical and physiological departments of our museum have been not only a noble collection of specimens, but, through the renown and learning of its conservators, a great centre of teaching. Scientific men, especially comparative anatomists and anthropologists, have known that here, if anywhere, they could find whatever help a museum and a master in those sciences could give. A fortnight ago the President of the Royal Society, presenting one of the royal medals to Professor Flower, said: "Professor Flower has been for more than twenty years conservator of the museum of the Royal College of Surgeons; and it is very largely due to his incessant and well-directed labours that the museum at present contains the most complete, the best ordered, and the most accessible collection of materials for the study of vertebrate structures extant."

It is not for me to praise the pathological collection with similar words. But great as may have been its utility hitherto, we may be confident that it will henceforth be more useful than ever. In the vast increase of the biological sciences it became impossible that one man should be nearly complete in the knowledge of both natural and pathological anatomy. I say impossible. I believe there is not such a one living; if there could have been one it might have been Mr. Flower. Now, we may hope as labours as "incessant and well-directed" as his will be devoted specially to the pathological collection.

It is known to many of you that Sir Erasmus Wilson, in his usual liberality, gave the College £5,000, of which the interest should be spent in the promotion of pathology; and he agreed that this would best be done by helping to the appointment of a curator of the pathological department of the museum; and we have an admirable one. Mr. Eve is a worthy colleague and helper of Mr. Flower, excellent like him not only in knowledge, but in that which is even more rare, the love of museums, and of all that belongs to their maintenance and illustration, even to the making of catalogues. In all these good qualities he has distinguished himself at St. Bartholomew's. I believe that we may rely on him for making so good use of the museum, and of all that can be brought to it, that the College shall be the chief centre of pathology, even to the furthest point at which it can be studied in specimens of diseased structures. I beg your help that he may be so; and if I shall have helped to-day to this good result, the first Bradshawe lecture in our College will have well fulfilled the purpose of its founder.

DR. SPIERS, of Cleator Moor, who, in September last, jumped into the river Eden and succeeded in rescuing a drowning child, has been presented with an honorary bronze medal awarded by the Royal Humane Society.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.
Surgeon to the London Hospital.

(Continued from page 500.)

PART II.—Reported Cases of Recovery—Treatment—Conclusion.

THE reported cases of recovery, after rupture of the urinary bladder with which I am acquainted are 27 in number, and may be arranged as follows:—

1. *Partial or sub-peritoneal ruptures*; one case, under Mr. Keal.

2. *Extra-peritoneal ruptures*.

(a) *Ruptures into the vagina*; three cases, under Wilkinson, Earle, (*) and a friend of Dr. Blundell's, (b) respectively.

(b) *Ruptures into the rectum*; two cases, under Ward and Call, respectively.

(c) *Perforations by splinters of bone*; four cases, under Eve, Astier, Townsend, and Thompson, respectively.

(d) *Ruptures into the perivesical connective tissue*; nine cases, under Syme, Porter, Walker, Padley, Rose, Max Bartels, Berner, Jenmaire, and Brown, respectively. To these I may add a case which came under my own observation.

3. *Intra-peritoneal ruptures*; eight cases, reported respectively by Walter, Le Gros Clerk, Thorp, Erskine Mason, McDougall (two cases), Morris, and Chaldecott. These groups will be taken seriatim.

Mr. Keal's (c) case was modestly reported as a "supposed rupture of the inner coats of the bladder without injury to the investing peritoneum." The patient was a man 22 years of age, suffering from stricture after gonorrhoea. He was knocked down one Saturday by a horse, which fell on the lower part of his abdomen. He felt pain soon afterwards in the pubic region, accompanied with a more frequent desire to pass his urine, which he accomplished with no more than the ordinary difficulty. In about eight hours after the injury the difficulty increased, and soon retention became complete. Up to that period there had been no discolouration of the urine. Retention continued till Monday evening, when he passed a moderate quantity, which relieved him from pain; and he slept from ten till two. On awaking he had much pain, with extreme desire to make water. His medical attendant was now, for the first time, sent for, and had to go home for a catheter. On his return, the patient said that he had experienced a sudden "crack," with a sensation of cold pervading the pubic region, at the same time finding relief from distressing pains. Mr. Keal found the patient tolerably easy, with tenderness over the abdomen, and a sense of distension without any circumscribed tumour. Two quarts of bloody urine were drawn off with the catheter with much relief. The patient was submitted to copious bleeding from the arm, leeches to the pubic region, fomentations, saline aperients, calomel and antimony, opiates at bed-time, and catheterism, and made an early and complete recovery. No comment is needed, for the diagnosis may be admitted without inconvenience.

The examples of rupture into the vagina may be dismissed in a few words. In all distended and neglected bladders were ruptured in consequence of the accession of labour and the use of instruments. The rents were in a most favourable situation, and in this class of cases there is nothing to militate against recovery. Doubtless examples might be multiplied on extended inquiry.

It ought to be generally known that the occurrence of rupture of the bladder during labour may fix a charge

(a) *Lancet*, June 27, 1829.

(b) *Lectures, Lancet*, February 23, 1829, p. 677.

(c) *London Medical Gazette*, 1836.

of malpraxis against the medical attendant. Dr. Taylor observes that the medical attendant is expected to know the probability of such an accident occurring, and to guard against it, if necessary, by the frequent use of the catheter. In *Reg. v. Balsoner* (Liverpool Lent Assizes, 1838) a surgeon was tried on a charge of this kind. We now come to the rectal cases.

Dr. Ward's (a) patient was a man of 28, who suffered from retention from stricture for four days at sea. He was suddenly seized with severe pain in the abdomen in the region of the bladder, followed by great prostration. Sloughs of cellular tissue separated from the rectum, so that the hand passed up to the sacrum, and urine came in a stream from the rectum. A catheter was retained in the bladder. The patient recovered. Presumably in this case ulceration occurred at some point behind the stricture of the urethra, and urine was admitted into the connective tissue between the rectum and the bladder, fortunately securing for itself a free opening into the rectum. Dr. J. T. Call's (b) case, reported recently in the *Lancet*, was briefly this: A chimney-sweep, between 50 and 60, the subject of a "small stricture," was suffering from an attack of retention. Whilst the doctor was away fetching a catheter, water came with a great rush through the anus, according to the combined testimony of the patient and his wife. The patient was walking about the room at the time, stripped to his shirt. Dr. Call does not appear to have made a digital examination of the rectum to clear up the case, but assumes that the bladder ruptured into the rectum. Admitting the reliability of the patient's statement, I think that a far more probable explanation would be that the *membranous urethra* gave way into the rectum. Such communications are sometimes met with in cases of stricture, and I recently had a case where an aperture existed just within the external sphincter. In Dr. Call's case the opening closed with remarkable rapidity without further extravasation, and remained closed, notwithstanding the expulsive efforts made by the patient in a subsequent attack of retention.

The cases of Eve, Astier, Townsend, and Thompson, which I find in Max Bartel's list, ought not to be included amongst ruptures of the urinary bladder. Splinters from fractures of the pelvis pierced the bladder. In one case a splinter came from the urethra; in the others the splinters became encrusted with phosphates, and were removed by lithotomy after the lapse of months or years. We now pass to the cases of rupture into the peri-vesical connective tissue.

Syme's case was as follows: The patient, as already stated, was a stout young gentleman of 17. He was endeavouring after dinner to leap a low paling, two feet high, when he fell and struck the lower part of his belly with great force on the points of two upright spars of wood. Immediately he experienced an intense pain, with a feeling as if the bowels had protruded, and his brother remarked that his clothes were distended over his belly. He was able, with support, to walk a few steps to a carriage. He came under the care of Messrs. Joseph and Benjamin Bell. A catheter was introduced, and after drawing off four ounces of bloody urine, was allowed to remain in the bladder. When seen by Mr. Syme a few hours later, there were great pain, distension of the belly, and a sunk anxious look. Twenty leeches and hot fomentations were applied. The catheter was taken out and an opiate prescribed. On the second day the abdominal pains and swelling were increased; there was dulness on percussion below the umbilicus, and more than ordinary resonance above it. The catheter was introduced with the effect of withdrawing a few ounces of bloody urine. Leeches were again applied in the evening, and the opiate repeated. A restless night was passed, and on the third day there was some confusion of ideas, with considerable impatience for a change

of posture. The abdominal swelling had increased, and there was some oedema of the posterior parts from the chest down to the thighs. The catheter twice drew off a quantity of bloody urine. On the fifth day the patient was in much the same state, but the whole trunk was fearfully swollen, and the respiration was performed as if only a small portion of the lungs had room to act. Complete dulness and obscure fluctuation existed below the umbilicus. About a tumblerful of urine had been removed with the catheter. Mr. Syme now made an incision in the linea alba above the pubes, and cut through a thick mass of condensed tissue at this part, giving issue to a very large quantity of urine which continued to flow after the operation. It was found necessary to enlarge the wound on the eighth day, when a cavity was discovered between the integuments and the muscles of the abdomen. Sloughs of cellular tissue separated. On the eighteenth day free counter openings were made in the flanks, and five days later a large slough of areolar tissue was drawn from the wound, and Mr. Syme detected with his finger a rent more than an inch long in the anterior part of the fundus, on the pubal side of the reflection of the peritoneum. A month after the accident the patient began to pass water by the urethra, and at the end of the six weeks was perfectly well.

Porter's (a) patient was a boy of ten, crushed between a rolling cask and a cart. The pelvis was shattered, and the left femur broken just below the trochanter. The bladder was ruptured anteriorly. The patient suffered intense pain in the abdomen, which he would not allow to be touched, and he expressed a great desire to pass water, but could not void a drop. The catheter drew off a very small quantity of urine deeply tinged with blood; it was retained, and sometimes urine flowed through it. After the first twelve hours, the catheter always came out blackened with sulphuretted hydrogen, and this was considered by Mr. Porter to be a fatal symptom. At the end of forty-eight hours, a small abscess pointed at the left side of the navel. An opening made into the abscess gave exit to an immense quantity of foetid pus and urine. The aperture became fistulous, and discharged clear healthy urine for more than three months. The patient made a complete recovery.

Mr. Padley's (b) patient was syphilitic, and the subject of a tight stricture. The stream of water was small, and more effort than formerly was required to pass it. He had a perforating ulcer of the palate. Mr. Padley believes that an ulcer formed on the mucous membrane of the bladder perforated its wall, and admitted a little urine into the areolar tissue in front of the organ. The patient was attacked with rigors, pain, and pyrexia, followed by induration and extensive phlegmonous inflammation of the abdominal wall. Then came suppuration, sloughing of areolar tissue, and profuse discharge. A few days later there was a gush of urine from the wound above the pubes, ultimately leaving a sinus communicating with the bladder. At first, urine was freely discharged from the wound, but gradually diminished in quantity as the opening contracted and the extensive chasms in the soft parts cicatrised. A small sinus was left. Mr. Padley's explanation of the case seems to be the correct one. The alternative explanation is that phlegmonous erysipelas or cellulitis was the primary condition, and that the opening into the bladder was secondary from sloughing. The objection to this view is that there was no apparent cause for the erysipelas or cellulitis in that situation.

I take the cases of Rose, Max Bartels, Berner, and Jeanmaire from Max Bartel's abstracts. Rose's patient was a man of 25, struck in the left groin by a falling tree, and thrown to the ground. Blood came immediately from the urethra. Catheterism failed. At the end of forty eight hours there was a spontaneous flow of

(a) *New York Lancet*, vol. 1., 1842.
(b) *Lancet*, Dec. 10, 1891.

(a) *Rynd on Strictures*, page 48.
(b) *Lancet*, March 4th, 1892.

bloody urine from the urethra lasting three weeks. At the end of two and a-half months a fistulous opening formed at a spot corresponding to the junction of the left pubes and ischium. Here all the urine flowed away. For three quarters of a year the patient was bedridden. At the end of fourteen months external urethrotomy was performed. Erysipelas supervened and death ensued. At the autopsy a small round cavity was found between the bladder and the rectum in which the catheter lay. There was a united fracture of the descending ramus of the left os pubis, with displacement inwards. The abstract does not contain a description of the exact position or extent of the injury to the bladder.

(To be continued.)

THE CONDITIONS OF LIFE WHICH INFLUENCE THE PRODUCTION OF INSANITY. (a)

By CHARLES A. MERCIER, M.B. Lond., F.R.C.S.

THE author prefaced his subject with the statement that by the conditions of life was to be understood the totality of the surrounding circumstances in which a human being lives and moves; and that no circumstance was so common or so recondite that it might not have to be taken into consideration in some case of insanity. That while it might appear that to consider the influence which such remote conditions as climate, such a necessary and universal condition as the air respired, or such a recondite condition as the geological nature of the soil, might have upon the production of insanity, would be going so ridiculously far afield for influences as to be a mere trifling with the subject. Yet, when it was remembered that change of climate may produce nostalgia—a very definite form of insanity; when it was remembered that rebreathed air produces phthisis, whose intimate connection with insanity is too notorious for argument; and when it was remembered that the geological character of the soil is considered an efficient cause of the very distinct form of insanity that accompanies cretinism, it would be admitted that there is no one of these conditions whose influence may not have to be considered in some cases of insanity. Common to all conditions of life was the incident of change, and the next point insisted on was the immense importance of taking account of changes in external circumstances considered as change merely, and without reference to whether the change was harmful or the reverse; and seeing that the essence of change is its suddenness, the importance of regarding sudden changes in the conditions of life. Having laid down a basis of reasoning in the physiological properties of nervous tissue, the speaker illustrated the effect of change by the fact that, in little things, a sudden noise causes a start of alarm, while a much louder noise arising gradually is borne with equanimity; that sudden changes in the weather affect powerfully not only bodily health, but the spirits; that a rapid change of locality from town to sea-side and *vice versa* has often so marked an effect upon the health; that the gradual fluctuations of commercial prosperity produced by the slow alternations of good times and bad times cause so small an accession of inmates to our asylums that excellent observers differ as to its existence; whilst the sudden fluctuation caused by a war of invasion causes a sudden increase that is unmistakable. It is in change that we see, if not the sole reason, a contributory reason, why the self-made man, who rises slowly from the ranks, carries his hard-won prosperity with equanimity, while those who are suddenly enriched by a stroke of luck are notorious for their extravagant behaviour, which not seldom develops into actual insanity. We see why the sudden death of a beloved friend is far more shocking than the death after a linger-

ing illness. Those who live a life in which changes are very frequent are said to live an exciting life; and an exciting life is admitted to be one of the efficient causes in the production of insanity. On the other hand, too little change in outward circumstances is as harmful as too much.

Passing from the general consideration of external circumstances to their examination in detail, the speaker maintained that the conditions of a man's life fall naturally into three groups—those which concern his means of livelihood; those which determine the drafts or demands upon the livelihood; and those circumstances in which he spends the leisure time and spare energy which remain when the livelihood is gained and the drafts are all satisfied.

The conditions of life which affect his means of livelihood are three:—The first is the Precariousness, the second the Arduousness, and the third the Complexity, of the means of livelihood. Each of these elements of danger was considered in detail. It was shown how the liability to insanity increases with the increase in the precariousness of the means of subsistence, precariousness being understood to mean not only the liability to failure of the means of livelihood, but also the amount of vicissitude which such a failure would involve. A total failure in this respect would cause a less vicissitude in the life of a day labourer, who lives constantly on the threshold of the workhouse, than a loss which, though far removed from totality, was yet enough to reduce a wealthy man, accustomed to princely surroundings, to a sordid dwelling in the back street of some poor neighbourhood, even though the worst misfortunes of this man leave him in a better position than the wildest hopes of the labourer could aspire to.

The arduousness of the livelihood was also shown to be an important factor in the production of insanity, the maximum of arduousness being one of the most unfavourable conditions. "There are hundreds and thousands of men" (said the speaker) "who know not the meaning of the word 'leisure,' to whom life is one unvarying round of toil, to whom every morrow brings the self-same curse of labour in its early beams. Such men lead a life that is abnormal. The monotony of their occupation forbids the various developments of their different faculties. Just as, when a parasite buries its snout in its victim, and grows to him, all its energies are drafted into the functions of suction and digestion, and, little by little, its limbs wither, its eyes fade away, its locomotor faculties disappear, until nothing remains of the complex organism but a bag of skin containing a stomach and attached to a mouth; so, when a man's whole time and attention are occupied about a single process, the faculties subserving that process become abnormally developed, and all other faculties wither and fade."

The complexity of a man's employment was shown to be important in two ways—first, because it is a measure of his intelligence; and secondly, because a smaller relative departure from health will render a person unfit to carry on a complex employment than will unfit him for carrying on a simple employment. For instance, it requires a lower degree of intelligence to carry on the occupation of a pavior than to carry on that of a watchmaker; and however much the former may bemuddle himself with beer, he will not disqualify himself for his work so long as he is able to lift his rammer and let it fall again; while a trifling dimness of vision or unsteadiness of hand may render the watchmaker wholly unable to carry on the delicate manipulations of his craft.

The influence of each of these factors acting singly was followed by a consideration of the modifications which their influence would suffer by a combination of them in various proportions.

The second group of external circumstances—those which determine the drafts on the store of wealth—were said to be the conditions in which a man was placed as to the number, health, and so forth of his family, and as to his social position, or the degree of comfort and luxury

(a) Abstract of Paper read before the Medico-Psychological Association, Nov. 8, 1882.

in which he lived. The remaining group of external circumstances—those in which the energies are exercised that remain over after the livelihood is secured and the drafts upon it satisfied—were briefly enumerated. They include the social and family conditions considered from a new point of view—the religious influences which are brought to bear upon a person—the political system of which he is an item—the society in which he moves—the character of his recreations and amusements.

In conclusion, while disclaiming any pretension at completeness, the speaker maintained that he had fulfilled his contention that in every case of insanity the external conditions of life, equally with the internal conditions of bodily health, require examination—examination which need not be in every case detailed, but which should in every case be systematically conducted; and he submitted that this examination might be profitably conducted on some such plan as that broadly and generally sketched out in this paper.

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

(Continued from page 502.)

II. *Cases of Extraordinary Origin*, as defined above, are held to be rare, in comparison with those whose origin is synovitis. This group of cases may be sub-divided into those in which the disease begins in one of the structures of the joint, and those in which it commences external to the joint—articular and extra-articular. Cases of articular origin may commence as—1. A deposit of tubercle in synovial membrane; 2. Tubercle in the cartilage; 3. Tubercle in the bone; 4. Ostitis, diffused or circumscribed; 5. Inflammation of the round ligament.

1. *A Deposit of Tubercle in the Synovial Membrane.*—That miliary tubercle may be deposited in the synovial membrane is not denied, that it is frequently deposited there is doubted. Mr. Croft, one of the most prominent supporters of this view of the mode of origin of hip disease, showed to the Pathological Society (Feb. 15th, 1881) two specimens with deposits of tubercle in the synovial membrane, and other examples were shown by other members. It is to be presumed that the tubercles would by irritation cause synovitis, and that disorganisation of the joint would follow. Such a mode of origin of hip disease certainly does occur but rarely. For, it is to be pointed out that morbus coxæ is generally curable by rest, whereas a tuberculous deposit when once formed increases until the tissue or organ it affects is destroyed, and rest does not check its progress. And again, if deposit of tubercle were a frequent cause of hip disease, we should expect to find the joint disease more frequently associated than it is with a similar disease elsewhere.

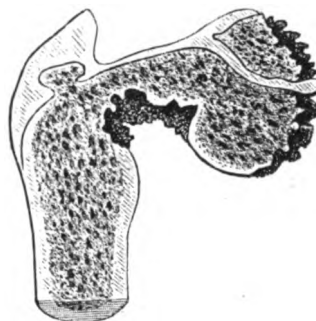
2. *Deposit of Tubercle in Bone.*—Under this term two conditions may be understood, viz.: a deposit of true miliary tubercle or a caseous degeneration of inflamed area. A deposit of true miliary tubercle in bone, must be extremely rare. Mr. Frederick Treves seems to think it much rarer than in synovial membrane; and Drs. Wilks and Moxon in their work on pathology describe it as a "pathological curiosity." Erichsen relates the case of a child with hip disease, who died of pneumonia, and in which Dr. Wilson Fox found miliary tubercles all over acetabulum and femur. Caseous degeneration of an inflammatory area in bone is probably a more frequent occurrence than the deposit in the same tissues of true tubercle. A good specimen of caseous degeneration in both femur and acetabulum is preserved in the museum of St. Bartholomew's Hospital. (a)

3. *Deposit of Tubercle in Articular Cartilage.*—The facts, opinions, and remarks which apply to deposit of true tubercle in bone or synovial membrane as a cause of joint disease, apply also to the same deposit in cartilage.

The occasional origin of hip disease in such a deposit is not denied.

4. *Ostitis, Diffused or Circumscribed.*—The origin, either constant or casual of morbus coxæ in a primary ostitis, or has been held by the following authorities:—Albur, Rust, Syme, Gant, Annandale, Erichsen, Barwell, Druitt, Bryant, Macnamara, and Pirrie. But it must be remembered that if, after death, the bone is found extensively destroyed; this is no proof that the disease commenced in bone, for the cartilages and synovial membrane in such cases will gradually be found to have disappeared entirely, and so there is no proof that the disease did not commence in either of them. Sir R. Brodie relates an interesting case, in which he believed the disease to have commenced in bone. From his description of it, it might fairly be supposed that the disease had in reality begun in the synovial membrane, were it not for the interesting fact, that in the elbow-joint the bone were exactly in the same state, whereas the cartilages and synovial membrane were free from disease. In this case therefore, the disease, beyond doubt, was of true bony origin.

Mr. Barwell considers that in young children the disease commences in the region of the epiphysal cartilages of the femur or acetabulum, "at which time and in which parts the formative energy is very great, and liable to be exaggerated, and end in inflammation with subsequent ulceration." This condition is illustrated by a preparation in Guy's Hospital Museum, from a patient of Mr. Bryant's, and of which the drawing below was made.



Disease of head and neck of femur from a child aged eight years. Showing disease commencing upon the head and under part of the neck simultaneously and independently. (Guy's Hospital Museum No. 13179s).

Occasionally the disease may begin in the acetabulum. Erichsen considers cases of this sort more common than any others. In Guy's Hospital Museum there is a preparation (a) showing an ulceration of the floor of the acetabulum with the head of the femur quite sound, and in the museum of St. Thomas's Hospital is a similar specimen. (b) With these exceptions I am unacquainted with any post-mortem evidence in support of Mr. Erichsen's view.

(To be continued.)

THE highest annual death rates per 1,000 in the large towns last week, from diseases of the zymotic class, were—From scarlet fever, 1.5 in Blackburn, and 1.8 in Newcastle-upon-Tyne; from measles, 2.0 in Hull, 2.4 in Cardiff, and 5.3 in Sunderland; from whooping cough, 1.6 in Portsmouth, and 2.5 in Leeds; and from "fever," 1.3 in Sunderland, and 1.8 in Liverpool. The 45 deaths from diphtheria included 20 in London, 13 in Glasgow, 3 in Edinburgh, and 3 in Sunderland. Small-pox caused 5 deaths in London, 6 in Newcastle-upon-Tyne, and one both in Wolverhampton and Nottingham.

(a) Preparation, No. 131810.
(b) Preparation, No. 301.

(a) Preparation, No. 627.

Clinical Records.

ST. MARY'S HOSPITAL.

Chronic Suppurative Inflammation of Vesiculæ Seminales—Exhausting Irritability of the Bladder—Cystotomy without Relief—Surgical Kidney—Death.

Under the care of Mr. NORTON.

From Notes by Mr. GILBERT.

PATIENT, æt. 63, had gonorrhœa once, when he was about 17 years old; never had syphilis. He has always been very healthy, and has not suffered from any disease. He first found a difficulty in passing his water four years ago, and went to a medical man, who passed a catheter and relieved him. He then had incontinence of urine, which was relieved by the same medical man injecting lotion into the bladder. He says his urine has been very offensive, and if he drinks any liquid he almost immediately requires to micturate. His testicles are somewhat swollen, which, he says, came on four months ago; and at the lower part of the scrotum there is a suppurating growth, having all the appearance of a gumma.

Patient looks very ill, and is always requiring to pass his water every ten minutes or a quarter of an hour. His urine never comes out in a stream, but dribbles out. After examination by catheter, Mr. Norton stated there was no stricture; and on examination *per anum* found the rectum enormously dilated with hardened feces. Careful examination of the prostatic region discovered an enlargement behind each lobe of the prostate, with a dip between, somewhat resembling to the touch an indurated fissure of the rectum, but not extending into the anus. This turned out to be enlargement of the vesiculæ seminales, with the dip or space between them. Great pain was caused by pressing the finger upon this swelling. The hardened mass of feces was at once removed, but with little relief to the irritability of the bladder.

June 2nd.—Great pain in passing water. Water passed every ten minutes, about two or three tablespoonfuls at a time.

10th.—Continued to pass his water every ten minutes. When the bowels were open he had less pain in passing his water. Just before going to pass water, he suffered a sharp pain in the glans penis.

15th.—Mr. Norton sounded the bladder for stone, but there was none. Mucous membrane of bladder hypertrophied. Patient was under great pain whilst the sound touched the bladder. Appetite good. Very constive; bowels open every third or fourth day.—Tinct. opii, ℥v.; aq. calidæ, ad ʒj. Injunctio pro vesico.

22nd.—The same pain in the glans before micturating, and now he complains of pain after. He had to pass his water every five or six minutes. Bowels open yesterday and to-day. Temp. normal; appetite good. Examined urine and found no oxalates.

23rd.—Mr. Norton ordered pot. bromidi, gr. xxx.; inf. buchu ad ʒij., t.d.s.

It was evident that the patient was becoming exhausted by the continual pain, continued irritability of the bladder, urine not being retained more than five or six, or, at the outside, ten minutes, and the complete absence of sleep. Opium had been given, uva ursi, bicarbonate of potash, hot fomentations over pubes and perinæum, and injections of the bladder, without any relief. Mr. Norton concluded to perform cystotomy.

On the 29th of June the patient was put under the influence of ether, and placed in the position for lithotomy. A grooved staff was passed, and an incision made through the prostate into the bladder, and a soft india-rubber tube introduced to allow the urine to flow away and leave the bladder in rest for a time. A suppository was introduced of morphia (gr. ʒ).

30th.—Patient suffers a great deal of pain. Had very little sleep, and not able to take food.—Inj. morphia hypod., ℥ij., 2.30 a.m. Inj. morphia hypod., ℥iv., 6.18 p.m. Temp., 100°.

July 1st.—Patient had very little sleep and, stated that he suffered most pain in the glans penis. Has been able to take a little chicken. Urine ammoniacal. Temp. normal. Inf. buchu, Oj. during the day.

2nd.—Did not suffer so much pain. What pain there was was in the glans penis, which he continually grasped.

5th.—Patient has been in great pain. Very thirsty, and drinks freely milk, &c. Temp., 103°.

7th.—Patient still suffering great pain. Temp. 103° F.

8th.—Temp. 104° F. Died at 9.30 p.m.

Post-mortem Examination.—On cutting prostatic urethra, abscess cavities in each vesicular seminales are seen, the left more than the right; these have caused considerable swelling around prostate, but gland is not larger than normal.—*Left kidney* reduced to a mere collection of cysts, and has very little trace of proper secreting substance. Some of the cysts contain white cheesy matter, and others greyish-green viscid pus. There is a great thickening of tissues along left ureter. The ureter, also, is greatly thickened; its walls are dilated, and greyish-black in colour. *Right kidney* is considerably enlarged; ureter much dilated. Kidney is studded with several spots of congestion and purulent infiltration, though no definite abscesses have as yet formed. *Bladder* contracted; mucous membrane thickened, opaque, and greyish-black, with small hæmorrhagic patches, coated with tough reddish mucus.

Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

THE STRUCTURE OF THE CRYSTALLINE LENS.—Kölliker in 1854 made the statement that the crystalline lens, which was generally believed to be composed of fibres, was in reality made up of tubes, or that at least the fibres had a tubular covering, and that these tubes might be called the lenticular tubes. This opinion has been combatted by numerous subsequent observers: by Babuchin, Ritter, Henle and others. Dr. Severin Robinski, of Berlin, has recently been making fresh investigations into the minute anatomy of the lens, and has published the results arrived at in the "Archiv für Augenheilkunde." From this we learn that hitherto only macerated preparations have been employed by most observers whilst he, on the other hand, has made use of the freshest eyes possible. By this method of use the structures have been investigated before coagulation has taken place. He has had no difficulty in clearly distinguishing the darker walls of the tubes from the clear contents. He has also observed the fluid exude in irregular drops from the ruptured ends of the tubes. Not content with this, he sought for a reagent that would place beyond doubt or cavil the accuracy of his observations. Such a re-agent he found, in a weak solution of nitrate of silver (1 in 800, or even 1 in 1,000), which answered the purpose admirably. He says: "If we take a fresh preparation in which, from want of refractive power, no walls are visible and colour it with the above-named solution of silver, the membranes of the lenticular tubes, like those of other structures, become browned and coloured, and thereby plainly visible to the eye, whilst the contents which are not yet at all coagulated but liquid remain uncoloured, remain perfectly clear." It remains to be seen whether these observations will be confirmed by other inquirers, or whether twenty-eight more years are to elapse before this question is finally settled.

THREE SUCCESSFUL CASES OF LAPAROTOMY.—At the opening meeting of the winter session of the Leipzig Medizinische Gesellschaft, Herr M. Leopold reported three successful cases of laparotomy. The first was a case of castration of a young woman, æt. 22, who had suffered from severe ovarian neuralgia and dysmenorrhœa. The after course of the operation was free from fever; the patient was immediately freed from her pains of years' duration, and is now remarkably well. The second was a case of removal of a myoma uteri together with both ovaries. The indication for removal was serious flooding and pain. After the abdominal cavity had been opened an elastic ligature was placed on the pedicle, above which the tumour was cut away. The ligature was then removed, the stump

drawn together by sutures, and then dropped. No fever. The third case was one in which a blood-cyst, the size of a man's head, was removed from the left kidney together with the kidney itself, by laparotomy. After opening the peritoneum the tumour was withdrawn from the abdominal cavity, it was then punctured and emptied, after which the numerous adhesions were separated and "fixed off." The kidney which was attached was now brought through the wound, and its vessels together with the ureter tied in three parts. To prevent the slipping of the ligature a mushroom-shaped end was left on the stump. Recovery without fever. Herr Tillmanns reported a case similar to No. I. It was that of a girl, *et.* 24, on whom castration was performed for exceedingly violent ovarian neuralgia and dysmenorrhœa. Her pains had lasted for years, and had been so violent that she had meditated suicide. The after course was free from fever, and the patient was restored to perfect health.

ETIOLOGY OF GLANDERS.—In the Berlin Imperial Health Office investigations have been made into the etiology of glanders which have resulted in the discovery of the micro-organism of this disease. The newly discovered organism was subjected to "pure" cultivation for a series of generations, after which the disease was produced in a horse by inoculation with the germ thus cultivated. The investigation was carried out under the direction of Dr. Loeffler and Professor Schütz, and the discovery is of national importance.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

The opening meeting of the Surgical Section of the Academy of Medicine in Ireland was held on Friday evening, Dec. 8th, in the Albert Hall, Royal College of Surgeons.

Mr. BARTON, President of the College, in the Chair,

Mr. STOKES, Sectional Secretary, and Mr. THOMSON, General Secretary, were present.

The PRESIDENT, in opening the proceedings, remarked that the old Surgical Society of Ireland, which for over fifty years held its sessions in that College, had voluntarily laid aside its separate individual existence in order to be foremost in supporting the new Academy as its Surgical Section. While the name of the Society was changed, it would in all important and useful respects remain the same as before, the organisation of which it formed part giving completeness to its work. In effecting the transformation, little change had been made, the Council of the Society being the Council of the Section. A happy selection had been made as Secretary in the person of a gentleman whose interest in the Surgical Society was proved by his many contributions to it. For himself, he was President in virtue of his office as President of the College. Reviewing the history of the Surgical Society on the occasion of the new departure was suggestive of a funeral oration rather than a triumphant wedding-song, which was more appropriate to its union with the Medical, Pathological, and Surgical Societies; and therefore in his inaugural address he preferred instituting a comparison between the system of clinical surgery pursued here and that which obtained in Paris, Berlin, and Vienna. Dublin stood second to no other city in the thoroughness with which the students were trained in the diagnosis and treatment of disease. At the same time little was done to clear up those disputed surgical problems which could be determined only by the powerful logic of accurate statistics. The conditions of the Dublin hospital system favoured completeness of individual work and good clinical teaching, while the results which might be gained from the variety, value, and number of all the cases put together were, for want of unity, lost. This want could be overcome by the new Academy. In Paris the classes went round with the surgeons as in Dublin, and in addition the interns there, corresponding to the

residents here, took private classes, with permission to examine cases, of which there were a great many to illustrate each subject. In Berlin special clinical teaching could be had in almost any branch of surgery, and therefore favoured advance in special directions, though it might well be doubted if the system of speciality produced the best-informed practical surgeon, and gave to the State and the army men able to use skilfully all the resources of their art. In Vienna the same system was carried to a very high degree of perfection. The advantages of the Continental system, with their vast hospitals, were obvious in stimulating original investigation, and facilitating the collection of reliable statistics, and so arriving at sound conclusions as to the result of different modes of treatment or operation. In Dublin there were in proportion to the population quite as many beds available for clinical instruction as in Paris, Berlin, or Vienna. There were fifteen hospitals in Dublin, the average number of beds in each being 130, or nearly 2,000 beds, of which 900 were available for surgical cases and available for clinical instruction, but divided among eleven different hospitals with an average of 87 beds each, and these divided amongst not less than three surgeons, leaving each an average of from 20 to 30 beds. This resulted in thorough and practical instruction, but the experience of each surgeon was limited without co-operation, and thus the Dublin School of Surgery was prevented taking its place in the van of progress. By the new Academy this defect could be met. Here, as in a common centre, might be lodged the records of the cases in all the hospitals, each case under its proper heading, and thus would be formed a most valuable collection of reliable statistics. He hoped the Council would adopt his view and invite contributions.

LIVING SPECIMEN.

Dr. KILGARRIFF exhibited a patient on whom he had performed the operation of trephining on account of an abscess resulting from a fall in the hunting field. The patient was unconscious for two hours after the accident. At the end of a fortnight he was removed to Dublin suffering much from pain over the upper part of the occipital bone on right side, and also much gastric irritability and general debility. Any motion, such as driving, intensified the pain, and caused nausea. On examination a shallow depression, the size of a florin, was found, bound by a well-defined margin at the situation where he complained of the pain. The diagnosis of fracture, with the subsequent formation of an abscess within the cranium, at the seat of the lesion was made. An exploratory incision was made down to the bone, and a small purulent collection was opened into. Subsequently, the operation of trephining was undertaken; and on exploring the bone a small circular opening through the skull, about two lines in diameter, was discovered. Through this opening, situated on the upper part of the occipital bone, some purulent matter oozed. A circular piece of bone was then removed with the trephine to provide free exit for the pus. An abscess cavity, from which almost half-an-ounce of pus welled up, was opened into. The inner surface of the piece of bone removed was deeply eroded. The cavity of the abscess was washed out with a weak solution of carbolic acid. Subsequently, the patient experienced an attack of erysipelas of the head and neck, from which, however, he recovered; and nothing further occurred to interrupt the progress of complete recovery of the patient.

MORBID SPECIMENS.

Messrs. Kendal Franks, H. G. Croly, A. Benson, W. Stokes, Wheeler, V.P., R.C.S.I., and P. S. Abraham exhibited specimens.

PAPERS.

Mr. STOKES (Sectional Secretary), on behalf of Mr. Francis John O'Reilly, Surgeon to the Trun Union Infirmary, exhibited a right kidney, which Mr. O'Reilly had removed by lumbar section from a patient, *et.* 26, in that institution, who suffered from right kidney symptoms and pus in her urine. He read Mr. O'Reilly's communication, which disclosed that the girl was never free from a desire to pass water, so that her sufferings were of a truly agonising character. The quantity of urine passed daily was fairly normal, and the specific gravity ranged from 1015 to 1020. A favourable opinion was thus entertained of the capabilities of the left organ to discharge the increased functions with which it was about to be taxed. The operation was by the vertical lumbar, or post-peritoneal method, and was per-

formed antiseptically. The vessels and ureter were secured by a whipcord ligature. The external wound was closed with interrupted sutures, and antiseptic dressing was applied. The patient suffered from vomiting during the late stages of the operation. The gland weighed eight ounces, and an abscess cavity at its superior extremity contained about two ounces of pus. The vomiting and depression which manifested themselves during the operation, continued, and the girl sank and died forty hours after the operation. About an ounce of urine was drawn off with the catheter previous to death, and did not contain a trace of pus. The kidney was a specimen of primary tubercular disease. A post-mortem examination was not obtained, but the wound was investigated, and found free from blood-clot and perfectly aseptic.

Dr. ABRAHAM (Curator), said there were small tubercles visible below on the external surface of the specimen.

Mr. J. F. KNOTT read a communication on

DISSECTING ANEURISM.

The specimen exhibited was one removed from a body in the dissecting-room of the Royal College of Surgeons. It was described by the student who first noticed it as presenting the appearance of a double-barrelled gun. Examination showed that the simile was just, for two parallel tubes almost exactly equal in shape and dimensions were found enclosed in a common sheath, and separated by a septum which presented but a very slight convexity to one side. More extended search showed a dissecting aneurism of the aortic arch, which had originally engaged the transverse and descending portions, and for which the injection-mass had passed between the middle and external coats, separating these along the whole length of the thoracic and abdominal segments of the vessel. It had also coursed along the whole length of each common iliac artery to their termination. It was remarkable that both the normal and adventitious tubes had received about equal portions of the injection-mass. A portion of the laminated coagulum was found to project into the space between the external and middle coats of the vessel, along which the injection had travelled. This form of arterial aneurism, first noticed by Maunoir, and afterwards fully described by Laennec, in typical cases allows the blood, after tunnelling some distance between the middle and external coats, passes again into the vessel at some distance. Other forms have also been described (a) where the blood merely separates the coats over a greater or less area, and (b) where it perforates the tunica adventitia at some distance, and becomes diffuse. The doctrine of the primary formation of aneurism, and the classification of these tumours into true and false, was next discussed; then that of the organisation of the clot, and of the treatment of aneurisms in general, in which Irish surgery has attained so many triumphs.

Mr. TUFNELL said treatment might prolong life, but in the case of a dissecting aneurism restoration of health was impossible.

The Section then adjourned.

THE YORK MEDICAL SOCIETY.

The ordinary meeting of this society was held on Saturday, December 9, Mr. W. H. JALLAND, F.R.C.S., in the chair.

The President made some remarks on

TWO CASES OF EXCISION OF THE KNEE

treated by him at the York County Hospital. Both patients were shown. The results were satisfactory. In one case the patient was up within a month of the operation.

Mr. JEFFERSON read notes of

A CASE OF PERNICIOUS ANÆMIA.

The patient was 52 years of age. He stated that for six months before admission to the York County Hospital he had suffered from severe epigastric pain, which kept him awake at night, and that for two months he had vomited after meals. When admitted he was feeble, emaciated, anæmic, his expression was indicative of suffering, and he complained of severe pain at the outer border of the left rectus on a level with the umbilicus. There was no tumour or enlargement of any of the organs. His urine was normal. The case was thought to be one of malignant disease. A pill containing morphia, creasote, and nux vomica was ordered, and after ten days vomiting

ceased. Citrate of iron and quinine was then given with cod-liver oil. In fourteen days he gained sixteen pounds, and within a short time an additional stone. He returned to work, and has had no relapse.

Mr. CLIFFORD GILL showed some sections of

CANCER OF BONE.

The patient from whom the diseased bone was taken was an elderly woman who for many years had been insane. A tumour was noticed in the neighbourhood of the sacro-iliac synchondrosis. This, when removed, had attained the size of a Maltese orange. Shortly after the appearance of this tumour, a small scirrhous tumour of the breast was detected. On examination under the microscope, the bony tumour showed the arrangement characteristic of cancer.

Mr. SPENCER read some remarks on

ACUTE RHEUMATISM.

As illustrating the connection between acute rheumatism and erythema multiforme, he took three cases—those of two young women between 16 and 20, and that of a man aged 40. The women were fair-complexioned and anæmic, the man dark and anæmic. In each case there was a period of invasion, and in two sore-throat during that period. In all three the attack followed on a chill; the erythematous rash commenced by distinct papules on the hands and feet, and the urine was turbid, and deposited urates copiously. In one no affection of the joints was noticed. After some allusion to the remarks of Trousseau, Bristowe, Powell, and Thin on this subject, Mr. Spencer referred to a case brought before the society last session by Mr. Jefferson, where the order of symptoms was—firstly, pericarditis; secondly, erythema papulatum; and thirdly, acute rheumatism. He then read the following notes:—A young, delicate girl, 16 years of age, who had for some time suffered from chlorosis, was exposed to wet and cold. Four days afterwards she began to suffer from synovitis of the ankle-joint. The general symptoms were slight, and there was no febrile disturbance. On the following morning, when rising from the sofa, she fell backwards in a fainting condition, and shortly afterwards died. On post-mortem examination, the walls of the heart were found to be thin, the valves normal, and the foramen ovale patulous. A laminated fibrinous mass, which was partially adherent, occupied the apex of the left ventricle, and a quantity of translucent fibrin, possibly of post-mortem origin, extended from the superior vena cava into the right auricle, through the patent foramen into the left auricle, and through the mitral orifice into the left ventricle, which it nearly filled. Mr. Spencer discussed briefly the question of the essential nature of acute rheumatism, referred to the zymotic and chemical theories of its etiology, and finally pointed out its relationship to gout, in which disease a poison or poisons manufactured by perversion of a normal process is known to be the predisposing cause.

We learn with much satisfaction that Mr. MacNamara, Surgeon to the Meath Hospital, Dublin, and representative of the Irish College of Surgeons in the General Medical Council, who has been very seriously ill with erysipelas of the head, is so far recovered as to be able to return to business.

It is claimed by one writer, says a contemporary, that one and one-fourth more money is expended annually in funerals in the United States than the Government expends for public school purposes, and that funerals cost annually more money than the combined gold and silver yield of the country in the year 1880. This does not include the cost of cemetery lots and burial fees.

The French Academy of Sciences was last week the scene of a graceful and well-deserved compliment to one of the ablest of living chemists, in the presentation to M. Dumas of a medal which had been struck specially to commemorate the fiftieth anniversary of his election as one of its members.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 20, 1882.

SIR JAMES PAGET'S BRADSHAW LECTURE.

IF one result achieved by the delivery of the lecture reported in full in another part of our present issue, should be to stimulate a spirit of philosophical inquiry at all allied to that in which its author has set about its preparation, then the intentions of its foundress will be fulfilled in a way to exceed the most liberal expectations that might have influenced her in the action she took to promote at once the scientific study of medicine and the perpetuation of her husband's name. Some there undoubtedly will be whose anticipations of a lecture on "Some New and Rare Diseases" will be unfulfilled on perusal of Sir James Paget's address. Such persons as had been led to expect a series of descriptive statements in regard to so-called "new" diseases mentioned in recent contributions to medical literature cannot fail to feel disappointed with the actual material of the lecture; but even these will readily yield admiration of the eloquence and earnestness of Sir James Paget's exposition; while, at the same time, it will awaken in them, possibly with surprise, an entirely original appreciation of methods of investigation which had hitherto never presented themselves to their imaginations.

It is with the utmost gratitude that we welcome the utterances of so prominent and universally-recognised an authority as Sir James Paget in behalf of purely philosophical research in connection with disease. Through the influence his championship will exert in all places where pathology holds its rightful position among the sciences, these places will henceforth become the

centres of purer, more elevated, and less expedient-serving investigations; the sneers of observers of circumscribed vision, as to the importance of what may for the moment be termed speculative studies, will cease to paralyse the efforts of those who aim at discovering the "causes of things;" and we may justly prognosticate that what have been reviled in the past as purposeless researches will henceforth receive a rightful recognition as possible and proper aids in the search after truth.

Fortunately for us all, the time has now gone by when whoever would uphold the applicability of the doctrine of evolution to the solution of any problem had to voluntarily subject himself thereby to the contumelious criticism of his contemporaries. Equally fortunate, also, is it that the most brilliant of all present-day teachers have not only grasped the all-embracing significance of the terms "adaptation," "modification," and "environment," but are foremost as well to demonstrate the vast resources of explanation such knowledge opens up to the honest-souled inquirer. With rare enthusiasm, with a precision and a power that few can aspire to or attain, the Bradshaw lecturer on Wednesday last displayed to his hearers the illimitable fields before their exploring minds. For him—and, we trust now, for them as well—the "evolution" of disease possesses a meaning as comprehensive, as complete, and as instructive as the "evolution of species" possesses for the naturalist; and particularly is it true that "comparison" is as much the watchword of progress in the one case as in the other.

By dwelling on principles, in preference to crowding his address with illustrative descriptions of examples, we believe Sir James Paget to have acted with a discretion the more commendable because it must have required unusual determination to elect to follow this course. We could wish to express unqualified agreement with every utterance that fell from his lips, so greatly do we reverence the spirit which animated him; but we must at the same time so far dissent from his conclusion respecting the appearance of a "new" disease as to suggest that the premises on which it is founded may be fallacious. The examples quoted are, however, of a nature that renders it extremely difficult to combat even dogmatic assertions respecting them; and from every suspicion of dogmatism Sir James Paget is at all times free. But the frequency with which, since greater attention has been given to Charcot's joint disease, instances of its occurrence have been recorded, might be assumed to lend weight to the suggestion that even so unusual a complication had been overlooked. To the mind of a conscientious student, it is a difficult matter to understand how changes of such importance and magnitude can have been introduced, under the most favourable circumstances for their development even, in a period of time measurable by the experience of an individual. With a knowledge of the vast æons necessary to bring about the development of differences structurally comparable to those changes in animal forms submitted only to the action of natural forces, the attempt to conceive what amounts to instantaneous alterations is a supremely difficult one. But the very effort involved in making it is a

most salutary exercise, and will tend to correct the mental extravagance that hastens to apply a common "standard" to incompatible subjects; for we may be now, in endeavouring to associate our factors of explanation, on the brink of discoveries that will hasten intelligent understanding in respect to pathological details. The insufficiency of our present knowledge for enabling us to harmonise pathological with natural processes will by-and-by lead to the discovery of one of two things—viz., either that we are blindly ignoring a connection that exists as yet unobserved, or that we are neglecting conditions of absolute importance in the production of modifications in the body when it ceases to be governed by those laws merely of which we have cognisance.

Sir James Paget has expressly authorised the study of disease in the light of the laws of evolution. The fruitfulness of such study cannot be estimated yet; we are but on the threshold of illimitable discoveries; and of their effect on the future of mankind who can judge?

NIGHT LECTURES AND SHAM EDUCATION IN DUBLIN.

Not only the profession in Dublin, but the daily papers of that city, especially the *Freeman's Journal*, have been, within the past fortnight, somewhat excited by the determination of the Irish College of Surgeons to discountenance the delivery of evening lectures even to the extent of refusing the certificates of any school which continued the practice. The Council of the College on Thursday week adopted a resolution to the following effect:—

"That the Inspection Committee be instructed not to receive certificates from any School in which evening Lectures are delivered."

"That a copy of the foregoing resolution be communicated in writing to the Registrars of the Schools in Ireland, recognised by the College, and they be requested to furnish the Inspection Committee with a written guarantee to the effect indicated therein."

To English readers and those who are uninitiated in the mysteries of medical teaching in Dublin it becomes necessary to explain the reasons for this resolution, which, in the absence of a knowledge of the facts, might appear somewhat arbitrary exercise of collegiate authority. When we have laid bare the circumstances upon which the College has acted we anticipate that the general sentiment will be one of astonishment that this step or some other more stringent was not taken long ago to put down the disreputable traffic of which night-lecturing is one of the phases.

To readers of the *Medical Press* it is no news that in Dublin, for very many years past, the issue of certificates of "diligent" attendance on lectures, was, in many instances, an audacious fraud upon the public, the licensing bodies and the General Medical Council. In some schools, and with some teachers of course, these certificates were honest and trustworthy evidences that the student did avail himself of the teaching which the certificate represented, but it was notorious that in other schools these testimonials of diligence were simply sold by the dozen for so much hard cash to persons who almost never

entered the school, and who possibly, never were seen by the lecturer who testified to their diligence. Many teachers, indeed, made a sort of show of calling an occasional roll of the class, but the complete absence of the student's name from that list did not in the least prevent them from certifying his "diligent" attendance, whenever the fee for such certificate was forthcoming. Other teachers did not even make a pretence of inquiring whether the student was present at their lectures; they gladly welcomed students coming with the money in their hands for the purchase of any number of these documents, and some of them went so far as to sell them to persons whose appearance or name they never knew, and who came to buy certificates dated for lectures delivered years before. The culmination of this disgraceful system of false testification was, naturally, that numerous persons engaged in employments which engrossed every moment of their time from 9.30 a.m. to 6 p.m. every day in the week, officials in banks, public officers, &c., were induced to enter the medical profession as participators in the fraud. They remained in harness until within a few months of their examination, resigned their offices, purchased up a sheaf of these sham certificates, got themselves "ground" and crammed, and, after one or two futile shots at the examination, usually got through and went out in the world as surgeons and physicians almost without having ever seen a sick patient or taken a knife and forceps in their hand.

When the Irish College of Surgeons began the reform of its examinations the effect of the practicalisation of the test began to tell on this class of student. The grinders found that their pupils were rejected time after time, and that there was no longer any hope of passing men who had no effective knowledge of their business, and it became necessary to make provision for something in the way of continuous lecture and hospital work; but, as this class of students would, by no means, patronise a school or hospital which required them to resign office and devote themselves to medical study, the institutions which catered for them were obliged to utilise the evenings of week-days and the mornings of Sundays. Accordingly, they advertised night lectures, and one or more hospitals, without venturing to issue public notification, made it understood amongst the students that they would be glad to take the money of clerks, shop assistants, *et hoc genus omne*, and do all possible for them on Sundays without asking them to enter the hospital on week days. Moreover, by degrees the night lectures degenerated into evening "grinds," it being found possible to cram a greater number of "tips" into the average studential brain by the latter than the former method, but notwithstanding the change of form of the nocturnal instruction, the certificates of "diligent" attendance were issued to all who were willing to pay as if the instruction was in the orthodox form of lectures.

It is, we presume, hardly necessary for us to give reasons for condemning this system. It is hardly even essential that we should argue against the possibility of a shop or office assistant who has slaved at totting figures or selling tapes from 9.30 a.m. to 6 p.m. studying efficiently anatomy, physiology, or surgery from 7 to 10 at night, nor can it be necessary for us to point out that a young man squeezed

through an examination by such means may quite probably be guilty of manslaughter some time or other after he enters practice, when he finds himself for the first time face to face with disease and responsibility.

We do not doubt that a very few specially brilliant and industrious men, having got the needful smattering of their profession by such means, have, by dint of hard work and careful observation, learned after their entry into the profession to be good surgeons and physicians, nor do we for a moment wish to speak harshly of the hard working hopeful young men who, finding a corrupt system ready to their hands and persuasive grinders ready for their money, have made use of the tempting means to obtain a dishonest entry to the profession. The students are, of all parties to the transaction, the least to be blamed, and it is upon the teachers who have prostituted their office and upon the Colleges and the General Medical Council who have connived at the wholesale creation of sham practitioners by means of sham certificates and worthless cramming that our censure must fall.

It was in the winter of 1879 that two schools of medicine in Dublin, emboldened by toleration or coerced by competition, publicly announced that they were engaged in the night-lecture trade, and, as this was the first occasion that the Irish College of Surgeons had tangible evidence of the procedure, the Council of the College immediately manifested their stern disapproval of such an evasion of their regulations. Notwithstanding the vigorous opposition of the representative of one of these schools, the Council adopted a resolution declaring their entire disapproval of night-lecturing. At once the Directors of one of the schools in question—the Carmichael College—ceased the objectionable practice, explained that they had been induced to adopt it, though disapproving of the principle, by the competition of the other school, and by the apparent toleration of the system by the College. It is due to the Carmichael School to say that, before purity of teaching was the fashion, it distinguished itself amongst Irish teaching bodies by a strictness of educational integrity which was difficult to maintain, but for which the school is rewarded by the possession of a high repute. The second of the two schools—the Ledwich School—gave a formal assurance of a desire to conform to the wishes of the College of Surgeons; and the Council, therefore, considering the School pledged to abandon the system, rested without further action. Three years have elapsed since then, during which period the Council of the College has given daily proofs of its determination that old abuses shall cease absolutely, and new and less discreditable methods be enforced, and with this view, has bound itself to a new code of regulations to compel *bona-fide* study and honest practical work in hospital and dissecting-room. Everything possible to do to warn teachers of the firm determination of the College to tolerate no longer the night-lecture, Sunday-hospital system was done, yet no sooner is the present session opened than it is found that the Ledwich School which had been understood as pledged to the College is secretly hard at work at the old system. It is not necessary for us now to confine ourselves to speculation as to what may be taking place when we see it asserted in the daily papers that the lecture (or grind) room is crowded each night with young men who

have come there to submit their over-wrought brains and exhausted bodies to the pretence of a study of anatomy, and who are to receive, in respect of a couple of hours of night lecture, and the same period of Sunday hospital walking, a full tale of testimony that they have “diligently” studied medicine and surgery.

It was not to be expected that the Royal College of Surgeons in Ireland would submit to have its intentions frustrated and its reputation treated with contempt by any school over which it has control. The proceedings of the Council for the last two years in regard to educational and examinational reform have given full proof that a determination exists to purify the license in surgery granted by the College, and, if possible, the surgical profession in Ireland, from the stigma of past abuses. Whether or not lectures or certificates are deserving of being maintained does not enter into the argument. It is enough for the College that they are, for the present, considered necessary; and the Council is not disposed to lend itself to an evasion of that necessity, or to follow the example of the General Medical Council in tolerating a palpable and audacious setting at naught of the Collegiate regulations. It is well that each Dublin medical school should feel that the day of sham certificates, credit fees, and lucrative educational abuses is passed as far as the Irish College of Surgeons is concerned, and that, if that system is essential to the existence of any institution it must seek toleration for its proceedings in Scotland or other congenial centres of diploma-vending. We are confident that the Council of the Royal College of Surgeons in Ireland, having taken this step forward into professional confidence and public approval will not recede.

PERSISTENT VOMITING OF PREGNANCY.—II.

IN our last we concluded our analysis of Class II.

Class III. includes all those cases in which no mention whatever is made of the position of the womb, and is the largest class of all, comprising fifteen cases. We have thus far then, fifteen cases in Classes I. and II., in which it has been ascertained that version or flexion of some kind was present, and fifteen cases in which we have no positive evidence for or against displacements. There is in many of the cases in Class III., however, indirect evidence that makes it *probable* that displacement of one kind or another was not absent from all of them. This class embraces Nos. 3, 4, 6, 10, 12, 16, 17, 18, 19, 20, 21, 22, 23, 24, and 31. Case 3 was observed at the seventh month of gestation, when it was found that the internal os uteri was completely obliterated. Incisions were performed, and the child was born alive. Case 4 was one in which the cervix uteri was so sensitive that the slightest touch produced vomiting. Postural treatment brought about a cure. No. 6 was a case of Dr. Tyler Smith's. Abortion occurred spontaneously at five months. The patient did well for three weeks, and then rapid phthisis set in.

Dr. Hewitt quotes Dr. Smith's opinion that the sickness is “probably caused (incorrectly ‘cured’) by the distension and evolution of the dense structure of the uterus after impregnation, or by the pelvic irritation caused by

the gravid uterus before it emerges from the brim or from both these causes." No. 10 was Dr. Copeman's celebrated *bahn-brechende* or pioneer case, in which the os uteri was digitally dilated preparatory to inducing premature labour, and in which on the following day to his surprise and delight he discovered that he had unwittingly cured his patient. No. 12 was a similar case cured by Copeman's method. It will perhaps be noticed that we are making use of the somewhat shady word *cure* with respect to many of these cases; but it seems impossible to withhold it in those instances in which relief effected by treatment was instantaneous and so complete. Case 16 was Copeman's; vomiting ceased after digital dilatation of os as far as os internum. No. 17 ceased after digital dilatation of os uteri. Case 18. A sponge tent introduced to allay vomiting. Result not given. Case 19. Remedies failing, "the os was dilated digitally the tissue being found very hard and cartilaginous. Vomiting was at once relieved, and soon ceased altogether." Case 20. Dilatation, relief of vomiting; went to full term. Twenty-one and 22 both cured by digital dilatation. In No. 23 "the cervix, and especially the posterior lip was hard and gristly. Neither finger nor tent could be introduced. A long and slightly anterior curved throat forceps were used, and gently, but with some force, dilated." The effect was immediate in removal of the vomiting. This case was recorded by Mr. J. S. Fry, of Swansea. No. 24. The finger was introduced into the softened cervix as far as the internal os; after a week the sickness ceased. Case 31, the last in this class, is from Prof. Tarnier, of Paris. The patient was three months pregnant, and the vomiting was incessant. This was allayed by plugging the vagina with wadding.

The fourth class which comprises but one case includes all those cases in which the position of the uterus was stated to be normal. This in one of Dr. Copeman's cases. The patient was six weeks pregnant and the sickness had been present for three weeks. Position of uterus thought to be normal; posterior less hard and unyielding; os gradually dilated, and, after two days rest, cure. This case completes the number reported. As we have already stated, we have a total of thirty-one cases. Of this number fifteen patients were found to be the subjects of some form of displacement of the uterus; one case, and one only was observed to have her uterus in a normal position. Bearing these facts in mind, that in all but one of the cases in which the position of the uterus in cases of persistent vomiting was carefully ascertained, more or less displacement of one form or another was found to be present, it is not wonderful that Dr. Hewitt should claim some of the remaining fifteen cases, in which the position of the uterus was not ascertained at all, as cases of uterine displacement. This is what he indeed does. Speaking of Dr. Copeman's first three cases he says, "I stated that they offered a strong confirmation of the truth of the doctrines I had previously expressed on the subject. The explanation of Dr. Copeman's success I held to be that in his cases the operation of dilating the os uteri was itself the means of righting the uterus, for the os must have been pulled forwards in order to dilate it, and this would have the effect of tilting the body of the

uterus upwards, and thus assuming that they were cases of anteversion the operation reduced the displacement." As the writer himself says, the objection might be made that such an explanation as the one just given would not be a sufficient one in those instances in which the vomiting has persisted to as late a date as the eighth month of pregnancy. To this he replies to the effect that most probably there will have been acute flexion in the early months of pregnancy, that the flexion will, as a rule, have become straightened out as the uterus rises out of the pelvis, but that *the tissues of the uterus at the seat of the flexion are sometimes left in a diseased state, being stiffened and unduly resistant, and thus the irritation is kept up.* Dr. Copeman's treatment would undoubtedly tend to remove this stiffening and constraint." If Dr. Hewitt's claim and explanation be allowed at all, they may be held to apply to a large proportion of the fifteen remaining cases. Case 4 was Clay's in which the finger was introduced for the purpose of inducing labour, but desisting he found within twenty-four hours that the patient was able to take food. Cases 10, 16, 17, 18, 19, 20, 21, 22, 23, and 24, were instances in which dilatation after Copeman's method had given relief, in most cases almost instantaneously, and in all within a short period. No 31, (Professor Tarnier's) was one in which the sickness was allayed by plugging the vagina. This procedure would have the effect of steadying the uterus, if not of redressing any displacement, although vaginal tampons are frequently recommended and frequently employed for the very purpose of treating displacements. Moreover, in a considerable number of these cases the uterus is distinctly spoken of as "hard," "gristly," "condensed," conditions so frequently associated with displacements that it is more than likely there is a causal relationship between them.

We have now completed in an imperfect manner our analysis of the cases quoted and reported by Dr. Hewitt; we have now to follow him in his general commentary upon them, and upon the theories of others. He allows due weight to Dr. Barnes's opinion that the vomiting is due "to tension or stretching of the uterine fibres;" "for it seems likely that irritation might be produced by an undue degree of such stretching." He, however, sees no reason to change his conviction that compression is the "particular and tangible" element. He then goes on to quote Dr. Aveling's remarks to the effect that sickness "has undoubted relations to posture," and Clay's that congestion or tenderness of the cervix uteri are the causes. As bearing on the question under discussion, he mentioned the but recent acquisition of knowledge on the part of insular practitioners as to the frequency of uterine displacements in general, and the further one of the absolute silence of obstetric writers in regard to the complication of pregnancy with anteversion of the uterus. In concluding this part of the subject we cannot do better than use our author's own words in the recapitulation of his arguments. "1. Many women have no sickness, therefore, it is not an essential part of pregnancy. 2. It is mostly limited to the first half of pregnancy, being, indeed, in many instances limited to the first two months. This is precisely the time during which the uterus is most liable to suffer from flexion, for when the uterus rises into the abdomen such flexion can hardly occur.

3. It is produced almost universally by the standing or sitting position, which postures would be likely to intensify or exaggerate temporarily an existing flexion. 4. It is suspended in all but the very severe cases, if the patient remains in bed for a day or two, during which time no such exaggeration of the flexion by standing occurs. 5. It occurs in a very marked degree in cases which are known to be the subject of flexion at the time the pregnancy occurs. 6. Severe sickness and a decided tendency to abortion are very frequently associated in the same case, from which it follows that it is not unlikely at all events that the same cause is operative in producing both effects. 7. That for the last ten years or rather more I have found the sickness always to subside, or to undergo an immediate and remarkable amelioration by so placing the patient, or by so arranging the position of the uterus as to favour the reduction of the existing flexion."

With regard to treatment very little need be said. We have already indicated the principle he follows, and it only remains for us to add that positional treatment he looks upon as the one thing indispensable, associated with manual or digital redression of the displaced organ, and the insertion of suitable uterine supports, when deemed advisable.

Notes on Current Topics.

A New Conjoint Scheme.

THE Royal College of Physicians of London was recently induced, on the motion of Dr. Acland, to consider the propriety and possibility of arranging with the English College of Surgeons to hold a combined examination by the two Colleges, for the purpose of granting a double qualification. The matter was, we believe, referred to a committee, which has promptly set about the work before it, by stimulating action on the part of the College of Surgeons. The Council of this latter body at its meeting on Thursday last, appointed seven delegates to confer with the College of Physicians sub-committee, on the subject of the conjoint medical and surgical examination; and we may anticipate that some practical suggestion will be the outcome of the deliberations. The members of the combined committees are as follows: For the College of Physicians—Sir William Jenner, Sir Risdon Bennett, Sir William Gull, Dr. Acland, Dr. Sieveking, Dr. Ord, and Dr. Pitman; for the Royal College of Surgeons—Mr. Spencer Wells, Sir Jas. Paget, Mr. John Marshall, Mr. Cooper Forster, Mr. Erichsen, Mr. Savory, and Mr. Holmes.

A New Saccharine.

DR. CONSTANTINE FALBERG has discovered an "hydro-sulphamin-benzoic acid," which he describes as a white crystalline substance, very soluble in alcohol, but sparingly soluble in water, and characterised by a sweetness so great that the merest trace of the alcoholic solution in water gives it a distinctly sweet taste. Dr. Falberg estimates that it possesses more than twenty times the sweetness of cane sugar.

Another Prescribing Chemist.

ON Friday last, Dr. Danford Thomas, coroner for Central Middlesex, was engaged in holding an inquiry concerning the death of a woman who succumbed to the effects of a "sleeping draught" supplied by a chemist. The draught was supplied by a chemist's assistant named Armstrong, who said that on the preceding Monday evening he made up a sleeping draught containing six minims of laudanum and ten grains of *potassium*, and delivered it to a young man and woman who came for it for the deceased. He told them it was to be taken at once. Did not label the bottle, notwithstanding its poisonous contents, and volunteered the information that "it was a frequent thing to make up medicines for persons without having received a prescription." Dr. Thomas very justly characterised the conduct of the witness as most reprehensible and illegal, and ascribed the perpetration of many fatal errors to such loose and indefensible practices. The case was one on which even a coroner's jury was unable to agree without consideration; but the "intelligent twelve" were, as usual, given to condone the act of an assistant, and delivered their verdict as follows:—"That the deceased died from bronchitis, accelerated by a dose of opium prescribed by William Armstrong, assistant to Mr. Wooton; and they are of opinion that the said William Armstrong was guilty of great illegality in prescribing medicines, more especially for those he had never seen, and neglect in not labelling the bottle; and they further desire to add that the deceased's husband should have sought qualified medical advice when he saw his wife was in the condition she had proved to be." The coroner, in censuring Mr. Armstrong, observed that all he had to say was that the jury had taken a very merciful view of the case in returning the verdict they had, and in not returning a verdict of manslaughter against him. He (the coroner) trusted it would operate as a warning not only to him, but to chemists generally.

Prehistoric Diseases.

At a recent meeting of the West Kent Medico-Chirurgical Society a paper was read by Mr. H. W. Jackson, F.G.S., "On some Diseases and Injuries of Prehistoric Man," the contents of which are entitled to special consideration in their connection with Sir James Paget's address. The *Athenaeum*, in noting the paper, remarks:

"We are not aware that the subject has elsewhere been treated, except in a *thèse inaugurale* by M. le Baron, of which an abstract was laid before the Society of Anthropology of Paris last year. Mr. Jackson cited a case of exostosis in a femur found at Lozère; evidence of tooth-ache and of abscesses in the jaw found there and in the Belgian bone caves; of rheumatic ulceration of the joint in a jawbone and an astragalus from Furfooz, Belgium, and in other instances; a case of very extensive inflammation from the Caverne de l'Homme Mort, Lozère; a case of hydrocephaly from the Trou Rosette, Belgium, and one from the Canary Isles, observed by M. Verneau; hemiplegia in the skeleton found at Clisbury, Sussex; hip-joint disease in four cases recorded by M. le Baron; synostosis of the sutures in the Neanderthal skull; and numerous cases of surgical and posthumous trepanation. He also expressed the opinion that syphilis is a prehistoric disease, citing examples of it from Bray-sur-Seine,

in France, from Patagonia, and from Peru, and hazarded the suggestion that circumcision, which prevails in every division of the globe, and is almost universally performed with a stone implement, is a practice which has descended from prehistoric times. Flattening of the skull is known to have been practised, and fractures of bones and wounds of the skull are, of course, very frequent. Upon the whole, it may be concluded that the diseases of neolithic prehistoric man did not differ much from those of the present day."

As we have elsewhere suggested, we may fairly anticipate that the whole subject covered by these interesting speculations and discoveries will now become a matter for earnest and sustained inquiry.

Poor-law Medical Elections in Ireland.

Two elections were made last week which fittingly illustrate the very objectionable system at present in force in Irish dispensary and workhouse elections. On December 1st, Dr. Lydon was appointed medical officer of Arran Island, in room of Dr. Bodkin, resigned. The meeting had to be adjourned, owing, it was alleged, to undue influence being brought to bear on some of the members of the committee by the parish priest of the island on behalf of a candidate who refused to produce diplomas. The committee now left the matter in the hands of the guardians, as they believed there could not be a meeting of their body called with safety in Arran, as the police could testify.

A meeting of the Carlingford Dispensary Committee was also held for the purpose of electing a medical officer for the district. A great deal of interest was manifested in the proceedings, as on two occasions since the position became vacant attempts were made to elect an officer, but on both occasions the voting was equal, and the election abortive. Every available vote was obtained, one gentleman having been taken from the opposite end of the county, and another from Dublin. On this occasion the voting was—For Dr. Lennon, 7; for Dr. Davis, 5.

Unqualified Ship Surgeons.

At the last meeting of the Manchester Medico-Ethical Association, held on the 8th inst., Dr. Irwin introduced for discussion "The Position of Ship Surgeons," and the following resolution was unanimously adopted:—"That this Association is convinced that the medical and sanitary departments of our Mercantile Marine are in a highly unsatisfactory condition, and that the lives of passengers are frequently endangered thereby. That this Association desires to press upon the Government the necessity of an immediate inquiry into the position, status, and efficiency of surgeons upon passenger ships."

THE Council of the Clinical Society of London have nominated Dr. Andrew Clark as the President of the Society for the next year; and the Council of the Harveian Society have nominated Dr. Symes Thompson as the President of that Society. Dr. Gervis will be the new President of the Obstetrical Society of London.

King and Queen's College of Physicians in Ireland.

THE following Fellows of the College have been appointed Examiners for Membership for the year 1883:—1. In Principles of Medicine, including Medical Anatomy and Medical Chemistry—J. Mallet Purser, M.D., and J. Magee Finny, M.D.; 2. In Practice of Medicine, including Principles of Public Health—Francis R. Cruise, M.D., Vice-President, and George F. Duffey, M.D.; 3. In Clinical Medicine—Arthur Wyane Foot, M.D., and Christopher J. Nixon, M.B. The Court of Examiners for the certificate in Sanitary Science during 1883 will be constituted as follows:—1. Engineering—Mervyn J. B. Pratt, C.E., M.A., M.E. Univ. Dub.; 2. Law—George Roberts Price, B.A. Univ. Dub., Barrister-at-Law; 3. Etiology and Prevention of Disease—Francis R. Cruise, M.D., Vice-President of the College; 4. Chemistry, Air, Water, Food—Walter George Smith, M.D.; 5. Meteorology, Climatology, and Vital Statistics—Francis J. B. Quinlan, M.D.

Chest Development by Exercise.

DR. CATHCART, Lecturer on Anatomy in the Edinburgh School of Medicine, in a lecture delivered at the Edinburgh Health Society a few days ago, gave, as to the effects of exercise in expanding the chest, some striking facts which related to a school where physical exercises had been systematically carried out. The effect of regular exercise was shown as follows:—New boys, aged fourteen, average chest measurement, 29.3; at fifteen, 30.16; at sixteen, 32.0; at seventeen, 32.6; and at eighteen, 32.5; while former boys measured respectively 30.6, 32.1, 34.2, 35.8, and 36.8.

The Supply of Subjects in America.

A BAND of resurrectionists has been captured with six bodies, intended for the Philadelphia Medical College, in their possession. The recovered corpses have been identified. The capture was planned by some reporters attached to the Philadelphia press, who carried it out successfully as amateur detectives. The captured men are now in gaol awaiting their trial.

Baths and Wash-houses for Dublin.

AMONGST other matters recently discussed in the Dublin Corporation was the long-talked one of the provision of public baths and wash-houses. The Public Health Committee reported that a portion of the property they would be obliged to acquire for the new Street Improvement scheme in connection with the new Swing Bridge would be available as a site, and the locality, it is said, is much more favourably circumstanced for such a project. The Committee has now obtained possession of ground in Shoe Lane, which is considered will be sufficient for the purpose, and the estimated cost of the buildings is £5,000, and the machinery about £1,200.

ONE hundred and ninety-six bodies have been cremated in Milan in the last five years.

Operations on the Eye in the United States.

THE *Phil. Med. Reporter* gives the following interesting statistics by Dr. Little:—Of 107,383 eye cases in the ophthalmic and general hospitals in the leading cities, 19,037 required surgical procedures, of which 862 were enucleations for some of the many forms of objective traumatism, principally on account of the dread of a presence of sympathetic irritation or ophthalmia of the other eye. Some were for intra-ocular conditions, and a few for cosmetic purposes. Thus 17·7 per cent. of ophthalmic work is operative, and 4·5 per cent. is enucleative. This percentage of the removal of the eyeball should be higher than the statistics derived from the public clinics show, as this class of cases is more apt to seek private advice. The importation of artificial eyes is about 10,000 annually, and recently the manufacturing of them has become a home industry.

Substitute for the Sand-bath.

FROM time immemorial chemists have used a sand-bath where a temperature is to be obtained higher than that of the boiling of water or of oil. The method is not wholly rational, however, sand being a very bad conductor of heat. Herr Kristalba has lately recommended the substitution of pounded fragments of graphite; they let the heat pass much better, do not oxidise, and do not soil the enclosing vessel. *L'Electricité* commends the method to electricians who have to make researches in thermoelectricity, adding that small shot of iron would serve nearly the same purpose. For more intense heats, it is known, melted lead can be used.

Compulsory Notification.

MR. MARTINEAU, a member of the Birmingham Town Council, addresses a letter to the last issue of the *British Medical Journal*, in which he states that by a majority of twenty-seven to twenty a number of compulsory notification clauses, which had more *solitu* been smuggled into a local Bill, were excised. Mr. Martineau makes the following sensible observations on the subject: "If we could have taught the people the means of isolation, and its need, such Acts as Hastings's would never have been mooted; and, if they are passed, no amount of fines and penalties can make them effective. People (neither patients nor doctors) happily, I think, cannot be dragooned into sanitation. Your fines, as the evidence taken before the Liverpool deputation amply shows, lead merely to concealment. Concealment leads to a high death-rate, as in Bolton and Blackburn, where the deaths from typhoid fever averaged 1 death to 4·4 and 4·2 cases respectively, the general English average being 1 in 6·8. Thus the doctors are prevented from bestowing that curative blessing on the community which is their function. They are not called in, and the very regulation meant to eradicate disease tends to aggravate it, by closing its legitimate source of cure. I think there is all the difference between compulsion and a direct appeal to the public spirit of an enlightened fraternity. I, for one, am content to appeal to the spirit of self-sacrifice for the common good manifested by the medical profession, and to rely on the invaluable help which they, in their daily mission of

beneficence, can render us, by information either as to the prevalence of infectious sickness or (still better) as to the existence of conditions likely to induce disease. I am glad that the Council has said in effect, by its resolution on Tuesday, that it will not subject them to the indignity of incurring the penalty of '40s. and costs,' or £5 in case of a second omission to notify. We do better; we appeal to their public spirit as citizens, to their philanthropy as men, that they will help us in the work of raising our fellow-men to that higher power of life which is only possible to the '*mens sana in corpore sano*.'" We can assure Mr. Martineau that his confidence in the profession is not misplaced. There are many practitioners who will refrain from notification, in spite of any law which may be enacted, but we do not believe that there is one base enough to conceal disease or spare any effort to crush it out, in order that he may benefit by its dissemination.

The Medical Reform Bill.

THE *British Medical Journal* announces in large type, and apparently with authority, that it has "good reason to believe that the desired result has been attained, in so far that the Government are now resolved to prepare such a measure on the basis authoritatively laid down by the Commission; and that the Bill will be drafted and introduced by the Government having this object, and drawn upon these lines. The announcement which we are thus able to make will be received with great satisfaction by the immense majority of the profession—so overwhelming a majority, that we feel justified in saying that the Government will, in this matter, receive the active support of the profession at large."

The Metropolitan Hospital Sunday Fund.

THE annual meeting of the constituents of the Hospital Sunday Fund was held in the Egyptian Hall of the Mansion House on Wednesday last, under the presidency of the Lord Mayor. From the annual report presented we gather that during the past year there had been an increase in the number of contributing congregations, and a consequent increase in the sum collected. In 1873 the amount collected was £27,700, whereas this year it was £34,146. The working expenses amounted to £1,132—a somewhat large sum considering that the office of the executive is no burthen to the fund. We fail to understand why the Council should expend money for printing statistical tables of the hospitals, giving the cost of patients and management, simply "for the special use of the members of Council." Why are not these tables made available for every one interested in the fund, and in the good management of hospitals in general? There is one other point about which we should like to have information. At a former meeting of the constituents of the fund a scheme was proposed for the retirement, year by year, of a certain number of members of Council. Why is this to be shelved? And why is it deemed expedient to give so useful a proposal the go-by? We have it on good authority that there are a large number of members of Council who are never present at any of its meetings. Under any circumstances, it would certainly be useful to infuse new blood both into the Council and work of Hospital Sunday.

The 10th of June is the day fixed upon for Hospital Sunday of next year (1883).

The Cause of Goitre.

J. CARRET has given in the *Mon. de la Policlinique* some results of his inquiries into the above subject. The disease is produced, if his conclusions are found correct, by a micro-organism that lives in the soil, and at certain seasons of the year is met with in the water. Boiling the water is a prophylactic. M. Decés remembers that at one time the only drinking water in Rheims was obtained from wells dug in the chalk. From the year 1846 water from the river has been carried into the town, a change of supply that resulted in a rapid diminution in the number of cases of goitre, and in a short time a complete disappearance of the affection. M. Carret has determined a maximum zone, viz.—from a height of 1,000 to 1,100 metres in the southern declivities of Savoy, and from 400 to 500 in the northern slopes, the one being an isotherm of the other.

The Medical Department and the Decease of Regimentalism.

MR. CHILDERS having so recently, in reply to a Parliamentary question, quoted the assertion of Lord Cranbrook that the "regimental system was dead, and could not be revived," and having endorsed this opinion in the fullest and most uncompromising manner, would it not be for the benefit of both the army and the profession that the committee now sitting, and in whose impartiality the public and the Medical Department have alike perfect confidence, should, by the suggestion of a name which would embrace both the medical officers and their hospital subordinates, set the seal of an official epitaph to the departed regimental system, and thus cause all serving under the new organisation to direct their efforts to perfect that principle of administration to which both Conservative and Liberal Secretaries of State for War have asserted that the medical service, however altered in detail, must, in the main, be adapted? We would therefore appeal most earnestly to medical officers, be they few or many, who regret the decease of regimentalism, to accept the event as inevitable, and in this most serious crisis in the career of their department to bear in mind the simple adage that "union is strength," remembering that, however apparently flattering may be the efforts of regimental colonels to regain "their own doctors," it would be contrary to human nature to suppose that their chief aim is the advancement and advantage of the Medical Department as a whole. It was not by the false elevation of parasitic existence that the Royal Engineers and Royal Artillery have become the distinguished corps they now are, but by forcing upon the conviction of the State the value of the services which they could render when they combined, one and all, to attain the object for which they had been called into existence. The duel between forts and ships, between guns and armour-plates, between shelter-trenches and projectiles may be brought to the highest point of scientific perfection, but there still remains the fact that, up to the present, for every one man killed by all these expensive machines, at least five have been lost to the State by preventible disease. In this fact lies the future of the Medical Department, and in proportion

as the nation becomes more and more educated to its perception it will the more strenuously insist on the corps in whose hands the prevention lies being given its proper position and being freed from the trammels of such non-professional interference as is still forced upon it for the purpose of upholding the jealous monopoly of military command.

Fraudulent Glycerine.

DR. GEISLER reports in the *Pharm. Centralhalle* an investigation of a sample of glycerine which a Dresden house had sent him, and which had been bought on the Prague market. Outside the package it was marked "Not adapted for internal use." It was of a yellowish tinge, and almost clear; rubbing on the hand it had an oily feel, and left behind a peculiar dryness; the taste was bitter and disagreeable; the sp. gr. 1.269. The bottle was labelled "Chem. Glycerin., white, 30°." It contained no trace of glycerine, but was a mixture of magnesium chloride (11.87 per cent.), starch, sugar, and dextrine with water.

The Royal Medical Benevolent College.

IN consequence of some unfortunate manifestations of insubordination, the Council of the Royal Medical Benevolent College at Epsom have thought it advisable to propose certain amendments in the Bye-laws which shall enable them and the head-master to meet with promptitude future breaches of discipline. For this purpose the Council have called a general special meeting of the governors and subscribers for Wednesday (this day), at 3 p.m., to consider and ratify the necessary alterations in the Bye-laws, to which there certainly ought to be no objection.

President Garfield's Medical Attendants.

THE discharge of the bill for attendance on the late President is, according to the *New York Med. Record*, still further complicated by a claim of Mrs. Elson against his estate of 10,000 dols. for "skilful attendance in her professional capacity as a physician." It will therefore have to be considered as coming within the limit of 35,000 dols. allowed to the physicians under Act of Congress.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 34; Bombay 25, Madras 33; Paris 26; Geneva 18; Brussels 23; Amsterdam 26; Rotterdam 29; The Hague 26; Copenhagen 21; Stockholm 22; Christiania 21; St. Petersburg 45; Berlin 22; Hamburg 23; Dresden 23, Breslau 26, Munich 28, Vienna 24, Prague 25, Buda-Pesth 26, Trieste 31; Rome 23; Turin 20, Venice 26; New York 21, Brooklyn 21, Philadelphia 19, and Baltimore 27.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Derby, Leicester 16; Plymouth, Brighton, Bolton 17; Cardiff, Bristol 19; Bradford, Halifax 20; Oldham, Portsmouth, Birmingham, Nottingham, Huddersfield 21; Norwich, Birkenhead, London 22; Manchester 23; Edinburgh, Dublin, Sheffield 24;

Newcastle-on-Tyne, Wolverhampton 25; Preston, Salford 26; Liverpool, Blackburn 29; Glasgow 30; Leeds, Hull 31; Sunderland 35.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH UNIVERSITY.—NEW REGULATIONS AS TO EXAMINATIONS.—Students will hear with pleasure that the question of altering the date of the first professional examination is now engaging the attention of the Senate, and that the consent of her Majesty's Privy Council will be asked early next year. Hitherto, students could not enter for their first examination in botany, natural history, and chemistry for eighteen months after commencing their studies. And as the regulations were so cleverly arranged as to the number of classes required, students were compelled to take out two courses of botany or natural history. This, though convenient for the respective professors, was a great scandal, and to which we have repeatedly drawn attention. This, we are glad to say, is on the eve of removal, and students will in future be able to present themselves for examination after a winter and summer session of study. We hope also that the dates of the first and second examinations will be approximated; as they now stand, three courses of anatomy have to be taken out. The regulations of the University only require one course, but the arrangements of the examinations have been so devised as to compel three courses. At present, only one year of practical study is allowed, by driving over the examinations in anatomy and physiology to the end of the third winter. The existence of a Royal Commission and a slowly awakening public have to be thanked for these small mercies.

PROPOSED ADDITIONAL MEDICAL CLASSES IN THE UNIVERSITY OF ABERDEEN.—The Medical Faculty of the University have agreed to the following motion, submitted by Professor Struthers, for the purpose of encouraging the opening of special classes in certain subjects in the medical school:—"That the Faculty—regarding with satisfaction the provision already made for special instruction in diseases of the eye, and in diseases of the teeth—record its willingness to consider favourably, and to recommend to the Senate for recognition, applications from members of the profession who may desire to give special instruction in diseases of the ear, diseases of the larynx, diseases of the skin, or in other subjects in which it is usual to give special instruction in schools of medicine; provided that the instruction proposed to be given is of a practical and useful character."

THE FEVER EPIDEMIC AT ABERDEEN.—The Managers of the Aberdeen Royal Infirmary, on the 11th inst., empowered a committee to improvise as a ward a large hall in the hospital used as a board meeting-room, in the event of the necessity arising from the fever epidemic prevailing in the city. Lord Provost Easlemont stated to the meeting that the number of patients in Aberdeen Infirmary was higher than it had been for nineteen years. He stated that the epidemic hospital in Aberdeen was available in the event of the spread of the fever, whither patients labouring under infectious diseases might be taken, and that in the event of the board meeting-room being brought into requisition, the Infirmary managers need not be afraid to turn up at the next meeting held in it, because good care would be

taken that cases of disease of a non-infectious character only would be treated there.

VITAL STATISTICS FOR NOVEMBER.—From the Registrar-General's monthly we learn that during the month of November there were registered in the eight principal towns of Scotland the births of 3,491 children, of whom 1,727 were males and 1,767 females. Of these, 3,180 were legitimate, and 314 illegitimate, being in the proportion of one illegitimate in every 11.1 births; or the illegitimate births constituted 8.9 per cent. of the whole. In Greenock, 4.4 per cent. of the births were illegitimate; in Leith, 5.6; in Paisley, 7.9; in Edinburgh, 8.5; in Glasgow, 9.3; in Perth, 9.4; in Dundee, 9.5; and in Aberdeen, 13.4 per cent. The deaths of 2,420 persons were registered during the month, of whom 1,173 were males, and 1,247 females. Allowing for increase of population, this number is 52 under the average for November during the last ten years. A comparison of the deaths registered in the eight principal towns shows that in November the mortality was at the annual rate of 20 deaths per 1,000 persons in Edinburgh, Aberdeen, and Greenock, 21 in Leith, 22 in Perth, 25 in Dundee, 26 in Paisley, and 27 in Glasgow. Of the 2,420 deaths, 1,000 or 41.3 per cent. were those of children under 5 years of age. In Perth, 31 per cent. of the persons that died were under 5 years of age; in Edinburgh, 32; in Aberdeen, 33; in Paisley, 38; in Leith, 39; in Greenock, 43; in Glasgow, 45; and in Dundee, 50 per cent. The miasmatic order of the zymotic (epidemic and contagious) class of diseases proved fatal to 381 persons, and constituted 15.9 per cent. of the whole mortality. This rate was exceeded in Glasgow, Dundee, and Perth. Whooping-cough was the most fatal epidemic, having caused 91 deaths, or 3.8 per cent. of the mortality. In Glasgow 5.2, and in Dundee 4.3 per cent. of the deaths were ascribed to whooping-cough. Fever caused 31 deaths; of these 9 were tabulated as typhus, 19 as enteric, and 3 as simple continued fever. 7.3 per cent. of the deaths in Perth resulted from fever. 57 deaths were caused by scarlatina, 45 by diphtheria, 45 by croup, 43 by diarrhoea, 27 by measles, 13 by metria, and 4 by dysentery. One death attributed to cholera was caused by choleraic diarrhoea. 61 deaths were ascribed to apoplexy, 58 to paralysis, 155 to diseases of the heart, 41 to hydrocephalus, and 67 to premature birth debility. The deaths from inflammatory affections of the respiratory organs (not including consumption, whooping-cough, or croup) amounted to 644, or 26.6 per cent. Those from consumption alone numbered 223, or 9.2 per cent. 95 deaths resulted from violent causes, of which 8 were suicidal. 8 deaths were attributed to the direct effects of intemperance. 5 males and 5 females were aged 90 years and upwards, the oldest of whom was a widow 97 years of age.

OUTBREAK OF TYPHUS FEVER IN EDINBURGH.—At a meeting of the Public Health Committee of the Town Council, on the 12th inst., it was stated that during the month 345 cases of infectious diseases were reported by medical men in terms of the compulsory notification clause of the local Act. In connection with the health of the city, the Medical Officer stated that an outbreak of typhus fever had occurred in a portion of Buchanan Street, Leith Walk, which is within the municipal boundary, 16 cases having been reported out of two tenements, 2 resulting fatally. The first case reported was believed to have caught the infection in Leith, and in consequence of what Dr. Littlejohn called the overcrowded and filthy condition of this comparatively new tenement, the disease has rapidly spread. Under the operation of the compulsory notification clause, notice was at once given to the au-

thorities, and each case as it arose promptly dealt with. In the case of one family, it was considered advisable to remove two of the members to a special ward in the Canongate Hospital, where they remained for one week in quarantine, the house and furniture being in the meantime specially cleansed. An examination of the drains was made by the Burgh Engineer, and a considerable leakage of water discovered, rendering some of the houses in the under flat very damp; but apart from this circumstance, the drains appeared to be in good order.

Literary Notes and Gossip.

WE learn that a Portuguese translation of the "Hand-book of Midwifery for Prussian Midwives" is about to be undertaken. The book, which was favourably reviewed in these columns some few months since, is to be translated from the English version of Dr. Burton, of Liverpool, published in 1880.

DR. FERRIER, F.R.S., is, we understand, preparing for the press a new and enlarged edition of his work on "The Functions of the Brain," which will embody many new observations and experiments by the author, as well as a critical examination of the various experimental and pathological investigations of recent years bearing on the question of the localisation of cerebral functions.

WE are asked to announce that the late Dr. Peacock, so long connected as physician and lecturer with St. Thomas's Hospital, has left a bequest sufficient to establish a Scholarship in the Medical School of the value of forty guineas. The Scholarship will be tenable for two years, on the same terms as those of the "Musgrove" Scholarship, founded by the late Sir John Musgrove, formerly president of the hospital, and will bear the title of "The Peacock Scholarship."

"AMBULANCE LECTURES," by Lionel A. Weatherly, M.D., has reached its fifteenth thousand, which shows that, as a text-book for the classes formed under the auspices of the Order of St. John of Jerusalem, it has achieved the aim of its author—viz., "that it might form a useful work for policemen, railway officials, and other men engaged in large works, as well as for the public at large." The present edition has a chapter added on nursing, poultices, blisters, fomentations, leeches, &c., of great practical utility.

PARTICULARS of the Warren Prize Essay have reached us from America, which is open to competition to the profession in all countries. The premium offered is of the value of four hundred dollars for the best dissertation, worthy of a prize, upon the following subject: "Chronic Bright's Disease (parenchymatous and interstitial nephritis). The Nature and Mutual Relations of the Derangements in the Circulatory and Secretory Organs." Essays must be forwarded to the Resident Physician, Massachusetts General Hospital, Boston, on or before February 1, 1883.

WE have pleasure in calling attention to a very interesting and useful monograph, entitled "Hospitals: their History, Construction, and Hygiene," by J. Francis Sutherland, M.D., Surgeon to H.M. Prison, Glasgow. (Edinburgh: E. and S. Livingstone.) It was Dr. Sutherland's thesis for the M.D. degree in the University of Edinburgh, for which a gold medal was awarded. The volume is profusely illustrated with drawings and plans of British, French, and American hospitals, a short but interesting account being given with each. The book is very readable, and contains matters of interest for the general as well as the professional reader.

THAT very valuable publication, *The American Journal of Obstetrics*, which is becoming almost as popular in this country as in the United States, is about to undergo another change. Formerly it was issued as a quarterly; last year a monthly supplement was added; we understand it is now the intention of the publishers to incorporate the two, and

to issue it from the new year as an enlarged monthly, the subscription price remaining as heretofore. We doubt not in this form it will become even more acceptable to that large class of obstetricians it so ably represents in all English-speaking countries.

THERE is but one journalistic change announced amongst the medical periodicals of the United Kingdom for the new year, and this relates to our very enterprising, and at times amusing, little contemporary, *The Students' Journal and Hospital Gazette*. Those of our readers who remember this publication in their student days as a fortnightly at fourpence will behold it henceforth as a weekly at a penny, carried on, we are informed, on the same lines as for many years past, in the interests and for the instruction of medical students and junior practitioners. It gives us, therefore, sincere pleasure to wish our little contemporary, which has done so much useful work in the past, "a prosperous new year."

SIMULTANEOUSLY with the publication of Dr. Cameron's essay on "Microbes" and Koch's "Bacillus" comes a new and enlarged edition of Drs. Loew and Bokorny's theory of "The Chemical Conditions of Life." Some of our readers may have read the former essay of the Munich authors, and will remember their contention to be that the force of life lies in the energy of the aldehyde group, and that simple alterations in the organic conditions of protoplasm are sufficient to explain what has been familiarly known as the *vis vitalis*. The tenability of such a solution is certainly open to very grave and tangible objections, but the way it is worked out is exceedingly ingenious.

DR. H. AUBREY HUSBAND has published, through Messrs. E. & S. Livingstone, of Edinburgh, "The Student's Pocket Prescriber," consisting of a collection of prescriptions issued in a handy form, suitable for the vest pocket. Such a work is likely to find considerable favour, not only among the young prescribers to whom it is especially addressed, but also with many of more advanced status, to whom the difficulty of deciding offhand on a suitable prescription in a given case is not altogether unknown. These formulae are classified on a therapeutical basis, and appear to have been carefully collected with a view to securing reliable and generally suitable associations of remedies. A few pages of introduction are prefixed to the body of the work, wherein the author offers some sensible and comprehensive suggestions on the art of prescribing. "The Pocket Prescriber" is an excellent little work, and is certain to become a great favourite.

A NEW candidate for favour among dermatologists has recently appeared in the shape of a "Journal of Cutaneous and Venereal Diseases," edited by Drs. Piffard and Morrow, both of New York. The journal will be published monthly by Wood & Co., of New York, and is valued at two and a-half dollars, or ten shillings per annum. No. 1. is enriched with a coloured illustration, and contains notes on the development of trichophytosis cruris, on psoriasis, on syphiloderma, and on acne, in addition to reviews and a selection of extracts somewhat less voluminous than is customary with American journals. No. 2 contains a brief account of a case of sclerema neonatorum, and an almost unique history of total sloughing of the penis due to a primary sore. The work is well printed on good paper, and ought to have little difficulty in making its way. We shall be glad to welcome its regular arrival in the future.

THE Clinical Society is to be congratulated on the encouraging way in which the importance of its successive volumes of "Transactions" is maintained. The fifteenth of these valuable additions to our literature has just been issued, and in no respect can it be said to be less worthy than its predecessors of the Society which fathers it. An especial feature of the work is the Report of the Committee on Excision of the Hip-Joint, which is likely to serve as the basis for future decision in a good many cases when the operation in question has to be considered. No less than forty-seven communications are included in the volume, which numbers over 320 pages, and contains eight plates, four being coloured, besides seven woodcuts. In the preface, the Council remark on the importance of discussions which took place

on the papers read. The absence of any notes to indicate the particulars of such importance might be worthy of consideration with a view to their addition in future volumes. Nothing, however, can detract from the high value of this series of "Transactions" as it stands.

WHILE deploring the fact that the law is powerless to stop the growing issue of, and the demand for, trashy literature for the young, it is gratifying to learn of the success attained by legitimate publications, which can honestly lay claim to the title of healthy and instructive food for the youth of both sexes. We refer to the volumes now before us, for the present year, of "The Boy's Own Paper" and "The Girl's Own Paper;" and to those of our readers who are in doubt what book to give as a Christmas or New Year's present to their juveniles, we cordially recommend these works. Each volume is handsomely got up, is full of instructive matter, sound moral tales, simple experiments, and games which were wont to amuse us in our boyhood, with the added novelties of modern ingenuity and invention. The name of Dr. McLeod as editor will be a sufficient guarantee of the literary fare thus provided, and its variety is ably seconded by the elegant and attractive forms in which the publishers have produced the two works.

By the death of Dr. Edwards Crisp, the profession has not only lost a sound physician, but one of her most accomplished *littérati*. His papers on Medicine, Surgery, Zoology, Physiology, and Pathology in the medical and zoological journals and in the Society's Transactions were alike distinguished by their originality and numbers. He obtained the Jacksonian Prize for his work on the "Structure and Diseases of the Large Vessels;" the Astley Cooper Prize for the essay "On the Structure and Use of the Thyroid Gland;" the Astley Cooper Prize, again, for his essay "On the Pancreas;" the Jacksonian Prize a second time for his treatise on "Intestinal Obstructions within the Abdomen;" the Fothergillian Prize for an essay on "Croup and Diphtheria." But Dr. Crisp's was a disposition which chafed severely under failure, and the withholding of the Carmichael Prize from any of the competitors, the year he sent in his essay, on account of "insufficient merit," was a severe blow to his sensitive nature, and he wrote but little afterwards.

BEST practitioners must be sometimes puzzled to select one particular variety of a "Visiting List" for their use from the many forms which present themselves. Admirable as most of these aids to performance are, it is a really difficult matter to award the palm to any one especially, and all the more so since each publisher seems to be alive to the necessity of making such constant additions and improvements to his publications as shall make them more and more indispensable to the profession. Among the works of this description issued in readiness for 1883, that of Messrs. John Smith and Co., of Long Acre, and entitled "The Physician's and Surgeon's Visiting List and Diary," is, however, entitled to be regarded with more than usual favour, because of the length of time during which this firm has published a similar companion—the present is the 37th annual issue—and also on account of the exceptionally useful nature of the contents of the book. As well as space for the entry of daily memoranda for the record of visits to 26 patients, and of obstetric and vaccination engagements, &c., &c., room is provided for the registration of addresses of patients, nurses, &c., and for other important details bearing on professional life. In addition to these diary arrangements, there is included a very considerable amount of valuable information of a kind that will be found eminently useful by practitioners of medicine at almost every turn. The "Table of Doses" introduced some years ago is now supplemented by a list of non-official and eclectic remedies, the incorporation of which cannot fail to enhance the usefulness of the work. It is indeed a most excellent pocket companion, and deserves all the success it has achieved.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, November 15th:—On the Relation of the Chest Movements to Prognosis in Lung Disease," by Arthur Ransome, M.D. Drink and Strong Drink, by B. W. Richardson, M.D., F.R.S. The Relative Mortality after Amputations

of Large and Small Hospitals, by Henry C. Burdett. Nerve Vibration and Excitation, by J. Mortimer Granville, M.D. Microbes in Fermentation, Putrefaction, and Disease, by Charles Cameron, M.D., LL.D., M.P. Injuries of the Spine and Spinal Cord, and Nervous Shock, by Herbert W. Page, M.A., M.C. Cantab. On Duty under a Tropical Sun, by Major Leigh Hunt and Alex. S. Kenny, M.R.C.S.

Literature.

THE SURGERY OF DEFORMITIES. (a)

THE production of a good and comprehensive handbook on orthopaedic surgery may justly be held to entitle its author to receive the congratulations of that increasing number of surgeons and students who feel the want of some such aid to the study and treatment of deformities. Mr. Noble Smith has satisfactorily achieved the task of writing a treatise possessing very considerable merits, and containing a trustworthy account of our present knowledge in this department of practice. In the opening chapter of his work he discusses "the nature of deformities" in a careful and instructive fashion, especial attention being given to several subjects in this connection, all of which have the deepest interest for the inquirer. Excess or arrest of development; the influence of mechanical injuries; the influence of faults in the ovum, and of heredity; the nature of acquired deformities, and the history attaching to them—all these subjects are duly entered on and followed out with so much clearness of description that the chapter is a valuable contribution to our literature in itself. "Club-foot: its Varieties and Treatment," forms the subject of the second chapter, which is well illustrated with pictures of varieties of the deformity, and with representations of the instruments and appliances to be employed in remedying it. We cannot help suggesting that it might have been possible to obtain some figures of somewhat later date than those quoted from Mr. Lonsdale in reference to the frequency of the different kinds of talipes; for although the inferences deduced therefrom would be unaltered by a study of further analyses, yet the records of hospitals for recent years are sufficiently accessible to permit returns from them to be quoted. In a second edition of his book Mr. Noble Smith might think it worth while to make this improvement. The chapter on "Deformities of the Digits" is a most excellent *résumé* of the subject, and includes a description of all the approved operations, and those as well of most recent introduction. Morbus coxae naturally receives a considerable share of attention, our author agreeing with Billroth's opinion as to its etiology, which rejects the theory that the disease is commonly a serofulous affection. Excision is advised as a last resource only, and only after thorough rest of the joint has failed to control the disease. Mr. Smith's experience induces him to assert that if this mode of treatment is carried out early in the progress of these cases, excision would be very rarely called for. The advice given in respect to ankylosis and old unreduced dislocations is deserving of careful study, and confirms the opinion of those who hold that much benefit may be done in them by the adoption of gentle means of treatment. Deformities of the spine, and caries of the spine, occupy, of course, a considerable space in this work. Writing on lateral curvature, our author condemns the employment of many forms of support in use, approving only of those invented by Mr. E. J. Chance, consisting of a belt and upright rod, with adjustable pads for regulating pressure where required. He observes that, "if a case is treated in the earlier stage the support may and should be dispensed with; but the objections which have been more or less justly raised against those apparatuses which interfere with all muscular action do not apply to the support here recommended."

Dr. Morton's treatment of spina bifida by injection of the iodo-glycerine solution is advised, on Dr. Morton's own authority, in those cases where tapping is of no avail, Mr. Smith agreeing as to the value of the results obtained by this method, but at the same time urging the dangerous risk attending all operations on such tumours.

(a) "The Surgery of Deformities: a Manual for Students and Practitioners." By E. Noble Smith, F.R.C.S. Ed., L.R.C.P. Lond., &c. Illustrated. London: Smith, Elder & Co.

The last chapter of the book is mainly devoted to a consideration of "Rickets, including Genu Valgum." To it, however, two short sections on osteomalacia and osteomata respectively are appended.

We have not attempted to do more in this notice than convey a general idea of the scope and character of Mr. Smith's work. Enough, however, has been said to indicate the valuable features it presents. A manual of this kind has long been a *desideratum*, and while conveying to its author an expression of the satisfaction derived from perusal of its contents, we can safely commend it to those who seek to obtain a trustworthy guide to the main facts connected with the nature and treatment of deformities of the human body.

Obituary.

SIR THOMAS WATSON, BART.

To but few is it given to reach the venerable age of him who has recently gone from amongst us full of years and in honours richer than any of his peers. Long, however, though his life undoubtedly was, yet Sir Thomas Watson made such use of his powers and opportunities that no portion of his distinguished career can be said to have been occupied with the performance of other than valuable and permanently beneficial labours in behalf of the profession he so intensely loved. The noble traits of his character are rendered doubly dear to us, because we know the earnest devotion with which the interests of medicine were ever cherished by him, and because, in the share we have in common in the great legacy he bequeaths to science, we realise the incalculable importance of his constant efforts to raise and to improve.

The subject of this notice was born at Kentsbeare, in Devonshire, on March 7th, 1792. After leaving the Grammar School at Bury St. Edmund's, he proceeded to St. John's College, Cambridge, and in 1815 graduated with mathematical honours, being placed tenth on the list of Wranglers. The following year he obtained a Fellowship, and for some time subsequently he remained at Cambridge in the capacity of private tutor. In 1820 and 1821 he studied medicine in Edinburgh, and proceeded to the degree of M.D. in 1825, in which year also he resigned his Fellowship on marrying the niece of the Rev. Dr. Turner, Master of Pembroke College, and Dean of Norwich. Thenceforward Dr. Watson pursued the practice of medicine, settling in London with this object, and being elected F.R.C.P. in 1826. His first hospital appointment was held at the Middlesex Hospital, where in 1827 he became physician, a post he retained for fifteen years. As a practitioner, he was not at first peculiarly successful, and to his early troubles was added the intense grief caused by his wife's death in 1830, two children having been born to them in the interim. In 1831, Dr. Watson was selected as Professor of Forensic Medicine at King's College, at which place he subsequently (1836) received the appointment of Professor of Medicine, a post, however, resigned by him in 1840, when, on the foundation of King's College Hospital, he chose to maintain his connection with the Middlesex rather than leave that institution, in order to continue in possession of the chair he had filled with such incalculable advantage to medical science. It was now that his classical and incomparable lectures on the Practice and Principles of Physic were given to the world in a collected form, being first published serially, and subsequently as the volumes which are the most universally read and admired of any text-books in medicine.

The offices served by Dr. Thomas Watson at the Royal College of Physicians included every one of dignity and importance. In 1827 he was Gulestonian Lecturer; Lumleian Lecturer in 1830 '31; and College Lecturer on Materia Medica in 1833, '34, and '35; Censor in 1828, '37, and '38; and on numerous occasions a member of the Council. He was also the first representative of the College at the General Medical Council, on its creation in 1858, and held this post until 1860. It was in 1862 that he graced the Presidential Chair of the College of Physicians, and thus shed renewed lustre on the corporation which had for such a length of time enjoyed the best attention of his ever active mind. This post he retained five years in succession, and it was by his own conscientious refusal to keep it for a further period that alone hindered his re-election. The College, soon after his resignation of the Presidency, became possessed, by subscription, of an excellent portrait of the great physician it was their

delight and privilege to honour thus; and this memorial of the most illustrious of eighteenth-century doctors is now a cherished treasure in the College building.

In 1859 Dr. Watson was made Physician Extraordinary to Her Majesty the Queen, and in 1870 one of the Physicians in Ordinary. During the last illness of the late Prince Consort he was in constant attendance on the patient for some days, meeting in consultation Sir James Clark, Sir Henry Holland, and Dr. (now Sir William) Jenner. In 1866, by the Queen's express desire, the dignity of a baronetcy was conferred on Dr. Watson, who thenceforward took a less burdensome part in the practical departments of the profession, as befitting his advancing years. His last official connection with his profession was during the period from 1867 to 1869, when he sat as President of the Clinical Society of London.

The history of the venerable physician's last days is already familiar to our readers; suffice it to say that, after a long life exceptionally free from ailments, he was seized, on Sunday, October 22nd, with symptoms of paralysis, which, increasing in extent and significance, gradually brought him to a condition of increasing weakness, until, on Monday, Dec. 11, Sir Thomas Watson passed to his eternal rest.

One feeling only is ever excited by the mention of Sir Thomas Watson's name in those who are able to associate with it a recollection of his far-reaching and incalculable services to mankind—a feeling of reverent love and admiration. Attaining to such eminence as the greatest benefactors alone can hope to reach; receiving in unsurpassed amount the marks of distinction and honour accorded only to those whose deserts it is impossible to conceal; he yet pursued his way in life without creating a single enemy for himself, or a single detractor of his virtues or his deeds. From the Sovereign to the humblest reader of his immortal work, one and all combine to express affectionate recognition of his manifold claims to human gratitude. From one and all his memory receives the tribute that is given only to the noblest and the best of men.

Correspondence.

THE LATE DR. HANDSEL GRIFFITHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I desire your aid in my appeal on behalf of the three orphan children of the late Dr. Handsel Griffiths, of Dublin, aged respectively 8½, 5½, and 4½ years. Their father, who was a highly educated physician and surgeon, was author of many papers on materia medica and chemistry. Some of these works are well known—viz., "Posological Tables, Materia Medica, and Pharmacy," "Lessons in Prescribing," &c. He also occupied the positions of Assistant Librarian to the Royal College of Surgeons in Ireland and Lecturer on Chemistry in the Ledwich School of Medicine, Dublin. In both appointments he gave the utmost satisfaction, and was a particular favourite with all those whom he was brought in contact with. In the year 1877 he was suddenly struck down with an attack of typhoid fever, and having undermined his constitution, never a robust one, by continued mental labour in the day, as well as severe literary work at late hours of the night, he was unable to battle against the attack, and died on the fourteenth day of his fever, at the early age of 31, leaving a very delicate wife and two young children in very distressed circumstances. The third child was born two months after his father's death. The very week he took sick he contemplated effecting an insurance on his life to provide for his family. Two months ago his wife, who made a heroic struggle on behalf of her young family, succumbed to phthisis, and the little orphans are now wholly helpless, except for the aid they receive from an aged grandmother, who supports herself and them by the precarious mode of existence of letting furnished lodgings. To support and educate these children till they are able to help themselves is the object of a committee which has just been formed, and subscriptions sent to me or to the following will be thankfully received and acknowledged:—Rev. F. Carmichael, LL.D., 10 Sallymount Avenue, Leeson Park, Dublin; Rev. James H. Walsh, D.D., 18 Herbert Place, Dublin; Walter G. Smith, Esq., M.D., 34 Lower Baggot Street, Dublin; Kendal M. Frank, Esq., M.D., 69 Fitzwilliam Square, Dublin.

I am, Sir, yours, &c.,

LAMBERT H. ORMSBY, M.D., F.R.C.S.

4 Merrion Square West, Dublin, Dec. 18th, 1882.

PASS LISTS.

University of Oxford.—At a Congregation holden December 18th the degree of Doctor in Medicine was conferred upon the following candidates :—

Bonville F. Fox and Edgar O. Hopwood, Christchurch; Percy K. J. J. Balliol.

University of Cambridge.—At a Congregation holden December 18th the degree of Bachelor of Medicine was conferred on Adolphus Vaughan Bernays.

University of London.—The following candidates have passed the recent M.D. examination at this University :—

*Buckell, Arthur Edward.
Collins, William J. B. S. B. S.
Dalton, Norman.
Davy, Henry.
Dickinson, Thomas Vincent.
Edwards, Edward Joshua.
Firth, Charles.
Gabb, James Percy Alwyne.
Hobson, Lewis John, B.S.
MacDonald, Greville M. the son.
Maguire, Robert (Gold Medal).
Notley, William John, B.A.
Paddison, Edmund Howard.
Parker, Louis Colman.

Penny, Edward.
Petch, Richard.
Plumbe, Samuel Thomson.
Raitliffe, Thomas Carleton.
*Rake, Beaven Nave.
Routh, Amand J. McConnell, B.S.
Russell, George Hannah.
Saunders, George James Symes.
Savill, Thomas Dixon.
Sayer, Mark Feetham.
Squire, John Edward.
Stonham, Thomas George.
Suckling, Cornelius William.
Whittle, Edward George.

* Obtained the number of marks qualifying for the Medal.

Logic and Psychology only.

Bunes, George Frederick.
Buckley, Samuel.
Hayward, John Davy.

Neale, William Henry, B.S.
Sik, John Frederick William.
Taylor, Harold Glibertson.

The following have passed the M.S. examination :—
Ballance, C. A. (Gold Medal). | Collier, Mark Purcell May.

The following have passed the B.S. examination :—

First Division.

Collingwood, D. V. I.
Pike, Charles James.
Roedel, Waldemar Joseph.

Sutton, Samuel Walter.
Walters, Frederick Rufenacht.

Second Division.

Batterham, John Williams.
Boxton, Dudley Wilmot.
Campbell, Harry.

Clarke, Ernest.
Dak, William Radford.
Scharlieb, Mary Ann Dacomb.

University of Durham.—At a convocation held December 12th, the following degrees were conferred :—

M.D. (practitioners of fifteen years).—P. Colman, P. Cowe, E. Goddard, A. C. Ryner, and G. Thompson.

M.D.—A. W. W. Dowding, T. Dutton, A. Mantle, G. J. Pardington.

M.B.—D. H. Barley, F. W. Giles, P. Brown, J. Hartley, W. Sheppard, M. S. C. H. Milburn, W. Sheppard.

M.B. and Chir.—Rev. R. R. Furlong, Trinity College.

Royal College of Surgeons of England.—The following members of the College, having undergone the necessary examinations for the Fellowship at the half-yearly meetings of the Court of Examiners on the 23rd, 24th, and 25th ult., were reported to have acquitted themselves to the satisfaction of the Court, and at a meeting of the Council on December 14 were admitted Fellows of the College :—

W. Edgar Buck, M.A. and M.D. Cantab., Leicester.
Allen Dingley, L.E.C.P. Lond., Argyle Square, W.C.
A. Banks Prowse, M.D. Lond., Cambridge.
J. Ernest Lane, Norfolk Square, London, W.
R. Marcus Gunn, M.B. Edin., Park Street, London, W.
T. F. Hugh Smith, L.S.A., Wimpole Street, London.
P. Rufenacht Walters, M.B. Lond., Croydon.
James Hardie, M.D. Edn., Manchester (not a member).

King and Queen's College of Physicians in Ireland.—At the usual monthly examinations for the Licences of the College, held on Monday, Tuesday, Wednesday, and Thursday, December 4th, 5th, 6th, and 7th, the following candidates were successful :—

For the Licences to practise Medicine and Midwifery.—George Purcell Atkins, Cork Street Hospital, Dublin; Patrick D. Neillan, Castlereagh; George Henry Johnson Fisher, Rathmines, Dublin; Arthur Joseph Greene, Dublin; Robert Joseph Gubins, Killybeg, co. Limerick; Richard Hatch, Dublin; James Joseph Kerr, Meadow Bank, Sligo; Patrick Maguire, Arney, co. Fermanagh; Edward David Mullan, Londonderry; Michael James Nolan, Limerick; Rowland Pollock, Navan, co. Meath.

For the Licence to practise Medicine only.—John Leslie Barrington, Dublin; Edward Vernon, M.R.C.S. Eng., 1853, Kingston, Yeovil, Somersetshire.

For the Licence to practise Midwifery only.—John J. Austin, M.D. Royal Univ. Ire., Abghill; Alfred Wynter Hawthorne, M.D. Royal Univ. Ire., Dromore, co. Down.

The following Licentiates in Medicine of the College, having complied with the by-laws relating to Membership pursuant to the provisions of the Supplemental Charter of

December 12th, 1878, have been duly enrolled Members of the College :—

John Joseph Mullan, Licentiate 1861, Dandrum, co. Dublin; George St. George Tyner, 1863, Downpatrick; William Tobin, 1868, Halifax, Nova Scotia; John Byrne Power, 1-71, Kingstown, co. Dublin; Chas. Edward Geoghegan, 1874, Surgeon R.N.

Royal College of Surgeons in Ireland.—At a meeting of the Court of Examiners, held on the 20th November and following days, the under-mentioned gentlemen passed the first half of their Examination for the Letters Testimonial of the College :—

Henry O. Beattie, James I. Bolger, John V. Byrne, Alexander E. Carte, Thomas F. Casey, Henry G. G. Day, Samuel R. D'ane, Edmund D. Denny, Patrick Duff, Thomas S. Griffin, Thomas G. Hall, Arthur J. P. Hogan, John Martin, Francis J. Maunsell, Hercules L. Milne, Henry Moorehead, Thomas H. Myles, Thomas J. M. O'Donnell, Edward G. Peters, Alfred J. S. Roe, George F. Rouham, A. Werberford Sheperd, James L. E. Somers, William R. Tomlinson.

The following gentlemen passed their First Professional Examination, in accordance with the New Regulations :—

Edward W. Hamilton, Augustus H. G. Johnston, William A. Johnston, and Richard B. McCausland.

Notices to Correspondents.

66 CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 28 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. F. A. S. (New York).—Sorry we cannot further aid to our already over-full exchange list.

PEAT AS A DRESSING FOR WOUNDS AND OPERATIONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In the October number of your valuable journal, page 366, the use of peat as a dressing is ascribed to Dr. Neuberg. In the *Lancet* of February, 1872, page 162, a paper by Dr. Howell describes the great value of this mode of dressing; and a reference to "peat" in the "Medical Digest" will further testify that its value as a disinfectant has long been appreciated.

Yours obediently,

South Hampstead, Dec. 11th. RICHARD NEALE, M.D. Lond.

MR. SAMSON LEE.—There are several modes suggested for staining the bacilli, and by referring to the journals of the past few months you will find the details of manipulation and preparation fully described and discussed. You cannot obtain any results by examination, except with the assistance of much higher powers than you possess. A 1-6th or 1-8th object-glass at least must be employed.

A. R. E.—"The Practice of Physic" is now in its fifth edition, having been last published in 1871. The anecdote you refer to in connection with it is substantially true; nor is there any reason to suppose it should be an invention.

LOUIS.—Morton's Iodo-glycerine fluid was introduced by Prof. Jas. Morton, of Glasgow, who published the first successful cases of spina bifida treated by it. The formula recommended by Prof. Morton is as follows :—

R Iodine, gr. x ;
Potassii Iodidi, gr. xxx ;
Glycerine, ℥j. Misco.

The fluid is injected into the tumour, a small amount of the contents of the latter being first evacuated. This provision, however, is not received with general favour; but Dr. Morton claims to have cured seven cases out of ten by his method.

CANDIDUS.—Sulphate of barium has been recommended as a substitute, and has been employed in this connection with considerable success. It is quite innocuous.

A LARGE CHILD.

DR. ADALBERT VYSIN, of O'mütz, reports (*Wien Med. Presse*, Dec. 1882) the birth of a child 9.8 kilog. in weight (21½ lb avoirdupois). The presentation was breech, and the head could not be extricated in sufficient time to save its life. The sex is not stated.

DR. SCHNEER (Carlsbad).—Sorry we cannot oblige you by making the announcement; it is unusual in the higher class of professional journals in this country.

B. B. says: I am medical officer to a workhouse, but have not the poll a. Could I make the police authorities pay me for my attendance on those sent into hospital?

[Under Sec. 4 of Poor Relief Amendment Act, 25 and 26 Vic., cap. 83, the guardians are not empowered to charge "any poor person requiring medical and surgical aid in hospital" anything

more than "such proportion of his or her maintenance while in hospital" as the guardians may consider reasonable. No provision is made for medical fees, and in no case is the sum payable to exceed "the average of the general cost of maintenance, medical and surgical treatment in such hospital." Therefore, at best, the guardians could only charge the patient with a few pence or shillings paid by them to the doctor. There is, in fact, no relief for the medical officer under the circumstances.—ED.]

DR JENNINGS (London Hospital).—We much regret that, owing to pressure on our space by Sir James Paget's lecture and other communications, we are unable to insert your paper on "Transfusion for the Hemorrhages of Parturition" in the present number as we had hoped.

DR W. H. CULLEN (Cyprus).—Thanks for note; the information will be acceptable.

MR. SHANN (York).—We are at all times glad to receive notes of society proceedings and clinical cases when they contain matter of practical interest to practitioners.

SENEX.—Your question needs thought and inquiry, and will be answered next week.

REGISTRARSHIPS IN IRELAND.—"Biceps" asks: 1. Can the Irish Registrar-General justify his refusal to appoint the medical officer of the dispensary district registrar of deaths, births, and marriages when there is nothing to disqualify said officer for the office? 2. What course would you recommend to a medical officer refused for the appointment? 3. Has the Lord-Lieutenant anything to do with the appointment of registrar of deaths, births, and marriages?

[1. The medical officer of the dispensary district, says the Act, "shall be the registrar of births, deaths, and marriages if he shall think fit to accept the office, provided he possesses the qualifications which the Registrar-General declares necessary." Moreover, though, by this law, it is open to a newly-appointed medical officer to decline the Registrarship, it is usual for the Local Government Board to force him to accept the office by refusing their sanction to his appointment if he does not state his willingness to act in such capacity. If, however, the office has not been previously held by the medical officer, and is not vacant at the time when the new officer is appointed, then the latter officer must wait until the appointment becomes vacant, as the holder of it cannot be unseated for the new comer's benefit. 2. We cannot advise until we know the special circumstances as indicated above. 3. No.—ED.]

MR. R. D. (London).—Pressure on our space compels us to hold over your communication. We have added a quarter sheet to the present number; but the demands upon our space are greater at this season than we can meet. We hope to refer to it in the first number of the new year.

A STUDENT'S DIFFICULTIES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Having read with interest and advantage your Students' Number for 1882, I will ask you to kindly reply to the following questions:—I am a registered matriculated R.I.U. student—sober and industrious. I am taking lectures in Anatomy, Chemistry, Botany, and Zoology. I want a cheap degree in Arts and Medicine. The Natural History Professor here was not appointed till some days since. If I regularly "pound" for Anatomy and Dissections, as well as Chemistry, Natural History, and the first examination in Arts, I'll be (I fear) like the boy and the nuts, and will ruin my weak health. When I have passed the R.I.U. first examination in Arts, I shall defer the remaining examinations for B.A. till I am M.B. I am taking Latin and French next time to shorten my first professional examination.

Queries.—(a) Ought I merely put in formal attendance in Anatomy and Dissections, as *here*, till the end of your third year, you must attend the junior classes in both, and study the Arts, and Zoology, and Botany?

(b) If so, would the *Invertebrata* be more easily "made up" in such short time than the *Vertebrata*?

(c) Would Dr. M. A. Ward's (Fannin and Co.) "Zoology and Comparative Anatomy Outlines" pass me in the R.I.U., or what would?

N.B.—I am convinced that nothing but "cramming" will ever pass a man in Zoology and Anatomy.

(d) If you'd forbid me to forsake Anatomy for this year, would you advise me to study (with my brother) for St. Andrews University?

(e) If so, ought the same zoological text-book (Dr. Ward's) pass me there?

Yours obediently,
TYRO MEDICUS.

[(a) You had better pay moderate attention to Anatomy and Dissections, without which you could not attain a competent knowledge of Zoology. Your great point, however, should be (for the R.I.U.) your first examination in Medicine, in which you will have to answer in Botany, Zoology, Physics, and French.—(b) Cork College has always been an institution of rather "Invertebrate" tendencies. You would make up the "Vertebrata" more easily in the short time.—(c) Dr. M. A. Ward's manual on "Zoology and Comparative Anatomy" would be quite insufficient for the "Royal." Use Nicholson's "Manual of Zoology" as a handbook; and Huxley on "The Vertebrata" as a reference. The Zoological and Botanical Examinations are now so searching, so practical, and so full of natural specimen questions that cramming is literally "nowhere;" and the same may be said of examinations in Anatomy. Unless you are thoroughly conversant with these two branches, do not waste even train-fare in endeavouring to pass. In Zoology you will find great aid in the Zoological Museum of

Cork College, which is one of the finest and best-arranged that we have seen. It is two years since we were conducted over it by the President, and it has been since improved.—(d) The question of the St. Andrews degree must be left to your own consideration. It is a second-class qualification; and even this is a very charitable view. Dr. Ward's manual will be more than sufficient for that examination.—ED.]

MEETINGS OF THE SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND.—Friday evening Dec. 2nd. Business: Address by the President of the Obstetrical Section, J. Denham, Esq., M.D.—Living Specimen: Mr. Arthur Benson, A Case, showing a Recent Spontaneous Detachment of the Retina, with a well-defined rent in its structure.—Specimens exhibited by Card: Dr. J. S. Poole, Double Ovarian Dermoid Cysts, removed by Dr. Kidd.—Mr. F. S. Abraham, Microscopic Sections of same Cysts.—Dr. Neville, Two Cases of Foto-anomalous Adhesions, with resulting Deformities.—Papers: Dr. More Madden, "On a Case in which Occultation of the Vagina followed on Parturition."—Dr. W. J. Smyly, "On a Case of Induced Abortion."—Dr. Neville, "On the Breaking Strain of Umbilical Cords, with remarks on Traction upon the Cord as a cause of Inversion of the Uterus."—Notice.—Exhibition cards may be had from the Secretaries. Titles of Papers, and, if possible, the necessary particulars of any objects to be exhibited by card, are to be sent to the Sectional Secretary at least one week before the meeting of the Section. Fellows or Members may introduce two visitors by cards obtained from the Sectional Secretaries.—WM. C. NEVILLE, Sectional Secretary; WM. THOMSON, General Secretary.

Vacancies.

Chipping Norton Union.—District Medical Officer. Salary, £65, with the usual medical fees. Applications to the Clerk on or before Dec. 25th.

Hospital for Consumption and Diseases of the Chest.—Resident Clinical Assistants. Applications to be sent to the Hon. Sec., at the Hospital. (See Advt.)

Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence is provided, but no salary. (See Advt.)

St. Mary's Hospital, Paddington, W.—Physician. Applications to be sent to the Secretary on or before Dec. 30th.

University of Edinburgh.—Examiner in Medicine in each of the Departments of Chemistry, Anatomy, Midwifery, and Practice of Physic. Applications to be forwarded to the Secretary not later than Jan. 15th.

University College, London.—The Jodrell Professorship of Physiology. An endowment (of the value of £264 per annum) is attached. Applications will be received on or before Jan. 24th.

Weston-super-Mare Hospital and Dispensary.—House Surgeon. Salary, £70, with board, &c. Election, Dec. 23rd.

Appointments.

BATTERHAM, J. W., M.R.C.S., B.Sc. Lond., House Surgeon to the Wolverhampton and Staffordshire General Hospital.

BAKER, H. F., F.R.C.S. Ed., Surgeon to the Cripples' Nursery, Park Place, Clarence Gate.

FOWLER, C. O., M.R.C.S., Assistant Resident Medical Officer to the London Fever Hospital, Islington.

HOPE, E. W., M.B., B.C. Edin., L.R.C.P., House Physician to the Wolverhampton and Staffordshire General Hospital.

JONES, C. L., M.D. Dub., M.B. Cantab., Public Vaccinator for Christchurch and St. Saviour's District, St. Saviour's Union.

KENNEDY, Dr., Medical Officer to the Carlingford Dispensary, Dundalk Union.

MOODY, J. M., M.R.C.S., L.R.C.P. Ed., Medical Superintendent of the Surrey County Asylum, Cane Hill.

WILLSON, H., M.R.C.S., Medical Officer for the Christchurch District of St. Saviour's Union.

Births.

CULLINAN.—Dec. 12th, at Ennis, the wife of William Cullinan, Surgeon, Clare Co. Infirmary, of a son.

IRONSIDE.—Dec. 13th, at 8 Highbury New Park, the wife of R. A. Ironside, M.B., C.M., of a daughter.

Marriages.

NICHOLSON—RODDAM.—Dec. 12th, at St. Mark's, Woolston, Southampton, James Edward Nicholson, Surgeon, Army Medical Department, to Adelaide Roddam, granddaughter of the late Roddam J. Roddam, co Northumberland.

Deaths.

ALLEN.—Dec. 15th, at Merriam, Gorey, of congestion of the lungs, John Burgess Allen, M.D., aged 52.

BOUGLAS.—Dec. 9th, at Carlisle, James Bouglas, L.F.P.S. Glas., aged 84.

CLAYTON.—Dec. 15th at his residence, Corrib View, Galway, Nicholas Clayton, M.D., of typhoid fever, aged 86.

EBSWORTH.—Dec. 12th, suddenly, from congestion of the lungs, at 11 Collingham Place, South Kensington, Alfred Ebsworth, F.R.C.S.E., aged 61.

LAWRENCE.—Nov. 30th, at 31 Claverton Street, Bath, George Edgar Lawrence, M.R.C.P. Lond., M.R.C.S., aged 32.

SMITH.—Dec. 14th, at 42 Park Street, Grosvenor Square, W., after a short illness, Sarah Anne, wife of Protheroe Smith, M.D.

WATSON.—Dec. 11th, at Reigate Lodge, Surrey, Sir Thomas Watson, Bart., M.D., aged 90.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 27, 1882.

RETROSPECT OF THE YEAR 1882.

England.

INTRODUCTION.

It will probably be long ere it falls to us to chronicle the history of a year in which so many events of moment to the profession of medicine took place as occurred in 1881, for the ever-memorable Congress which was held in London during it must necessarily continue to rank as the most important medical occurrence of recent times. Notwithstanding this fact, however, the year now fast closing in has been fairly productive of advances in professional matters, so that a survey of the progress accomplished within it will afford satisfactory evidence of successful activity in all the departments of research and practice. Among the occurrences of more general interest to the profession which serve to mark 1882 in any special manner, are several that will significantly influence the position and performances of medical men in the not very distant future. And the purpose we have in view will perhaps most suitably be accomplished by following the same course formerly pursued in drawing up our annual Retrospect, in which politico-social subjects, and those having a less distinctly special bearing on medicine or surgery, have been considered in the opening section of the work. In this way we will draw attention first of all, as being of chief importance in this respect, to

THE REPORT OF THE ROYAL COMMISSION ON THE MEDICAL ACTS.

This anxiously anticipated document was published about the end of June, and its principal items include a recommendation of many of the measures so persistently advocated in our columns as essential for securing equable and sufficient qualification of practitioners in all three divisions of the United Kingdom. The Report advises that registrable qualifications shall in future be granted by a "Divisional Board" in England, Ireland, and Scotland respectively, all three being under the control of the General Medical Council; but the mistake has unfortunately been made of suggesting that while a common curriculum and standard should be main-

tained in the three countries, the question of *fees* should remain to be decided locally. This proceeding necessarily will tend to encourage the Scotch corporations in the course of underselling, which they have found too profitable for it to be expected they will readily decline to discontinue; indeed, we hold most emphatically that the basis of absolute uniformity in every respect throughout the kingdom is that alone in which it is possible that advantageous results from importing changes into the mode of conferring qualifications can be expected. The Report is remarkable from the fact that there are appended to it no less than seven supplementary reports, all more or less dissenting from its conclusions, and all emanating from members of the Commission. Direct representation on the Medical Council is vigorously protested against by Mr. Turner, Mr. Simon, and Mr. Sclater Booth, while Professor Huxley and Bishop Magee urge the abolition of existing licensing bodies, and the institution of a "Staats Examen" on the German model. In the discussion which the proposals will undergo in the House of Commons, however—aided as it will be by the criticism already given to the Report—it is to be confidently hoped that its objectionable features will be so far modified as to reduce them to conformity with general professional opinion. That consideration will be given to the question of medical reform in the next Parliamentary session, some prospect was afforded to a deputation which recently waited on the Home Secretary with the object of obtaining a promise to this effect; and we trust that our next Retrospect may be partly devoted to the pleasing task of describing the introduction and scope of urgently needed measures of reform in the medical profession.

THE GENERAL MEDICAL COUNCIL

Held its usual annual meeting in July, the session being unduly protracted by reason of the discussion to which the report on the visitation of examinations was submitted. This report is the combined

production of Mr. T. P. Teale, Dr. Gairdner, and Mr. Stokes, and contains descriptions of, and reflections on, all the non-university examinations conducted in the United Kingdom for testing the knowledge of candidates for medical and surgical qualifications. The conclusions of the Visitors, having been laid before the authorities interested, elicited replies from the latter not always appreciative of the spirit in which the observations were carried out. For many days the Medical Council wearied itself and its audience with purposeless quibbling over the strictures passed upon its own deputies, and eventually accepted the recommendation of the Visitors so altered as, in effect, to meet the principal objections urged against them in their original form. These mainly referred to the performance of actual dissections by candidates at anatomical examinations, and of operations on the dead body at final tests for qualification in surgery.

Of other work the Council did little of any importance, except first to convict a duly registered practitioner of unprofessional conduct, and then at once proceeded to acquit him from undergoing any form of the punishment it has the power to inflict. Subsequently, with a fine absence of any sense of the ludicrousness it exhibited, the Council appointed a committee from its own body to consider and report on the unqualified assistant system, presumably that it might thus devise an opportunity for glorifying its own encouragement of the practice as shown in its treatment of offenders in this direction.

Several changes in the *personnel* of the Council have occurred in the interval between its meetings in 1881 and 1882. Thus, Dr. King Chambers replaced Dr. Rolleston, deceased; Dr. Patrick Heron Watson took the seat left vacant by the death of Mr. Spence; Dr. Lyons that occupied for so short a time by Dr. M'Clin-tock prior to his removal by death; and Mr. Marshall Sir James Paget's place as representative of the Royal College of Surgeons.

In the way of general usefulness the Council has shown no improvement whatever.

REGISTRATION OF MIDWIVES.

The evil consequences so frequently arising from the ignorant interference of so-called midwives in cases of labour having been again and again indignantly commented upon both in the press and by private individuals, the question has been energetically taken up by a powerful committee, which is now making strenuous efforts to obtain the passing of a short Act of Parliament making it a criminal offence for any unlicensed and unregistered woman to take on herself the office of midwife. Clauses are introduced into the draft Bill providing for the creation and maintenance of a "Midwives' Register" under the supervision of the General Medical Council, and for local examination of candidates for registration in the elementary outlines of midwifery practice. A deputation of those interested in the measure was received by the Medical Council at its summer meeting, and the matter was, at a later stage of proceedings, discussed in Council on the presentation of a report from a committee

appointed to consider it, with the result that the Council gave a general approval to the scheme. Since then no further public announcement as to the progress of the movement has been made.

THE ADVANCEMENT OF RESEARCH.

A highly important movement, set on foot in 1881, and having for its object the promotion of scientific medicine through research, has assumed in the past year a position of the utmost influence by reason of the number and eminence of its officers and members. The new society holds its meetings at the Royal College of Physicians of London, and includes in its ranks every British biologist of note—lay as well as medical. Its president is Sir William Jenner, and the Council is a most representative and powerful body of scientific inquirers, to whom may be safely entrusted the protection of scientific interests in the future. Much of the work to be accomplished by this Association is necessarily of a propagandist description, the diffusion of truths concerning the experimental study of physiology and the benefits it confers on the progress of medicine and surgery, being a principal aim with it. Some progress has already been made in this direction by the publication, in a cheap and elegant form, of a number of addresses on the value of vivisection given, from time to time, by Prof. Humphry and others; and much more may be expected of the Society, both of this particular kind of labour, and of more material assistance on behalf of harassed experimentalists, whose efforts in the cause of discovery are at present hampered by the miserable restrictions imposed by the Vivisection Act. It need only be added that the Association is receiving very liberal support, moral as well as pecuniary.

THE SMALL-POX COMMISSION REPORT.

During the autumn the Royal Commission on Small-Pox Hospitals presented their report, drawn up after hearing the evidence of a very large number of witnesses; and concurrently there appeared a valuable contribution on the same subject, in the shape of the tenth annual report of the Local Government Board, to which was appended a supplement containing reports and papers submitted by Dr. George Buchanan on the Use and Influence of Hospitals for Infectious Diseases. The result of these important inquiries will be such amendment and improvement of existing modes of dealing with infectious sick persons as will probably remove many of the dangers to which they have undoubtedly given rise in the past. Isolation is imperatively insisted on by all competent witnesses, and one very striking result brought out in the report is, that the influence exerted by hospitals for infectious diseases is certainly exercised in increasing degrees over the surrounding districts in proportion as these approach more nearly to their centre. The main effect of the whole series of examinations has yet to be made evident by the enactment of legislative measures, to which, therefore, we must look to see the suggestions enumerated carried out.

BRITISH MEDICAL ASSOCIATION.

The British Medical Association this year held its

jubilee meeting in the city of its creation, Worcester ; and the occasion was appropriately recognised by the presentation, on the part of the Association, of a bust of its founder, Sir Charles Hastings, to the city of which he was a native. As might have been expected, the meeting was unusually successful, and the Presidential addresses were marked by especial excellence, particularly those of Dr. F. W. Wade on Medicine ; of Professor Stokes on Surgery ; and of Prof. Humphry on Physiology. Some excitement was created by the knowledge that Dr. Milner Fothergill had given notice of a motion in reference to the mode of election of officers of the Association, but in consequence of his absence when called upon to state his resolution, the matter dropped through. In the way of work, the meeting was eminently successful, a large number of papers being contributed, with a greater proportion than usual even of such as were of a permanently valuable nature. Several very pleasant excursions were made to localities of interest around and near Worcester, and altogether the jubilee ranks as an important gathering of the Association.

TUBERCULOSIS.

Early in the year publication was given to Koch's researches on the Etiology of Tuberculosis ; and ever since the air has been rife with controversies on this subject. According to the results obtained by Koch, tuberculosis is an infectious disease, the element of which is a minute organism to which he assigns the name *bacillus tuberculosis*. This he never failed to find in the pulmonary excreta of phthisical individuals ; and by cultivating it in appropriate fluids, was enabled to reproduce it almost indefinitely, with the result that even the most distant generation of bacilli derived from an infective mass could produce, when injected into animals, the typical symptoms and deposits of tuberculosis. The modes of experimenting and of staining the microscopic organisms have been rendered universally familiar to all readers, and have been repeated very extensively not only in Germany and France, but also in this country and America. Koch's conclusions, however, are by no means generally accepted, and numerous objections have been raised against his interpretation of facts which all agree in observing. In America, opposition is raised by Dr. H. C. Formad, whose researches into the nature of diphtheria entitle him to be heard with favour. According to him, tuberculosis is a disease peculiar to individuals in whom a special anatomical condition of connective tissue exists, the chief difference between them and normal bodies being the narrowing of the lymph spaces. He concludes, also, that certain animals, which he terms the scrofulous class, are naturally subjects of such anatomical structure, and as it was in such animals that Koch's experiments were conducted, his theory is thus far supported. He claims also that the tuberculous infective material of Koch may be developed in such animals by the irritation of any foreign body—*e.g.*, chemically clean glass in powder, when introduced into the peritoneal cavity or elsewhere, and therefore the conclusion is formed that bacilli are a result—and by no means a cause—of tuberculous inflammation.

In recent numbers of the *Practitioner*, Prof. Burdon

Sanderson has republished a series of experiments conducted as long ago as 1868, from which conclusions not entirely unlike those formulated by Dr. Formad may be deduced, and which must at least tend to modify the ardour of unhesitating participators in Koch's explanation of the phenomena he has so carefully described.

At present, therefore, the question remains *sub judice*, but whatever the ultimate determination arrived at may be, there can be no doubt of the immense importance of the discussion excited by the startling propositions out of which they have originated. Not only has attention been forcibly and widely drawn to the study of phthisis from the most remunerative side—that of causation—but a stimulus has been given to original research which will assuredly bear fruit a hundredfold in more than that branch of medicine to which it has been primarily directed.

Not a little harm, also, has been done by the "scare" which pervaded the world on publication of the supposed infectiousness of consumption. Among the unreflecting the idea at once seized hold, and as a consequence much trouble and pain have been very unnecessarily created. In Germany matters have even gone so far as to lead to isolation of tuberculous patients in some hospitals ; and if the fears of many persons here were consulted, there is little doubt that similar measures would be followed out in this country. At present, however, there is much more reason to suspect that the theory of infection is underproven ; but none the less it will long be remembered that the year 1882 was that in which the first attempts at exhaustive investigations into the real nature of the disease were undertaken.

MEDICINE.

The year's progress in medicine has been marked by no very startling innovations, but, nevertheless, a steady advance has been manifested in the direction of improved modes of treatment and exhaustive study of disease, the consequences of which are necessarily not always quite immediately noticeable. The chief interest in this connection has naturally been excited by discussion of the bearings and applications of such discoveries as relate to etiology and therapeutics, and particularly in connection with the developments following on such researches as those of Koch, Pasteur, Sanderson, and their imitators. An important contribution to this division of knowledge is to be found in the Lumleian Lectures delivered in April before the Royal College of Physicians, by Dr. J. Burdon Sanderson, on

THE PATHOLOGY OF INFLAMMATION.

In this course of three addresses, Dr. Sanderson fully discussed the whole question of inflammation ; and while his conclusions may to a considerable number of persons seem at variance with received opinions, yet they are in every case so carefully considered and completely sustained, that no hesitation as to their universal acceptance can be entertained.

The first lecture was in great part historical and re-

capitulatory, and presented the thesis that the essential nature of inflammation is that it is a *damage*; thus rejecting the opinion that it is a modification merely of natural processes. The injury involves arrest of function in the injured part, the degree of arrests being determined by the extent of injury. Stasis is the primary factor in producing the damage, the necrosis thus initiated serving as the starting point for further pathological changes. It, however, and its attendant processes, vascular dilatation and exudation of coagulable lymph, are all stages in the destructive process. The real result of inflammation must be traced from the occurrence of actual stagnation in the vessels, a change in the condition of, or damage to, the latter being the excitant of the phenomenon. Redness, heat, and swelling may be produced without the injury exciting them being sufficiently grave to induce stasis in the vessels of the parts; and in such cases only a transitory effect is produced.

In the second lecture Dr. Sanderson discussed the influence exerted over the inflammatory process by micro-organisms, as proven by experiments. These minute bodies can now be regarded as no more important agents than *carriers* of infection. The conclusions arrived at in this connection are so important and so well borne out, and, moreover, their relation to what is a principal event of the year—viz., the tuberculosis controversy—that it is desirable to recapitulate them once more. They are thus summarised:—(1) In ordinary, normal inflammation the exudation liquid is not infective, and it may be re-absorbed in very large amounts even without undue effects being traced to its presence. (2) Neither air nor water usually contains inflammation-producing agents; consequently, these bodies may be injected, even in large amounts, into absorbent cavities in animals without setting up inflammatory changes—so long as the amount thus introduced is continuously absorbed. Damage and inflammation result, however, when the rate of injection exceeds the rate of absorption, a foreign body thus remaining to excite injury to the tissue. From this state transition to an infective condition is speedy, thus illustrating that (3) chemical change in the exudation liquid of inflammation renders the latter infective. The conclusion that these infective changes are due to the introduction of microzymes is inevitable if we accept the germ theory in explanation; and also that then they act as carriers of infection by circulating in the ordinary vascular channels. Even the chemico-physical theory of infection, however, would be equally applicable as a solution of the *modus operandi*; and, anyway, the factors combining to produce inflammatory changes remain unaffected.

The non-necessity for invoking the vaso-motor nervous system as an aid to vascular changes in describing the phenomena of inflammation and accounting for their production, and the demonstration of inherent powers of rhythmical contraction possessed by the vessels, are among the most interesting results dwelt upon by Dr. Sanderson; and while referring those wishful to follow his disquisitions further to the lectures themselves, we must repeat that for many

reasons their delivery will rank in the future as not by any means the least noteworthy of the events of 1882. In this place, also, it will be right to mention the observations on

THE FORMATION OF FIBRIN

which have been recorded by Dr. Richard Norris, professor of physiology at Birmingham, and an account of which is contained in a valuable monograph published by him a few months ago, on *The Physiology and Pathology of the Blood*. Dr. Norris was led, in 1875, to commence a long series of investigations into the nature of the blood corpuscles by the announcement that a newly discovered solid body, hitherto unnoticed, had been observed in the circulating fluid. Bringing to his aid an extensive acquaintance with pathological and physiological facts and methods, he set vigorously to work to find the bodies described, and to render them visible to others pictorially. This has been effected with the utmost distinctness and beauty by means of micro-photography, combined with delicate manipulation of the specimens of blood examined; and in the work referred to above, an extensive series of photographic plates gives accurate representations of the various conditions and changes in the corpuscular bodies detailed in the body of the book. In addition to affording indisputable proof of the existence of the third element of the blood, Dr. Norris offers evidence to show that fibrin is the result of abnormal deviations of this newly discovered element, which is, in fact, the cause of all descriptions of coagulation. We do not purpose here to enter into any discussion of Dr. Norris's conclusions, concerning which and the priority he claims for his observations an Italian physician, Dr. Bizzozero, has put forward counter-demands; nor can it be said that the significance attached by Dr. Norris to the newly discovered cells is universally accepted, they being regarded by him as having direct relations on the one hand with the red discs, and on the other with lymph and splenic corpuscles. The whole matter must become subject for careful consideration in the immediate future; but, as of very great pathological importance it is fully deserving of being chronicled in our record. Mrs. Ernest Hart, also, has published an interesting monograph on the blood, which will well repay perusal.

LECTURES.

The annual courses of lectures delivered during the year, have been fully as interesting and instructive as any that preceded them; and have been the means of adding considerably to the stores of valuable knowledge on various subjects accessible to the inquirer. Dr. Burdon Sanderson's Lumsian Lectures on Inflammation have been already sufficiently referred to. The course given by Sir Joseph Fayrer, as lecturer on the Croonian foundation, the subject being "The Climate and Fevers of India," was characterised by the varied learning and great knowledge of their author, whose long experience as a physician in India, moreover, lends unusual value to these lectures. The exhaustive discussion on which Sir Joseph Fayrer entered, in regard to malarial fevers and their etiology, will be turned to again and again with increasing

pleasure and profit by students of medicine of all ages and shades of experience; and none will fail to gain from it not only useful hints, but solid information and suggestions that will avail him much in the professional business of his career.

As lasting additions to medical knowledge, also, the Gulstonian Lectures by Dr. William Ewart, on "The Origin and Growth of Pulmonary Cavities," will long hold a place in literature; and though their author has abstained, in them, from entering to any extent on the question of treatment, he has yet brought together and contrasted such a mass of observations and demonstrations as materially tend to assist practitioners in their efforts to assist Nature's reparatory efforts. They should be widely and carefully studied.

We may here mention also, a single lecture on "The Contagiousness of Pulmonary Consumption," delivered by Dr. J. Burney Yeo, in King's College Hospital, soon after the general discussion on phthisis was provoked by Koch's discoveries. Dr. Yeo, from the outset of the controversy, has ranged himself on the side of the infectionists, and has, on several occasions, publicly demonstrated *bacillus tuberculosis* obtained by himself from the sputa of tuberculous patients. As a statement of a case *pro* infection, the lecture is interesting, and as a contribution to science is equally so; while the brief historical survey it gives of the growth of opinion on the subject it discusses it will be found very useful. Dr. Yeo thus formulates the propositions he undertakes to prove, or when proof is wanting to substantiate by clear evidence.

- (1) Tubercle is an infectious malady, originating in a specific virus, and propagated by the conveyance of that virus from body to body, and originating in no other way.
- (2) The specific virus of tubercle consists of a particular micro-organism, found only in tubercle; this organism can be seen in the cells of tubercle, can be obtained in a separate form, and cultivated in successive generations without losing its original properties.
- (3) Certain forms of disease, termed "scrofulous," are essentially tuberculous; and their characteristic, anatomical, morbid products contain the infective organism peculiar to tubercle.
- (4) The disease known as pulmonary consumption is, in the main, a tuberculous disease, and is dependent on the presence and propagation in the body of the infective organism characteristic of tubercle.
- (5) Pulmonary consumption is a contagious malady.

It is needless to say that these conclusions, though maintained with considerable skill, are by no means accepted by every one, or indubitably demonstrated. In previous notes the objections to them have been briefly indicated; but, as before observed, the controversy occupies a foremost place in the events of 1882, and must, consequently, receive a corresponding amount of notice.

At the Royal College of Surgeons Mr. Jonathan Hutchinson, F.R.S., delivered a deeply interesting and highly important series of six lectures on "Temperament, Idiosyncrasy, and Diathesis in Relation to Surgical Disease," to which reference may here be made. They were fully reported in our columns at the time.

HYPERPYREXIA.

In 1879 a committee of the Clinical Society was nominated to investigate the causes, consequences, and treat-

ment of hyperpyrexia in rheumatic fever and other acute febrile diseases; and in May last they presented a report on the subject, in which the following general conclusions were expressed:—

1. Cases of hyperpyrexia in acute rheumatism appear to prevail at certain periods, having in the last decade been remarkably numerous in the years 1873-76, whereas latterly they appear to have been much less frequent. Such excess corresponds in a certain degree, but not in actual proportion, to a similar excessive prevalence in acute rheumatism generally. The largest number of cases of hyperpyrexia arose in the spring and summer months, whereas rheumatism is relatively more common in the autumn and winter.

2. Whilst very little difference obtains between the two sexes in regard to proclivity to rheumatism, the proportion of males to females exhibiting hyperpyrexial manifestations is 1·8 to 1. But as to age no such marked difference exists; nor as to occupation.

3. The subjects of hyperpyrexia show no undue rheumatic tendency as regards family predisposition.

4. The cases of hyperpyrexia preponderate in first attacks of rheumatic fever.

5. Hyperpyrexia is not necessarily accompanied by any visceral complications, but may itself be fatal. The complications with which it is most frequently associated are pericarditis and pneumonia.

6. The mortality of these cases is very considerable, hyperpyrexia being one of the chief causes of death in acute rheumatism.

7. Although present in a certain number of cases, and these of much value from their prodromal significance, neither the abrupt disappearance of articular affection, nor the similarly abrupt cessation of sweating, is an invariable antecedent of the hyperpyrexial outburst.

8. The supervention of delirium or other symptom of nervous disturbance is very frequently either antecedent to or simultaneous with the hyperpyrexia.

9. There is considerable variability in the date of the occurrence and in the duration of the hyperpyrexial condition, ranging, according to our observations at least, from the fourth to the thirtieth day.

10. When death results, it has occurred mostly in the second and third weeks of the rheumatic attack.

11. The post-mortem examinations in a certain proportion elicited no distinct visceral lesions; and when present, the lesions were not necessarily extensive.

12. The prompt and early application of cold to the surface is a most valuable mode of treatment of hyperpyrexia. The chances of its efficacy are greater the earlier it is had recourse to. The temperature cannot safely be allowed to rise above 105°. Failing the most certain measure—viz., the cold bath—cold may be applied in various other ways: by the application of ice, by cold affusions, ice-bags, wet sheets, and iced injections.

SURGERY.

In many respects the surgical record of the year reads more eventfully than the history of medical progress, from whatever cause this may arise. Whether it is that inducements to resort to operative interference in desperate cases

are to be accepted as encouragements to skilful surgeons, or that occasions calling for unusual proceedings on the part of operators are really of numerous occurrence, it does undoubtedly strike one that cases of interest and importance from a surgical point of view are less rare than similarly unusual medical cases. In past years, too, the rapid advances which have been made in the path of instrumental improvements have been of a kind to arouse a feeling of security in the breasts of operators to whose use instruments of so great precision are introduced; and we may perhaps safely attribute some part of the certainly more intrepid performances of the present time to this cause. When all this has been duly admitted, however, the prime cause of recent advances still remains unmentioned, and that is the indescribable security conferred by the precautions in respect to perfect cleanliness which have been introduced on all hands as a consequence of the Listerian agitation. Even those who declare themselves to be non-antiseptic operators, are in reality that which they profess not to be; and Mr. Lister's objection is admissible that non-antiseptic surgeons by the absolute cleanliness of their method and the care they observe in securing freedom of all wounds from foreign material, do in effect carry out every precaution of Listerism with the omission only of its least important element, the spray. And one of the essentials of such treatment, by whomsoever carried out, is a reliable ligature, a preparation on which Mr. Lister has spent much time and thought.

LIGATURES.

In his Presidential address to the Clinical Society of London in 1881, Mr. Lister announced that he had perfected a mode of preparing catgut for ligatures by which he obtained what then seemed a very reliable substance, the method employed being to soak the gut in a watery solution of chromic and carbolic acids. In March last, however, he gave expression to the disappointment he had experienced when using such ligatures, the thicker ones being quickly infiltrated in place of being eroded. Further inquiries and careful experiments led him to associate the faults complained of with details in the manufacture of catgut; and following out the line of experiment suggested in this connection he finally obtained a ligature free from the defects of the chromicised substance. To this end the catgut is first steeped for twelve hours in one per cent. solution of chromic acid, and then in a solution of sulphurous acid, B.P. strength, for the same space of time. This material can be stored dry, but before being used should be steeped in a watery solution of carbolic acid. It is, Mr. Lister asserts, conveniently adapted to all the purposes of a ligature, and the drawback of infiltration has not been in any case observed during its use.

Mr. Barwell's advocacy of animal ligatures has induced many surgeons to emulate his remarkably successful achievements, and not by any means with unfavourable results. The want of success which has attended their employment in certain cases, however, led Dr. John A. Wyeth, of New York, to search about for a smoother and stronger animal ligature than the aortic coats recommended by Mr. Barwell. His choice finally fell upon nerve tissue, which was used as a ligature in tying the

right common carotid of a woman in whom hæmorrhage occurred into a malignant tumour involving a large region of the side of the face and head. The substance used was the fresh sciatic nerve of a calf; the ligature was cut off and left in the wound, which healed by first intention. On subsequent post-mortem examination the artery was found perfectly occluded, and its continuity unbroken, the result of ligation being most perfect, a depressed ring scarcely appreciable existing where constriction had been caused by the ligature.

Writing to Dr. Wyeth on these ligatures, Mr. Barwell remarks, "in the selection of a ligature the important points seem to me to be that the substance should be absolutely free from all taint of decomposition, and that it should be cleansed from any accidental impurity by a short immersion in some antiseptic fluid. If these essentials be secured, the choice of a particular substance is immaterial; sufficient strength, persistency to keep a safe knot, as also facility of acquisition, are the main considerations.

EXCISION OF THE TONGUE.

The method of removing the entire tongue through the mouth with scissors only, and without previously securing any vessel—a method adopted by Mr. Walter Whitehead, of Manchester—has been subject of comment during the year on more than one occasion. Mr. Whitehead's successful results were not repeated in all cases, and in two particularly, related by Mr. Fred. Treves and Dr. George Elder, hæmorrhage of so considerable a character was experienced that any possibility of leaving the arteries uncontrolled was out of the question. It is noticeable, also, that the blood came from the general floor surface of the mouth, and not from the linguæ; it was a copious oozing, and not a spurting; and in Mr. Treves' case the attempt to secure the linguæ by means of torsion signally failed, the brittle artery breaking off at the application of the forceps. Mr. Treves' final conclusion is to adopt, in any future case of the kind, Billroth's precaution of ligaturing both linguæ prior to excising the tongue.

LIGATURE OF THE INNOMINATE.

On the 9th of June Mr. Thompson ligatured the innominate artery of a patient in the Richmond Hospital, Dublin, on account of a subclavian aneurism. The patient was a man 45 years old, who first observed the disease ten months before entering hospital, and two months previously to the operation he had refused to have the attempt made. The aneurism, three and a-half inches in diameter, sprang from the second and third stages of the subclavian artery, and in performing the operation Mr. Thompson made use of the needle devised by Mr. Barwell for the innominate, the ligature employed being the same gentleman's broad aortic animal ligature. The case did well subsequently for some time, temperature and pulse maintaining a steady equable position and rate. Until the thirty-seventh day, however, repeated hæmorrhages occurred, and death took place on the forty-second day after the operation was performed. But one case of a similar kind ever survived so long, this having been operated on by Von Gräfe, and living for sixty-seven days after. In Mr. Thompson's patient it was found on post-mortem examination that the sinus from which the

bleeding came terminated in an ulcer, which involved the anterior wall of the junction of the innominate, carotid, and subclavian arteries. The innominate and carotid were filled with clots, and the subclavian was occluded by clots for half-an-inch of its extent. The ulcer was situated on the distal side of the ligature, the constricted part of the innominate not being involved. The hæmorrhages had apparently taken place from the innominate, as there was a recent blood stain on the cardiac side of the clot. None of the vessels were pervious to water forced in with a syringe. The aorta was atheromatous; consolidation was proceeding satisfactorily in the tumour. The whole case is a very interesting one.

PORRO'S OPERATION.

Dr. Clement Godson recently performed Porro's operation on a dwarf twenty-four years of age, and measuring four feet four inches in height. Her pelvis was very considerably distorted, and rendered resort to the operation a matter of urgent necessity for preservation of life. It was completed with perfect success, and a living child, twenty inches long and weighing eight pounds and a-half, was taken from the uterus. The time occupied by the operation was just one hour, and it was conducted from beginning to end without the occurrence of any embarrassments whatever. The mother and child both continued to do well subsequently, the temperature of the former not rising over 100° F., and the pulse-rate not exceeding eighty per minute. This singularly successful case will probably encourage the delivery of opinions on the advisability of more frequent adoption of such measures of relief in less urgent cases, and it is this tendency against which a stand may require to be made by less enthusiastic adherents of the doctrine of free surgery.

NEW ANTISEPTIC DRESSINGS.

The steady rate at which additions to the list of antiseptic dressings occur is a noteworthy indication of the activity displayed in perfecting surgical procedures to the utmost possible extent. The employment of carbolic acid has, in the past, been attended with so many serious drawbacks that it is easy to understand why this anxiety in searching for improved antiseptic substances should be exhibited. To the substitutes for carbolic acid already introduced in the form of boracic acid, thymol, and the like, we have now added iodoform and peat-mould. Iodoform appears to be well adapted for use in this direction, and a preparation of wool impregnated by an ethereal solution of the drug is highly eulogised as a dressing for wounds, and particularly those such as a hernia about the perinæum. Lint similarly prepared is also recommended, and by aid of the wool it is pointed out that perfectly aseptic conditions of perinæal wounds can be secured by enveloping the parts in a mass of the iodoform wool, with, as a further prevention, smearing the surrounding hairs with iodoform ointment. In many cases the use of iodoform dressings has been attended with most satisfactory results, and extended trial of them seems to be indicated as a desirable proceeding in surgery. Peat-mould is of very recent introduction into this country for surgical purposes, but as an antiseptic dressing it is asserted to possess well-recognised advantages,

while its applicability to cases of compound fractures, &c., pre-eminently adapts it for employment in such cases.

RENAL SURGERY.

Two important discussions have taken place during the year at the Clinical Society of London in connection with operations on the kidney, and the advantages possessed by Langenbuch's operation, whereby the kidney is reached for purposes of excision, &c., through a median opening in the front wall of the abdomen, were debated. Several operations for removal of renal calculi, and for relief of symptoms set up by presence of pus in the organ, have been recorded, the majority eventuating successfully. Nephro-lithotomy, as performed by Mr. Morris, has been repeated by Mr. Beck, who points out that favourable subjects for the operation should not be too fat, and that when pus in the urine affords indication that the stone in the kidney is setting up irritation, then the time for operative interference has arrived. Mr. Beck repeats what Mr. Morris pointed out in respect to the bleeding from the incised kidney. Though seemingly very profuse for a moment, it is at once and permanently controlled by the pressure of a sponge, and does not subsequently seem to cause embarrassment.

From the numerous cases reported before societies and in journals, in which grave operations on the kidney have been attended with success, it is evident that an increasing feeling of hope as to the consequences of such interference is growing up among surgeons, who will now proceed to cut into or remove a kidney with much less hesitation than would have been shown a few years ago. The most hopeless cases of this kind that are met with now are those extreme examples of degeneration in which the kidney is little more than a sac containing pus, and which yield the least likely of all probabilities of successful removal of the mass. A very considerable number of cases in which operative treatment for removal or evacuation of diseased kidneys has succeeded have been reported during the year, and it is a justifiable conclusion from consideration of these proceedings that a much more evident willingness to attempt to give relief to patients by such measures is exhibited now than formerly. In fact, this may be said of surgical operations generally; many which are now by no means uncommon would have been promptly rejected not very long ago, as involving an amount of risk not justified by the probabilities of success or even of relief to distressing symptoms.

GASTROSTOMY.

An increasing inclination to perform gastrostomy in cases where permanent relief of œsophageal stricture is found to be impossible is observable, and several cases in which encouraging results have been obtained are among the records of the year. From the nature of the diseases which necessitate the proceeding as a rule, and which are mainly of malignant character, the best prospect afforded by successful gastrostomy is only amelioration of the patient's condition. There seems good reason to think, however, that if it were not always, or nearly always, turned to as a last resource against death by starvation, if, that is, it were performed in earlier stages of disease,

at a time when the patient's powers were not at their lowest ebb, that better results might ensue from it, in so far that a longer existence might be anticipated, although, of course, no alteration in the ultimate course of the primary disease can be produced—only a deferring of the unavoidable termination.

RESECTION OF THE STOMACH.

The introduction into modern surgery, by Billroth, of resection of the stomach, has been followed by repetition of the operation on the part of other operators, with degrees of success varying from total failure to produce any favourable consequence, or even to avert death, to preservation of life for occasionally even considerable periods. This year the operation was performed in Italy for the first time—unsuccessfully—the patient suffering from cancer of the pylorus. In this instance the operation occupied two and a-half hours, and the stomach was united to the duodenum by fifty stitches. Death occurred from shock, and on post-mortem examination no secondary deposits were discovered in the body, so that, had recovery ensued, it is fair to assume that some years might have been added to the life of the sufferer.

EXCISION OF THE UTERUS.

The extraordinary advances in the region of abdominal surgery have in nothing been illustrated so much as in the success which has been obtained after operations for the removal of the whole uterus, on account of cancer, &c. This serious proceeding has been safely entered on by British surgeons on several occasions during the last year, the first operation of the kind in 1882 having been undertaken on January 3rd at St. Thomas's Hospital by Sir William MacCormac. The patient was admitted for obstinate constipation with signs of intestinal obstruction, and on examination cancer of the cervix was discovered, the rectum being pressed on by a large foreign growth. This was seen, when the abdominal cavity was opened, to be a tense and freely adherent cyst, beneath which the uterus and its appendages were hidden. On being punctured a large amount of foetid pus escaped, a portion of which found its way, in spite of all precautions, into the pelvic cavity. This cyst was removed with uterus and ovaries *en masse*, and no attempt to stitch up the edges of peritoneum was made, a large T-shaped drainage tube projecting into the vagina being left in the abdomen, and serving also for its irrigation. Subsequent formation of pus necessitated that the adherent edges of the wound should be broken down for its evacuation, but otherwise the case progressed most favourably.

A similarly successful case of extirpation of the uterus is recorded as having been performed at the close of last year in the Middlesex Hospital; and at a meeting of the Obstetrical Society in June a uterus was exhibited which had been torn away from a woman by an ignorant midwife, the patient eventually recovering. All these cases tend to prove that the female pelvic organs are tolerant of very full and considerable manipulation, and that the most apparently desperate measures may be resorted to where they are concerned with a prospective recovery being held in view.

BOOKS.

THE year just expiring has not been fruitful in the way of producing either a considerable number or a very valuable series of new works. Indeed, from a survey of publishers' announcements it is impossible to gather that even ordinary standards have been maintained, and were it not for one publication in particular, it would be difficult to redeem it from the charge of comparative barrenness. We have, however, one volume to show which fully deserves the opinion formed of it on all sides as being the most important medical work issued for a long period. We refer, of course, to "The Dictionary of Medicine," edited by Dr. Quain. This magnificent contribution to literature is an imposing volume of nineteen hundred odd pages, the intrinsic merit of which fairly maintains its pretentious appearance, and which is in all truth a dictionary of medicine in the best and fullest sense of the term. In completing the laborious duties of its preparation Dr. Quain has received assistance from over a hundred and fifty authorities, several of whom, alas! have not lived to witness the final acceptance of their work, but all of whom have faithfully performed the various tasks allotted to them. The only drawback in connection with the work is its unwieldy proportions, and it is possible to wish that the desirability of issuing it in two separate volumes had been entertained by the publishers. Nothing, however, can detract from its high importance and inestimable value as a library of reference, and it will long continue to be the standard work in this connection accessible to English students of medicine.

In this place we cannot undertake more than a brief mention of the principal books published during the year, and in most but the names can be afforded. We will therefore classify them, as far as possible, in the attempt to offer a rough survey of what has been accomplished, in a literary sense, during the preceding twelve months.

Medicine.—In addition to Quain's Dictionary, a new edition of Dr. G. W. Balfour's "Diseases of the Heart" has appeared, in which the author has brought the treatment of his subject down to date, and added important illustrative cases; "Medical Ophthalmology," a valuable and suggestive manual for students and practitioners by Dr. Gowers; "The Diseases of the Spinal Cord," a well-executed and profusely illustrated treatise on a subject hitherto all but neglected by writers and teachers, by Dr. Byrom Bramwell; "The Medical Adviser in Life Assurance," by Dr. Sieveking; a new edition of Dr. Bristowe's universally appreciated "Theory and Practice of Medicine," also of Dr. Playfair's "Midwifery," and of Dr. Graily Hewitt's well-known work on Uterine Diseases; "On Consumption in relation to its Contagiousness and Treatment," by Dr. Yeo, Dr. H. C. Clapp, and others; "The Diagnosis and Treatment of Diseases of the Chest," by the late Dr. William Stokes, Vol. I., published by the New Sydenham Society; "Electro-Diagnosis in Diseases of the Nervous System," by Dr. Hughes Bennett; "Medical Nursing," by Dr. Wallace Anderson; "Whooping Cough," being the Fothergillian Prize Essay for 1881, by T. M. Dolan, F.R.C.S.; "Chronic Bronchitis," by Dr. J. Milner Fothergill; "Morbid Urines," an excellent little manual for guiding clinical research, by Dr. C. E. Balle; a new edition of Meigs and Pepper's "Diseases of

Children;" Sir Joseph Fayrer's Croonian Lectures on "The Climate and Fevers of India;" "Health Resorts," a useful guide for doctors and patients, by Dr. J. Burney Yeo; a second edition of Dr. Edis's students' manual of the "Diseases of Women;" a new edition of Dr. Aitken's valuable handbook for students on the "Outlines of Science and Practice of Medicine," and which had long been out of print; and a series of "Clinical Lectures on Diseases of the Nervous System," by Dr. Buzzard, a work in praise of which no terms can be deemed too commendatory.

Surgery.—In the branch of surgery the most considerable addition to the list of works published during the year is the second volume of the "International Encyclopedia," chiefly by American authors, but which scarcely justifies the hopes formed of it; a new edition has appeared of Mr. Holmes' smaller work, and the following:—"The Surgery of the Rectum," being the Lettsomian Lectures for 1865, by Prof. Henry Smith; on "In-Knee Deviation," by Dr. Little and Mr. E. M. Little, a very useful and reliable work; new editions of Mr. Nettleship's "Diseases of the Eye;" of Mr. Field's "Aural Surgery;" of Dr. Liveing's "Handbook on Skin Diseases;" "Clinical Surgery," by Billroth, one of the Sydenham yearly volumes; "Diseases and Injuries of the Eye," by J. R. Wolfe, M.D.; "The Surgery of Deformities," by Mr. Noble Smith; a translation of Politzer's important work on Diseases of the Ear, by Dr. J. Patterson Cassells; a third edition of Dühring's treatise on Skin Diseases; "The Surgical Treatment of Hæmorrhoids," by Mr. Walter Whitehead, of Manchester; a new edition of the late Prof. Spence's excellent "Lectures on Surgery;" the first part of a new work of a very original and serviceable character by Mr. Southam entitled "Regional Surgery," and dealing with the head and neck; "On Cancer of the Breast," by Mr. T. W. Nunn, an important contribution to the study of cancer; "Carcinoma and Sarcoma," by Mr. H. T. Butlin, F.R.C.S.; "Scrofula and Gland Diseases," by Mr. F. Treves; "On Concussion of the Spine," a new edition of Mr. Erichsen's well-known work, and an original treatise on Diseases of the Spine and Concussion by Mr. Page, of St. Mary's Hospital; "On Ovarian Tumours, their Pathology and Treatment," by Mr. Spencer Wells.

Anatomy and Physiology.—In these departments of science the principal events of literary interest have been the publication of a new and improved edition of "Quain's Anatomy;" the additions to which bring it fairly abreast of recent discoveries; and the appearance of the first volume of Mr. Reeve's long-promised work on "Human Morphology," a very disappointing production. "The Tissues and their Structure" is a useful little handbook for students of histology, by Mr. A. S. Kenny, of King's College. "Practical Exercises in Physiology," by Dr. J. Burdon Sanderson, will be found essential to candidates for higher scientific examinations; a new and enlarged edition of Harris and Power's "Manual for the Physiological Laboratory;" "The Physiology and Pathology of the Blood," by Dr. Norris, in which the author's important researches are fully detailed, and their bearings explained; and finally, a crushing exposure of the shams perpetrated by antivivisectionists, by Prof. Owen, and entitled "Experimental Physiology, its Benefits to Mankind."

Materia Medica, Therapeutics, and Chemistry.—Dr. Sidney Ringer's "Handbook of Therapeutics" has run through another edition within the past few months, and is again out of print; "Dental Materia Medica and Therapeutics, with Pharmacopœia," by Drs. Gaddes and Stocken, third edition; "General Medical Chemistry," by Dr. Witthaus; "Nitro-Glycerine in Angina Pectoris," by Dr. Murrell; "London Hospital Pharmacopœia;" and a new edition of Dr. Thorowgood's invaluable "Students' Guide to Materia Medica and Therapeutics."

Annual Volumes and General Works of Reference.—The third volume of the exhaustive Catalogue of the Surgeon-General's Library at Washington has just been issued, bringing the work to the end of D; next to it in point of size among this year's publications comes Dr. Tidy's "Legal Medicine," Vol. I. The various societies present the usual volumes of reports, all more or less maintaining their standard of excellence; and several hospitals have issued "Reports" dealing with the work done in the reception wards during the preceding year. In this place also may be mentioned a useful and concise little volume on "The Laws relating to Medical Men," by Mr. Greenwood, a Barrister of the Inner Temple; and catalogues of the pathological preparations in the Museums of the Royal College of Surgeons, and St. George's and University College Hospitals; and finally, a work invaluable to every student of medical questions, "The Medical Digest," by Dr. Neale, a new and improved issue of which had appeared during the year.

THE YEAR'S LOSSES.

FIRST, because most prominent among the deaths which have thinned the ranks of medical men during the past twelve months, both on account of his premier position and of his having so recently been present in our midst, the loss sustained in the death of SIR THOMAS WATSON springs to mind. Born in 1792, this venerable physician lived to enjoy every dignity and advantage that could fall to the lot of a universally loved and respected practitioner and teacher; throughout an unusually long and productive life he ever maintained a demeanour that secured for him the respect and affection of colleagues and juniors; and as the brightest ornament of which the medical profession has boasted in the present century, his memory will long remain to influence for good all those who are rightly emulous of imitating to their own ability the example set by his protracted but unspotted career. As a lecturer at King's College the late Sir Thomas Watson (then Mr. Watson) delivered those clinical discourses on the "Practice of Physic" to which students and practitioners alike both ever turn with renewed pleasure and profit, and which will remain an undying memorial to the learning and skill of their author. The College of Physicians retained the deceased baronet's services for seven years as President, and he also acted as its first representative on the General Medical Council. He was created a baronet in 1866, and died Monday, December 11th, surrounded by friends and respected by every one to whom his name was at all familiar.

JOHN SOUTH.—John South, who died at his residence Blackheath Park in January, at the ripe old age of 85,

was an eminent Fellow of the Royal College of Surgeons, which conferred its Presidency on him in 1851; and he was again elected to the same office in 1860. He had previously held the posts of Hunterian orator, "Arria, and Gale" Professor, Member of the Council and of the Court of Examiners, having been regarded in his latter capacity as a very stiff examiner. Mr. South was educated at Guy's Hospital, and subsequently became attached to the surgical staff of St. Thomas's. He translated Chelius' "System of Surgery."

DR. MOFFITT.—Surgeon-Major Moffitt, of the Army Medical Department, entered the service in 1858, and in connection with the operations conducted by Major (now Colonel) Gordon's army in China, he achieved an amount of successful labour that earned for him a very flattering recognition at home. Dr. Moffitt held numerous appointments, and passed through a series of offices in his military career, in all of them gaining the goodwill of superiors and love and esteem from those over whom he was placed. He died at Southampton on February 8th.

DR. WILLIAM PRATT.—Dr. William Pratt, F.R.C.S., who died at his residence at Newtown, Montgomeryshire, held a high position among the local practitioners of medicine in his neighbourhood, and had proved his claim to be considered a promising and useful member of the profession. He died of pneumonia, which set in after he had been for a long period in unremitting attendance upon a patient suffering from that disease in an imperfectly drained portion of the town. Dr. Pratt was a Graduate in Arts of Aberdeen University, and of Medicine at Liège University, holding also the F.R.C.S. Eng. and L.R.C.P. Lond. He was actively interested in the medical charities of Newport, where his loss is very keenly felt.

DR. T. BEVILL PEACOCK.—By the death of Thomas Bevill Peacock, St. Thomas's Hospital was deprived of its consulting physician, and the profession in London of one of its best known and most respected members. The circumstances of Dr. Peacock's last illness were peculiarly sad. He was present at St. Thomas's with some friends on May 30, when he was seized with an attack of paralysis, and, being at once carried to a bed in the adjoining ward, he was carefully and affectionately attended by his junior colleagues; but in vain, for he died the same evening on the very spot where he had formerly frequently ministered to the sick himself. The deceased physician was born at York, in 1812, and, after spending some time as a medical pupil, he entered at University College, and St. George's Hospital in 1833. In 1835 he became M.R.C.S. and L.S.A., and then spent some time in travelling abroad. He graduated at Edinburgh University in 1842, and L.R.C.P. Lond. in 1844, and soon after he laid the foundation of the Victoria Park Hospital by starting a dispensary for chest diseases in Liverpool Street. In 1849 he was elected assistant physician to St. Thomas's to which charity at his death he was consultant. Dr. Peacock was author of several important works, a conscientious and successful teacher, and a sound practitioner, while he was socially a general favourite with all who could claim his friendship.

THOMAS O. DUKE, M.R.C.S.—Mr. Duke was a surgeon of the old school, who had been in practice for forty-

two years in Kennington and Clapham. He was born in 1818, and educated at Guy's Hospital, and after obtaining the M.R.C.S. and L.S.A. diplomas, entered on general practice, in which he was very successful.

DR. CHARLES MOREHEAD, C.E.I.—Charles Morehead, M.D., C.E.I., was a distinguished Principal of the Grant Medical College at Bombay, and Physician to the Jarnsetjee Jejeebhoy Hospital, having entered the Bombay Medical Service after a successful career at Edinburgh University. He died at Redcar, Yorkshire, on August 24, aged 75.

SIR JAMES ALDERSON.—The obituary list that includes the two names of Watson and Alderson may well be considered to be a heavy indication of loss; both of these veteran physicians have passed away during the past year, Sir James Alderson preceding Sir Thomas Watson by a few weeks only, but dying at the age of 87. He succeeded the latter as President of the Royal College of Physicians on his retirement, and held office three years. As an undergraduate at Cambridge, the deceased took a good position, and on taking his degree was placed among the Wranglers, being rewarded with a Fellowship at Pembroke. He obtained the M.D. of Oxford in 1829, and next year the Fellowship of the College of Physicians. Originally in large practice in Hull, he came to London eventually and settled there, and on the foundation of St. Mary's Hospital in 1851 he was elected senior physician on its staff, which position he resigned in 1867. Sir James Alderson was a D.C.L. and F.R.S.

J. T. CLOVER, F.R.C.S.—Mr. Clover's name will always be intimately associated with the history of anæsthetics, in connection with the administration of which he was the inventor of important and ingenious appliances. He was educated at the Norfolk and Norwich and University College Hospitals, and at the last-named institution held the posts of house-surgeon and chloroformist, and later on that of lecturer on anæsthetics. Entering on professional practice in London, he soon obtained a greater success than his health, never very strong, enabled him to cope with, and for many years the duties of his life told heavily upon his limited strength. Never for a moment flinching, however, from full performance of the work that fell to his lot, he was also constantly endeavouring to perfect the means of facilitating the use of anæsthetic agents without risk to the life of patients; in the department of surgery also, his inventive powers were brought to bear, and among the many ingenious contrivances devised by him is the well-known exhausting bottle and catheter for removing debris of calculi from the bladder after lithotomy. Clover was born in 1825, and in the record of his well-spent and highly useful life may be read a lesson of devotion and assiduity to the business of existence that will always carry with it an influence for continual good.

DR. R. W. LYELL.—Robert Wishart Lyell, born in 1849, and educated at King's College, where he gained a Warneford scholarship, graduated in Medicine at the London University, and subsequently became surgical registrar, medical tutor, and assistant surgeon at the Middlesex Hospital. The deceased had been appointed to deliver the introductory lecture at the opening of the

present session at the school to which he was attached, and it is a melancholy coincidence that he died on the very day to which his friends and well-wishers had looked forward as the one on which the address would have been given from his lips. Among those who knew him well but one feeling, a feeling of painful regret, is experienced at the loss sustained by his death; for though not generally known beyond the sphere of his active exertions, and in spite of his having contributed but lightly to our literature, yet Lyell gave such promise of future performances, and was so enthusiastically devoted to the interests of his profession, that his death can only be regarded as a deprivation of the most serious description. Warm-hearted, generous, and most kindly-disposed, he will long be gratefully and mournfully remembered.

GEORGE CRITCHETT, F.R.C.S.—The most brilliantly successful operating ophthalmic surgeon of his time, George Critchett died on November 1st, after a short illness, leaving behind him a renown which will long preserve his name in the annals of eye-surgery. After obtaining the Membership of the Royal College of Surgeons he became assistant-surgeon and lecturer on surgery

at the London Hospital, and following the special practice of an ophthalmic surgeon, soon afterwards came on the staff of the Moorfields Eye Hospital. At the recent Congress in London he was Vice-President of the Ophthalmic Section, and had been President of several prominent medical societies. In 1870 he joined the Council of the Royal College of Surgeons, and his widespread fame as an oculist obtained for him the distinction of honorary membership of numerous foreign learned associations. Mr. Critchett was acknowledged to be a pre-eminently skilful operator; but his contributions to surgical literature have been fairly numerous, and of great intrinsic merit. He leaves no enemies, and all his friends are truly mourners for his loss.

Death has been likewise busy in the profession abroad, with the result that many names familiar as those of leading members of our body are to be remembered only among the shadows of the past. In America the DRAPERS, father and son, have gone to their rest, the elder earlier in the year, the younger but a few weeks since; and WOOD, whose fame as a surgeon had spread to this country and to Europe.

Ireland.

MEDICO-EDUCATIONAL PROGRESS.

THE year 1882, looked back upon from a medico-educational standpoint, has been one of unusual activity and of progress towards much-needed reform, in which the College of Surgeons has taken the lead. The effort which the Council of that College had been engaged upon for the last two years—to establish an entirely new system of education and examination—was brought to a conclusion in the early part of the year. The scheme approved by the College, it will be recollected, had for its object the subdivision of the four years of study into four periods—*a.* Preparatory; *b.* Preliminary; *c.* Theoretical; and *d.* Practical; each period having its fixed quota of suitable study, and, at its conclusion, an examination before the succeeding period was taken up. The scheme decreed the abolition of certain lectures, and thus evoked the violent hostility of teachers whose fees were thereby reduced in amount, and that hostility had the effect of delaying the promulgation and enforcement of the new system until the month of July last. It then, having been confirmed by the Home Secretary on the behalf of the Queen, was declared to be the law of the Irish College of Surgeons, and was made compulsory on students commencing study after that date. Thus was completed the most thorough and most important reform of medical education in Ireland which has taken place for the past quarter of a century, and we anticipate from it the most valuable results to Surgery in Ireland. But the new system would have been imperfect if no steps had been taken to make honest and real the studies therein set down, and for this object a further scheme of teaching reform was adopted by the Council of the College, and is now meeting with the same resistance by interested parties as was encountered by the new system of education and examination.

It had come to be notorious that certificates of "diligent" attendance on lectures and hospital were sold without reserve by certain schools and hospitals to students who not only did not make a pretence of attending the courses of study, but who were so situated that it was physically impossible that they could even go through the form of attendance. Students engaged from morning to night in shops and offices were known to present themselves on many occasions with a full supply of such certificates, and, by this system of fraud, obtained admission to the profession, and therefore the Council of the Irish College of Surgeons, being decided that their new system should not be nullified by a continuance of these practices, adopted a series of rules by which the actual number of attendances should be guaranteed, not only by the lecturer, but by the registrar of the school and by the student himself; so that in future, if a false certificate is issued, there must be three parties to the falsity, and the student who avails himself of such means to gain entrance to the profession will be liable at any time to forfeit his diploma if it is ascertained that false statements have been made in his certificates.

Notwithstanding these public acts of the College—duly notified to all schools and hospitals within its jurisdiction—it became known, shortly after the opening of the present winter session, that the Ledwich School was hard at work at the business of lecturing for three hours in the evening those students who wanted certificates, but who could not leave their shops and offices to obtain them legitimately. As it was obvious that certificates issued under these circumstances could not possibly be truthful and genuine, and must necessarily be—at best—an evasion of the regulations respecting attendance, the Council of the College found itself compelled to grapple with the attempt to impose such

certificates upon them, and, being unable to distinguish between the real and the sham certificates, it was obliged to disfranchise peremptorily any and every school which engaged in this trade. The resolution of disfranchisement was subsequently re-affirmed, but as it was represented to the Council by the night-students that the opinions and orders of the College had been concealed from them, and that they had been thereby induced to enter for night lectures, the Council consented not to enforce the disfranchisement of the School until after the termination of the present winter session.

Thus it appears that the Irish College of Surgeons has been engaged for the year past in a war against old abuses and corrupt practices in connection with the Irish medical education, and is, at present, in possession of the field. It is to be hoped that the Council will have the courage to carry into effect the policy which it knows to be right and honest. It cannot reasonably expect to reform out of existence, in a few months, lucrative abuses which have taken root through many years of uninterrupted growth, but the College has the power to do so if it persists, and if it fails to do so, it will have to accept the responsibility of connivance at practices which are a disgrace to any profession.

The University of Dublin has not made any changes of system within the year which are specially worthy of note.

ROYAL IRISH UNIVERSITY.

This University commenced operations in the early part of the year. Its first official act, after the regulations had been framed by the Senate and confirmed by the Lord Lieutenant, was the appointment of Fellows and Examiners, and the course adopted by the University was such as to communicate a shock to those who wished the institution a prosperous career, and to disgust those who looked forward to a wide and useful sphere of action for the University. The Senate resolved to allocate 24 of the Fellowships, as follows:—Classics 6; English 4; Mental and Moral Philosophy 4; Mathematics 4; Natural Philosophy 4; Chemistry 2; altogether omitting from consideration the medical profession. At the same time they appointed 17 examiners for medical degrees, and, in doing so, made it at once manifest that, according to the feeling of the Senate, medical and scientific attainments—intellect and industry—are of no value when placed in competition with politics and religion and the influence of the family party. In the selections made all merit outside the Queen's and Catholic Universities was almost absolutely ignored, while a crowd of examiners—many of them palpable mediocrities—were chosen as examiners.

The policy thus evolved was openly defended on the novel ground that the Royal Irish University was made for the advantage of the Professors in the Queen's and Catholic Universities, and that no one else had a right to expect advancement, a principle which, however true it is, is certainly not compatible with educational prestige.

In the course of the year the University held matriculation and medical examinations, but as the former are scarcely sufficiently tried to judge of the estimation in which the University is likely to be held, and the latter were necessarily restricted to those students who had pursued their studies in the Queen's Colleges, we cannot venture to predict the future success or failure of the new University therefrom.

In our next Retrospect of its proceedings we shall be in a better position to point out the niche which the Royal Irish University is destined to occupy in Irish education. It may, however, be safely asserted that its status will depend on its recognition of merit and its independence of extraneous influences, and that if it takes the rôle of a nursery for a favoured few religionists or politicians, it will prove a greater failure than the University which it has superseded.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

The King and Queen's College of Physicians, which appears to unite the vigour of youth to the dignity of age, has, during the past year, pursued the even tenour of its way without any special incident. Dr. George Johnston, who had held the presidential chair for two years, vacated it last October in favour of Dr. William Moore, who was unanimously chosen to succeed him. Two vacancies in the King's Professorships occurred—the first by the resignation of Dr. Aquila Smith, and the second by the lamented death of Sir Edward Sinclair. To the former Dr. Walter G. Smith, author of the well-known Commentary on the British Pharmacopœia, was appointed; and to the latter Dr. J. Rutherford Kirkpatrick—appointments which were both very favourably received. A large number of licentiates were admitted to the newly-created grade of membership, and a great and increasing number of students passed the examination for the license of the College. Among these latter were numerous ladies, one of whom made an unusually brilliant examination. The efforts of the fair sex to enter the portals of medicine were not always successful—the Court of Examiners being not invariably sufficiently gallant to admit all lady candidates. This is as it should be, and the experiment of medical women is thus being fairly tried by this College. When they are fit to pass they do pass; and after that the practical test of public experience will show the ladies themselves whether it will be wise for them to persevere, or, in fact, whether it will “pay” to do so. The College has resolved to grant a diploma in sanitary science, and has appointed a special Court of Examiners, including two non-medical professional men, a barrister, and an engineer. This step has also met general approval. The Colleges of Physicians and Surgeons of London are now actually conferring upon the question of giving a conjoint diploma; and we trust that the sister colleges here will see their way to follow this example. The question of night lectures, which has proved such a burning one in Stephen's Green, has not yet been approached by the King and Queen's College of Physicians.

IRISH POOR-LAW SUPERANNUATION.

The central position in Poor-law medical affairs, which occupy in Ireland a most important part of the attention of the profession, has been occupied during the past year by the prospect of legislation on superannuation of union officers. That subject has for years past been ripening into a burning question, and, after constant agitation on the subject, the Irish Medical Association had ventured last last year on the introduction of a Bill of which Mr. Meldon kindly took charge. That Bill contained clauses which provided that, when a Poor-law medical officer became incapable of discharging his duty, he might apply

to the Local Government Board, who—after satisfying himself that he was really incapable—would be bound to award him such pension as they thought fair and such pension should thenceforward be payable compulsorily by the guardians of the district. That proposition did not find favour with the Local Government Board, because it left the amount of pension to their discretion, and was calculated, therefore, to embroil them with boards of guardians. Accordingly, the Bill was allowed to drop, and the Local Government Board—of their own motion—issued a circular, similar to that which had been issued in England, by which they informed the guardians, that—in future—they would sanction no pension greater in amount than that which might be granted if the Civil Service Scale were in force in the Poor-law service.

Although this decision was of questionable legality, the Poor-law medical officers did not dispute it, because they felt that the Civil Service Scale was not unreasonable under the circumstances; but the Irish Medical Association, seeing that the circular of the Local Government Board and the precedent established in England gave Poor-law officers a claim upon Parliament, decided to introduce a remodelled Bill on the subject in the session 1881-82. In this intention they were joined by the non-medical union officers, who established a very active and efficient organisation of their own. After some difficulty in the preliminary *pourparlers*, both associations were brought into cordial co-operation for the promotion of the Bill, and by them every possible pressure was brought to bear upon the Government, the Local Government Board, the Members of the House, and the Boards of Guardians. Deputations were received by Mr. Forster and Mr. Herbert Gladstone, and it was then announced that the Government would themselves take the question in hand, and introduce a Bill, the salient points of which would be—

- a. The adoption of the Civil Service Scale.
- b. The making of the grant of pensions compulsory; and
- c. The striking of a general pension rate throughout Ireland, to which each union would contribute a small fraction of 1d. in the pound, and out of which all superannuation allowances would be paid.

This Bill was introduced early in the session by Mr. Herbert Gladstone, but, at once, the clause which transferred the granting power to the Local Government Board was received with violent hostility, especially by the Irish irreconcilable section of the House, who opposed it with especial *gusto* because the proposition was brought forward by the Premier's son. To meet this opposition Mr. Herbert Gladstone at once gave a promise that—in committee on the Bill—he would restore the granting power to the guardians. This concession would have rendered the measure almost completely useless to the officers interested, inasmuch as the sole purpose of the Bill was to take from the guardians a discretion which they had, for years past, abused; and the two Associations were, therefore, obliged to notify Mr. H. Gladstone that they should withdraw their support and hold themselves at liberty to move amendments in the Bill at a subsequent stage. After a very long delay, during which all domestic legislation was brought to a standstill by the obstruction of the Irish members, the Bill got to a second reading within the last few days of the session, and, as the hostility to it still

continued, Mr. H. Gladstone was obliged to send it to a Select Committee. That Committee met in the first week in August, and before it the Irish Medical Association was represented by Dr. Jacob, and the Union Officers' Association by Messrs. Cope and Atkinson. Mr. Robinson, Vice-President of the Local Government Board, was examined on behalf of this department; Dr. Moore, of Ardee, as an independent medical witness, and two or three Cavan and Belfast guardians, as opponents of the measure. At first, the Local Government Board declined absolutely to make the grant of pension compulsory on the guardians, but, after a time, they yielded the point, and it was agreed that the two Associations should renew their support of the Bill on condition that their amendments in it were adopted, and that the Local Government Board should have a special power to reduce pensions in exceptional cases.

In consequence of the continued hostility of the Irish members of the Select Committee, it became evident that the Bill could not be fully discussed before Parliament was prorogued. It was, therefore, determined to report the Bill to the House with the amendments agreed to by the two Associations, and to re-introduce it in that form in the next Session of Parliament.

We, therefore, entertain a sanguine hope that the measure will become law before next July, in such a form as to confer great and lasting benefits upon the Poor-law medical officers of Ireland.

OTHER POOR-LAW LEGISLATION.

It will be understood that, the superannuation question being predominant, other questions affecting the Irish Poor-law services have been obliged to stand, especially as it is not wise to promote more than one Bill in Parliament at the same time. The subject of the abuses of medical relief (in which the Irish Medical Association had already proposed a Bill) remained in abeyance, as well as the scheme for establishing a Widows and Orphans' Fund for the Irish Poor-law Service.

VACCINATION REFORM.

The death of Sir Edward Sinclair, Director of the Vaccine Department of the Local Government Board, afforded to the Association an opportunity of pressing for a reconstruction and enlargement of that department, with a view to greater efficiency in the administration of vaccination law. Accordingly, a memorial was presented to Government, in which it was pointed out that nothing like an efficient system of enforcing vaccination existed in Ireland—that there was no means, such as exist in England, of ascertaining whether the operation is properly performed, or produces the desired protective result—that in point of fact, vaccination defaulters were not always reported to the guardians, and, if reported, are seldom prosecuted; and that, in consequence, a substantial proportion of the population of Ireland were either not at all, or else insufficiently vaccinated, to the great danger of the community. These representations by the Irish Medical Association met with the anticipated disregard by the Local Government Board, to whom they were sent by the Government. It would not suit that Board to trouble itself about vaccination, any more than it suited it to undertake any responsibility for sanitation, and it therefore

shelved the memorial, and perpetuated the office for collecting lymph which is dignified with the title of the Vaccine Department of the Local Government Board.

TENURE OF OFFICE OF POOR-LAW MEDICAL OFFICERS.

The circumstances under which Dr. Kenny was dismissed by the Irish Local Government Board from his office of Medical Officer of the North Dublin Union engaged special attention this time last year. The Board, it will be recollected, had availed itself of the power given by the Poor Relief Act to "deem unfit" a union officer, and so dismissed Dr. Kenny. In January, 1882, that gentlemen proceeded by *mandamus* to compel his reinstatement; but the arguments in the case had not concluded when the Board agreed to sanction his return to office, so that their power to dismiss an officer for an offence unconnected with his capacity to do his duty was not brought to a judicial decision. In the autumn a case in the same section of the Act arose upon the removal from office of Dr. O'Reilly, Medical Officer of Lismore Workhouse. The facts, already well known to our readers, were as follows:—An altercation took place, in which the doctor, the master, and fever nurse were engaged. A sworn investigation was held, and the guardians resolved to reprimand the master and nurse, and get rid of the doctor. This decision was so manifestly unjust that, when the minutes came before the Local Government Board, they wrote to the guardians stating their opinion that the doctor had not deserved exceptional treatment. Notwithstanding this, the guardians adhered to their determination, and the Local Government Board was placed in the dilemma of dismissing, at the bidding of the guardians, an officer whom they had themselves, in a certain sense, acquitted.

To escape this difficulty they wrote to the doctor, saying that the guardians were entitled to suspend him, and at the same time sent a copy of their letter to the guardians, who straightway acted on the hint by proposing to suspend him. To avoid this, Dr. O'Reilly, against the advice of the Irish Medical Association, resigned his office, thereby depriving them of the opportunity of raising the legal question whether an officer against whom no charge of incapacity has been made can be "deemed unfit" and thus removed from office.

The entire transaction was one extremely serious for the interest of Poor-law medical officers, because it not only created a precedent for future removals of such officers, but it was a complete abandonment by the Local Government Board of its protective function. In this view the Irish Medical Association would certainly have contested the matter at law if Dr. O'Reilly had not resigned; but being prevented from doing so they entered the strongest protest against the course adopted by the Local Government Board, and reserved further action until the next case arises, which will enable them to test the permanency of tenure of Poor-law medical officers by a judicial decision on the subject.

THE IRISH ACADEMY OF MEDICINE.

The facilities for inter-communication of professional experiences between physicians, surgeons, pathologists, and obstetricians in Ireland have been greatly improved by the establishment in the autumn of the past year of the Irish Academy of Medicine. Originating many years ago

in the mind of Dr. Lyons, M.P., the project has recently received special consideration because of the difficulty experienced in maintaining the separate existence of the various societies which have hitherto been the medium of professional intercourse in Ireland. The Surgical Society alone may be said to have flourished, while some of the other societies can scarcely be said to have lived. This condition of affairs arose, as we think, from two circumstances. In the first place the expenses of the Surgical Society were paid by the College of Surgeons, and, therefore, as people are well disposed to accept privileges for which they pay nothing, the attendance at its meetings was generally sufficient. But this does not altogether explain the circumstances, because the Medical Society received a considerable and well-deserved support from the College of Physicians, yet it barely languished. One of the chief causes, as we are vain enough to think, of the decadence of the societies was to be found in the fact that their proceedings were not published in any true sense of the word. Physicians and surgeons will not throw away their time, labour, and brains upon a communication which is destined for burial in a volume of Transactions six months subsequently, and which obtains a very limited ephemeral publicity, meanwhile, in the pages of a periodical of local and limited circulation; and as all the societies, save the Surgical, doomed their contributors to suffer extinction in this way, it was not wonderful that papers were scarce and subscriptions equally rare. After the termination of the 1881-2 session the project for amalgamating these societies into one Academy began to be agitated, and it was received with general approval. The members of the societies consented almost without exception, but the councils of the societies in some cases resisted their absorption into the general body of the Academy. Time was lost awaiting the decision of the Council of the College of Surgeons as to the proposed extinction of the Surgical Society, but the necessary consent having been obtained, a series of preliminary meetings of the promoters of the Academy were held, at which rules were discussed and finally adopted. In brief, these rules were as follows:—*a.* All Members of existing Societies, and Fellows of either of the Irish Colleges, to be Members of the Academy *ipso facto* on paying the subscription. *b.* All others to be balloted for by the General Council, one black bean in four to reject. *c.* Each of the four Societies to be resolved into a Section of the Academy, and to transact business in the usual manner once monthly as such Section. *d.* Each Section to be ruled by a Council elected by the Academy. *e.* Each Sectional Council to send two delegates with its Secretary and President, to form the General Council of the Academy. *f.* None but Fellows to have any voting powers. *g.* All transactions of Sections to be published in a yearly volume, weekly abstracts being printed for the use of such weekly journals as apply for them. These are the abstracts which we shall present to our readers in future.

The preliminary arrangements having been completed, a general meeting was appointed for constitution of the Academy and election of officers. Up to this time the Council of the Obstetrical Society had declined co-operation, although the members

of the Society had almost unanimously approved of the merging of the Society in the Academy; but when it became evident that the Academy would establish an Obstetrical Section of its own, the Council of the Society held a special meeting and resolved to join in the scheme. On the 22nd of November the elections were held and the Academy was born; the councils for surgical, pathological, and medical lectures were chosen without much contest, but in the case of the obstetric council, three gentlemen known to have been hostile to the Academy were rejected, and their rejection gave occasion for a virulent attack on the Academy by the *Freeman's Journal*, which sought to prove that the ostracism of these members was the result of politico-religious animosity. Notwithstanding this effort the Academy has already held several meetings with much success, and it promises to be a valuable means for the advancement of medical and surgical science in the future. If it is to fulfil its purpose, it must be administered in the widest and most liberal spirit. Anything like cliquism in favour of any politics, religion, person, party, or journal would certainly be the death of the organisation, and we trust that the councils, both general and sectional, of the Academy, will exercise the utmost firmness in excluding all bias of this sort. We shall certainly do our best to keep the institution free of all such disturbing and dangerous influences.

Dr. Banks, Physician to the Queen, has been elected the first President of the Academy; Dr. William Moore (President of the College of Physicians), Dr. Barton (President of the College of Surgeons), Dr. Purser, and Dr. Denham have been chosen Presidents of the Medical, Surgical, Pathological and Obstetric Sections respectively. Mr. Thomson is the honorary general secretary, and Dr. Robert McDonnell, honorary general treasurer. Two subsections were also formed—one on Hygiene, under the presidency of Dr. Cameron, and the other on Anatomy, under that of Dr. MacAlister.

We heartily wish the Academy every success.

APPOINTMENTS.

Several changes of importance in the Professoriate of the Irish Medical Schools and in the Staffs of the Clinical Hospitals have taken place within the past year. In the School of Physic attached to the University of Dublin, the death of Sir Edward Sinclair, and the resignation of Dr. William Moore, who was elected President of the College of Physicians, caused vacancies in the King's Professorships of Midwifery and of Practice of Medicine, to which Dr. Finny, of the City of Dublin Hospital, and Dr. Rutherford Kirkpatrick were appointed. Upon these appointments, which are made by the Fellows of the College of Physicians, subject to the approval of the Board of Trinity College, a much-disputed question arose as to whether candidates should be restricted to those who were willing to resign their hospitals and join the clinical staff of Sir Patrick Dun's. The matter is referred to by us in another part of this issue.

In the School of the College of Surgeons vacancies occurred in the Professorships of Practical Anatomy and of Ophthalmology, by the death of Dr. Philip Bevan and the resignation of Dr. Swanzy. The opportunity was availed of by the Council of the College to alter the arrangements

of the Anatomical School, and to appoint a Professor who could give the whole of his time to his professorial duties. To the office thus created they subsequently elected Dr. D. J. Cunningham, Assistant under Professor Turner in the Edinburgh University Dissecting Rooms, and the selection has been fully justified by the character which the new Professor has, since his appointment, added to School. Dr. Jacob succeeded Dr. Swanzy in the Professorship of Ophthalmology.

The Carmichael College sustained within the year a very severe loss in the untimely and much-regretted death of Dr. Reuben Harvey, its distinguished lecturer on physiology, who died of typhus after a prolonged illness. The feeling of sorrow felt by the profession was marked by the fact that a Harvey memorial fund was at once set on foot, to which a sum was subscribed sufficient to provide valuable prizes for meritorious physiological essays. Dr. Harvey's place in the Carmichael College has since been filled by Dr. Stewart Woodhouse.

In the Ledwich School no change of much importance took place in the teaching staff within the year.

In the Catholic University School the death of Dr. Hayden left a blank in the office of Lecturer on Anatomy and Physiology, which has since been filled by Dr. Christopher Nixon.

In the Meath Hospital no change took place.

In the City of Dublin Hospital, Dr. Finny's resignation, in order to join Sir Patrick Dun's Hospital, in connection with the King's Professorship of Medicine, to which he was appointed, led to the election to the hospital staff of Dr. G. F. Duffey, Physician to Mercer's Hospital. Dr. A. V. Macan was also obliged to resign his position as Gynaecologist to the Hospital to take up the more extended duties of Master of the Rotundo, and to the office thus vacated no appointment has yet been made.

In the Richmond, Whitworth, and Hardwicke Hospitals no change of staff has taken place save the appointment of Dr. Jacob as Ophthalmic and Aural Surgeon, *vice* Dr. Fitzgerald, resigned. Dr. Lentaigue, Assistant Surgeon, having joined Jervis Street Hospital, Dr. A. Newton Dickenson was appointed Assistant Surgeon in his stead.

In Stevens's Hospital no important change took place.

In Mercer's Hospital Dr. Charles Knight was elected to succeed Dr. Duffey, who, as above stated, was appointed to the City of Dublin Hospital. Dr. Ward was also appointed Surgeon to the Hospital, *vice* Dr. Mason, resigned.

In the Surgeoncy of Jervis Street Hospital, the death of Dr. Forrest created a vacancy, to which Dr. Lentaigue, Assistant Surgeon to the Richmond Hospital, was appointed.

In the Mater Misericordiae Hospital, Dr. Michael Boyd, of Kingstown, succeeded, as Physician to the Hospital, Dr. John Hughes, deceased.

To St. Vincent's Hospital, Dr. Cox, of Sligo, was appointed, and subsequently Dr. McArdle was chosen to succeed Dr. Keogh, resigned.

The Mastership of the Rotundo Lying-in Hospital, which was occupied for the past seven years by Dr. Atthill, to the great advantage of the institution, became vacant by the lapse of the period of office, and to it Dr.

Macan, Gynaecologist to the City of Dublin Hospital, was elected without a contest, the choice of the Governors being generally much approved.

OBITUARY.

OUR record of deaths amongst the profession in Ireland includes many well-known names. Senior amongst the deceased were Dr. C. H. Purdon, of Belfast, and Dr. Hans Irvine—for many years a Councillor of the Irish College of Surgeons, and an intimate friend of the chiefs of the past generation; Dr. John Hughes, Physician to the Mater Misericordiae Hospital and to the Dundrum Central Criminal Asylum. Dr. J. K. Forrest, Surgeon to Jervis Street Hospital, and Dr. Thompson, of the Lisburn Infirmary, come next in seniority—the latter gentleman, who may be said to have been the first provincial surgeon in Ireland, having been killed by a locomotive at Dunmurry Station.

Dr. Leith Adams, of the Cork College, and Dr. Reuben Harvey, of the Carmichael College, were also both men of note in their own specialities. Dr. Philip Bevan was long known and esteemed as a skilful anatomist. Sir Edward Sinclair held a high position as King's Professor of Midwifery in the School of Physic, Director of the Vaccine Department of the Local Government Board, and Midwifery Physician to Sir Patrick Dun's Hospital. He had done the State good service by the establishment of a training school for army midwives, which we greatly regret to learn is, since his death, likely to be abandoned. Dr. Spencer, of the Co. Donegal, who formerly held office as Assistant Librarian in the Irish College of Surgeons, Dr. Irvin, of Monaghan, Dr. Middleton, of Mullingar, and Dr. Kinane, of Templemore, and many other metropolitan and provincial practitioners of name make up, we regret to say, an unusually heavy obituary list for the year 1882.

Scotland.

THE ABERDEEN MEDICAL SCHOOL.

During the past year considerable changes have taken place in the Aberdeen Medical School, and movements have been inaugurated, and improvements accomplished which place both the student and teacher in more advantageous relations. In many respects the University of Aberdeen has an enviable pre-eminence over the other Scotch Universities, and notably in the number of bursaries available for industrious and necessitous students. It almost amounts to a truism that the latter are almost invariably the former. There are various Town Council bursaries available, and new bursaries in memory of Dr. Greig, of Fyvie, and Dr. William Milne have been founded; and only a few weeks ago, as recorded in our columns, £2,000 were given by Mrs. Marr, and £6,000 by Mr. Thompson, of Pitmedden, for the exclusive use of medical students. There are now about twenty medical bursaries, which, relatively to the number of students, is a considerable number. The munificence of Sir Erasmus Wilson has called a Pathological Chair into existence, which is worthily occupied by Professor Hamilton. An excellent laboratory has been formed in connection with the Chair, and eminent facilities thus afforded for the teaching of practical pathology, so far as it is possible to teach this subject in a laboratory. The Pathological Museum has been enriched by Professor Hamilton to such an extent that it may now be regarded as complete as any other department in the College. The class-rooms have all been made more comfortable by being heated by Perkin's hot water system. A new lecture-room has been provided for the Professor of Midwifery, and greater facilities have been afforded for the teaching of physiology. The anatomical department has been greatly extended, and the dissecting-room, museum, and osteology room, now *en suite*, may favourably compare with any similar apartments in the Kingdom. In the *personnel* of the College there have been the inevitable changes which even one year so often occasions. By the lamented death of Dr. Pirrie a vacancy took place in the Surgical

Chair, which has been filled up by an appointment highly acceptable to the profession, viz.,—that of Dr. Alexander Ogston, a gentleman in whose hands the well-earned surgical reputation of Aberdeen may be confidently entrusted. In room of Dr. Ewart, translated to a similar position in Edinburgh, Professor Alleyne Nicholson has been appointed; and St. Andrews receives in his stead Dr. Mackintosh, late of Murthly. The hospital staff remains unchanged. The managers have under consideration the desirability that the Professor of Pathology should have ready access to the materials afforded by the Infirmary. The question of additional infirmary accommodation is undergoing discussion, and it is felt expedient that special wards should be set aside for the treatment of skin diseases, diseases of women and children, &c. The weak point of the Aberdeen School is in the teaching of the final and practical subjects of the medical curriculum. The teaching in the wards of the Infirmary cannot be said to be worthy of the growing reputation of the School. In fact, the whole system of clinical instruction needs immediate and radical changes made in it; and the sooner this is done the better. At the forthcoming meeting of the managers the question of the appointment of an Assistant Physician will be discussed, and we sincerely hope that the selection of the candidate will not be guided by the wretched narrow-mindedness which in Aberdeen, as elsewhere, too frequently destroys the value of these appointments. The number of medical students enrolled this session is about 322, as against 297 last year.

BOOKS OF THE YEAR.

The following books, emanating from Scotland, appeared during the year, viz.:—The fourth edition of Husband's popular "Student's Handbook of Forensic Medicine and Medical Police." Hart and Barbour's "Manual of Gynaecology," a really good book; Byrom Bramwell's painstaking work "On Nervous Diseases;" "Spence's Surgery" (new edition); Wolfe "On Diseases and Injuries of the Eye," no less

ably than severely criticised in the *Glasgow Medical Journal* for May; a little work by Dr. James Wallace Anderson "On Nursing;" and Dr. James Patterson Cassell's translation of "Politzer's Text-Book on Diseases of the Ear and Adjacent Organs." Altogether, Scotland makes a very creditable appearance in the art of book-making for the year.

THE EDINBURGH MEDICAL SCHOOL.

The University of Edinburgh continues to maintain its undoubted numerical pre-eminence over the other Scotch Medical Schools. Up to this period in 1881 there were enrolled of medical students at the University of Edinburgh, 1,634, and up to the corresponding date in 1882 the large number of 1,728, being an increase on last year of no less than 94. In the teaching staff of the University changes have taken place. The vacancy caused by the lamented death of Professor Spence has been filled up, after a keen contest, by the appointment of Professor Chiene. This appointment has been a popular one with the profession; and here, at least, the selection of the Curators is homologated on all sides. Professor Cossar Ewart, of Aberdeen, has been appointed to the Chair of Natural History, by the unexpected resignation of Dr. E. Ray Lankester. The translation of Professor Hamilton to Aberdeen caused a vacancy in the office of Pathologist to the Infirmary, and to this position Dr. Byrom Bramwell has very justly succeeded. Professor Turner has been elected President of the College of Surgeons; and both he and the Colleges are determined to exert themselves to their utmost in retarding the question of medical reform, whose urgency is so universally recognised in the profession in Scotland, outside corporations, and the selfish leanings of other interested parties. It is suggested that the apparent apathy of the College of Surgeons is due to the fact that no changes can be made in its constitution without appealing to Parliament for a special charter, and that in the present state of affairs such an appeal might draw too much attention to the College. This we believe to be the true state of affairs. But the danger is more apparent than real. All the College is in need of is a little more honesty and openness in its management, a little less of the cringing attitude which it observes towards the University, and a little more consideration for the interests of the School on the reputation of which it lives. Surely the system by which the examiners elect themselves, and which in some cases is the means used to draw students to their classes, admits of improvement without an Act of Parliament. It is also worthy of remark that several home and colonial appointments of some value have of late been filled up by mere lads, who happened to be class assistants to one or two of the professors, whilst the extra-mural school has been totally overlooked. These boy-professors, who have never lectured nor taught the subject of their new chair but as class assistants to boys a few years their juniors, are suddenly placed in positions for which they are not prepared. The extra-mural teachers who have toiled for years naturally feel the slight placed upon them by the Colleges which do not support them as the University does its class assistants. High honours at the

University may be gained by any good short-hand writer with a good memory; for be it remembered that a medal only means that the receiver has reflected the crotchets of the professor. From this class are the class assistants taken. Now, we maintain that a professor needs a broader education than a class strait-jacket affords, and from which the extra-mural teacher is free. Scarcity of funds has arrested the progress of the University buildings. The cupidity of the University authorities has been made further manifest in their endeavour to subvert and render useless the teaching of pharmacy by the dispensaries, a function which they efficiently discharged—one dispensary for upwards of a hundred years, and another for the lengthened period of seventy. It is sincerely to be hoped that such manifestations of greed will only bring to greater prominence the pernicious nature and tendencies of the unjust monopolies enjoyed by the universities, and that the time is not far distant when they will be compelled to exist by fair and open competition with teachers receiving no State support, exclusive privilege, nor encouragement, and on the reputation of whom the University is founded; for it is the *School* and the comparative cheapness of the degrees that fills Edinburgh with students. Formerly, the subject of so-called "Practical Pharmacy" was taught in Glasgow by attendance in a druggist's shop or medical practitioner's dispensary, and in Edinburgh at the Royal and at the New Town Dispensary. Apart from the mechanical operation of compounding drugs, it is difficult to see how the teaching in the "Practical Pharmacy Class" of the University should not be overlapped by that of the systematic lectures; and it is equally incomprehensible what advantages can be claimed for the teaching thus enjoined over that obtained in the manner now assailed. In Edinburgh the Colleges very justly refuse to accept attendance on Professor Fraser's class in lieu of the dispensary pharmacy. There is some attempt being made to remedy an evil, which we have repeatedly denounced, with regard to the date of the first University examination. Hitherto the student has been obliged to wait eighteen months or two years before he was permitted to enter for his first professional. He will now be able to go up after one winter and summer session. The alteration, though tardily made, will prove a great boon to the student; and we congratulate ourselves on the share we have taken in bringing about the necessary reform. In a financial aspect, the College of Surgeons of Edinburgh has not been so successful in the Fellowship trade this year as during the previous one, the fees thus obtained being only £650, or nearly £400 less than in 1881. From the double qualification examination £1,300 have been received. Dr. Blair Cunningham has been appointed to the Statistical Office, but still retains his appointment as Curator of the College of Surgeons Museum. Dr. Patrick Heron Watson has been appointed Representative of the Royal College of Surgeons in room of the late Professor Spence. An important step has been taken by the Obstetrical Society in appointing a Pathological Committee to report on specimens presented at the meetings of the Society. Hitherto, the

products of disease have been simply placed on the table with merely a word or two as to their nature, no discussion taking place. A union of the Medico-Chirurgical and the Obstetrical Societies would be advantageous. It is understood that the Obstetrical is languishing from want of papers. This would naturally be inferred from the reception which it gave last year to certain papers from Glasgow. We think that a combined effort on the part of the different societies would be productive of work worthy of Edinburgh, an object which cannot be said to be at present accomplished. This union is, unfortunately, never likely to take place; the petty jealousies are too pronounced to admit of any combined action. We are sorry to state that the Students' Club has proved a failure, being unable to withstand the combined assaults of "piety," teetotalism, bad cooking, and—*sed vox faucibus harret*—dirt. This is much to be regretted, as such a club well conducted might have been productive of much benefit to the students. The present Bohemian life of the Edinburgh student is ill-adapted to foster that breadth of view, openness of heart, and refinement of feeling the want of which so frequently leads to those disgraceful and unseemly bickerings which injure the profession in the public mind.

THE MEDICAL PROFESSION AND NOTIFICATION OF INFECTIOUS DISEASES.

Certain clauses in the draft Glasgow Police Bill which have reference to the prevention and mitigation of disease have considerably exercised several Glasgow sanitarians quite recently; and meetings with reference to the question have been held in the Faculty Hall under the presidency of Dr. Scott Orr, and crochets have been fully aired in the Philosophical Society which is now the favourite arena for medical oratory and prelection in the city. Many circumstances contribute to this, and notably among others that this is a lay society, where the press being represented, full reports are given in the newspapers of the papers read and the discussion thereon, and it is evident that an opportunity for fame is thus presented which is eagerly seized on by the sagacious. It is supposed by not a few that these clauses so obnoxious to some, hardly merit the professional *furor* which they have begotten. It will at once be concluded by most people that as a profession the medical gratuitously contributes more information to the State, than any other, for the public good, and it seems ungracious to further impose upon it, in this respect, under pains and penalties of law. To the ample credit of the medical profession it cannot be gainsaid that it is ever as assiduous in its endeavour to prevent as to cure disease; and if it be disposed to refuse the imposition of additional gratuitous duty it cannot be said that it does so from disregard to the public weal. In Edinburgh, Dundee, and Greenock the notification of infectious diseases by the medical man or householder has been enforced since 1879, and it is not apparent that the condition of Glasgow in regard to epidemic disease, and where the knowledge of such disease is obtained by house-to-house visitation by sanitary inspectors, is worse than that of the above-mentioned towns. In the discussion at the Philosophi-

cal Society, on Dr. Ebenezer Duncan's paper, Professor Gairdner made some very cogent remarks. He himself was not at all unfavourable to notification. He thought it was most important for many reasons, that sanitary authorities should get the earliest possible information of everything that was going on bearing on the public health. That, he thought, was a first principle of sanitation. The real question was just whether the best way of securing that notification had been taken. The Edinburgh idea was a very plausible one indeed, but the real way of putting it was that it was simply paying the doctors to peach upon the people and the houses where epidemic disease existed. In that idea one fact was forgotten or excluded from consideration—namely, that sending for a doctor was a voluntary act, and it was precisely in those cases where it was most important to the public that notification should take place early that compulsory notification by a doctor would prevent the doctor being sent for. Thus the very means taken, as it were, to obtain the earliest information would in a great number of cases defeat the end that was desired. If he might make a random suggestion, he did not wish it to be considered that he was dictating the terms of an Act on the subject; as preferable form of notification to the one proposed in the Police Bill, it would be this—keep the compulsion on the householder if they liked, but instead of dragging in the doctor to "peach" upon the householder, with very imperfect results, let the sanitary authorities be instructed to offer, and let it be known to the whole population that they offered, a reward, not exceeding a shilling if they liked, to everybody who would give information of any case of infectious disease. Don't let a certificate be required; don't even require the disease to be named. No doubt a great many false informations would be got, but in such cases the shilling need not be paid. He would engage to say that if that course were adopted they would get a great deal more information in regard to these concealed cases than they would get from the doctors, for in many cases the doctor would never be called in, and the neighbours would always know. He was opposed to great blocks of buildings being erected for lodging-houses or for many families, without a bit of ground to be used as a play-ground being attached. He would also be very much inclined to say that, in no case, should large blocks of buildings for human habitation be erected without a suite of rooms being set apart in it as an hospital for the lodging of cases of disease. Dr. Russell, the Medical Officer of Health, was strongly biased in favour of the clauses in the draft bill. He had investigated many milk epidemics, and not a single case had occurred in which he would not have found it an advantage to have had such clauses. The notification clause did not originate with the Glasgow authorities. It was a clause which was taken by the Selecting Committee from the Manchester Provisional Order, and it was placed in that Provisional Order by the Local Government Board of England.

THE NEW HOSPITAL FOR SICK CHILDREN, GLASGOW.—While indiscriminate and excessive pampering of the working classes is calculated to make them forget, and

indifferent to the fact that they have social duties to discharge equally with the rich, we cheerfully admit that one of the least objectionable forms which an hospital can assume is that for the medical treatment of sick children. By certain philanthropic gentlemen the want of any such hospital was felt about twenty years ago, and since then steps have been taken with a view to the securing of such an Institution. The gentlemen who took up and endeavoured to carry out the scheme had a few difficulties to face, but all of these were in the course of time got over, and about a couple of years ago the committee set to work to get the hospital erected. The building has been proceeded with rapidly during the year now closing, and it is expected to be ready for the reception of patients on January 4th. Accommodation is provided for 55 in-patients, and the fittings, methods of ventilation and warming are carried out with all modern improvements. The staff as at present constituted is Drs. Leishman, Finlayson McEwen, Hector Cameron, and Walker, with Miss Harben, from the London Hospital for Sick Children as Lady Superintendent.

SCOTCH MEDICAL SCHOOLS.

GLASGOW UNIVERSITY.—1882 finds the Glasgow Medical School in an active and flourishing state. The number of medical students enrolled at the University is 823, against 624 last session. There is no change in the *personnel* of the teaching staff.

THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW, notwithstanding not a little and ungenerous assault, especially from the South of the Tweed, continues well to vindicate its *raison d'être*. In any new arrangement and distribution affecting the various licensing boards it is difficult to see how the claims of the Faculty cannot be regarded as substantial as those of the other Scotch qualifying bodies. Testimony to its popularity is afforded by the number of students presenting themselves before it for the preliminary and professional examinations. During 1882, the number of candidates for the preliminary examination was 296, and of these only 71 passed; at the primary professional examination 124, and of this number 53 passed; at the final examination 122, and of these 68 passed. In the matter of examinations some changes have been introduced in the direction of making the tests more practical and effective, and also more fair to the candidates. Formerly, any candidates *might* be called upon to dissect in presence of the examiners. Now, every candidate *must* dissect. Further, at the final examination it has been resolved to add an examination in operative surgery, this rule to come into operation in 1883. Other changes of less importance but pointing in the same direction will also take effect next year. In 1882 very extensive additions have been made to the Faculty Library, through the exertions of its courteous and intelligent Secretary, in the way not only of adding new books, but chiefly of filling up gaps in the older literature, especially that of France and Germany. A catalogue of the entire collection is now completed, and is in the hands of the printer. At the annual meeting in October, Dr. Scott Orr was re-elected to the office of President for another year, a position which he fills with marked courtesy and dignity. At the same meeting

vacant examinerships happening were keenly contested, with the result that the old examiners were re-appointed. These are so eagerly sought after, not alone in consequence of the direct emoluments of the office, but of the influence which extra-mural teachers thus influence over students. It is to be regretted that the rule was ever departed from at the Faculty that no teacher should hold the position of examiner. An impulse has been given to the rivalry in medical teaching in Glasgow by the new buildings in connection with

THE GLASGOW ROYAL INFIRMARY SCHOOL OF MEDICINE.—Some six years ago the managers of the Glasgow Royal Infirmary, considering the expediency of a medical school in connection with the Infirmary, obtained from the Government a supplementary charter, under which they appointed lecturers in the usual subjects of a medical curriculum. The accommodation at first provided for the school being found inadequate, by means of donations from private individuals new buildings have been erected worthy of the city, and eminently suitable for the purposes of teacher and student. Ninety students are in attendance on the school, and there are 110 clinical students at the Infirmary. The attendance at both is larger than last year; and the students are highly gratified at the accommodation provided for them in the School, which, we may add, was designed in the Italian style of architecture by Mr. James Thomson, with the intelligent assistance in practical details of Dr. Thomas, superintendent of the Infirmary. To the exertions of Mr. William McEwen, who has long taken a warm interest in the affairs of the Infirmary, the School is mainly indebted for the pecuniary support afforded by private gentlemen in the city. Their period of office having expired, Drs. Mather and Lawrie retired from the Dispensary, and to their positions Drs. Wallace Anderson and Dougall were promoted. Drs. Middleton, Henderson, Campbell Black, and Brock were appointed to subordinate positions on the Medical Dispensary staff during the year; and on the Surgical, Dr. Whitson having retired, his term of office having expired, Dr. W. G. Fleming was promoted, and Dr. Adams and Shaw appointed extra surgeons. Altogether the Glasgow Royal Infirmary maintains its high position as an unequalled field for medical study, and success in surgical and medical treatment.

ANDERSON'S MEDICAL COLLEGE shows more signs of vitality than ever, in spite of the attractions offered by the Royal Infirmary Medical School, and the pre-eminently aggressive school at the University gates. Its medical teachers are extremely anxious for a migration westwards, and it is only the *res angusta domi* which determines their continued habitation in George Street. We shall be pleased to see that the efforts which they are putting forth in this direction will be successful, and that a building be secured or built worthy of the reputation of this, the first Radical school (though now becoming respectably Conservative) of Glasgow.

THE NEW WESTERN MEDICAL SCHOOL is meeting with a fair measure of encouragement. Its first session was inaugurated by a somewhat bellicose address by Dr. MacVail. While we perfectly agreed with the sentiments, was it not possibly somewhat ungracious on the part of Dr. MacVail to level such philippics at the University at the

very time when it manifested such praiseworthy generosity towards the extra-mural teachers?

GLASGOW SOUTHERN HOSPITAL SCHEME.—Despite intelligent criticism of an adverse nature, the Glasgow Southern Hospital scheme is kept well alive by interested parties. To most thoughtful people the necessity for any such hospital is far from apparent, and it is confidently predicted (and it has been shown by Mr. William McEwen almost to a demonstration) that to be kept up by the South Side of the city the subscriptions at present received from this quarter for similar objects must be enormously increased. Excessive medical charity is one of the gravest questions of the day; the self-reliance of the working-classes is thus undermined, poverty and dissoluteness fostered, and a long-suffering and generally speaking underpaid profession shamefully robbed. As a consequence, in Glasgow, the working class practice of thirty or forty years ago has totally disappeared, and while the population of the city has enormously increased, the number of medical men is about the same as fifteen or twenty years ago. That there is a large section of the community between the pauper and the artisan class whose medical wants it is incumbent on the philanthropic and the humane to relieve, no one will gainsay; indeed, the attempt will have the sympathy of the entire profession; but we insist fearlessly, on the other hand, that it is not by absolute and unstinted eleemosynary aid that in the interests of society, no less than in the interests of the profession, this end ought to be achieved. The erection of another hospital in Glasgow, inviting *all and sundry* to receive *medical attendance and medicine* is a matter calling for the severest reprehension. Yet there are a few who benefit by such institutions, and whose interests blind them to the pernicious influences of unstinted charity, as they render them indifferent to the just claims of their brethren, and who by perseverance and commercial dash succeed in floating such schemes. Accordingly the committee in charge of the Southern Hospital scheme will soon be before the public, hat in hand, for funds, and with definite proposals as to size and style of buildings, &c., on which to base the charity refrain. It is stated that no fewer than forty-six sets of architects' plans have been lodged with the secretary, and that their variety is such that a considerable time must elapse before a final decision is arrived at regarding them. With this hospital and its objects we have no sympathy, believing as we do that, apart from the inevitable injury which it will inflict on the profession on the South side, and on the working classes, there will be the greatest possible difficulty in maintaining it, and that its partial maintenance can only be accomplished by draining chiefly from the Royal Infirmary the too paltry support which it receives from transpontine bounty.

SCOTCH MEDICAL SOCIETIES.

At the *Edinburgh Medico-Chirurgical Society* several important papers were read during the year, of which may be enumerated that of Dr. Lealie "On Hereditary Transmission of Disease;" Chien's paper on "Cranial Injuries;" Dr. Gibson's on the "Action of the Auricles in Health and Disease," in which, discussing the physiology of the auricles, reference was made to the advance

achieved by Lauder Brunton and others in bringing forward anew the fact of rhythmic pulsation of the great veins; a paper by Dr. W. Russell, of Carlisle, on the "Murmurs of Debility in the Pulmonary and Tricuspid Areas;" Dr. Clouston on "Alternation, Periodicity, and Relapse in Mental Disease;" Dr. Duncan on the "Treatment of Fresh Wounds," in the discussion of which it appeared that another new phase of the carbolic acid treatment had been entered upon in Edinburgh—viz., the abandonment of the gauze, and the substitution thereof of dry dressings in the shape of salicylic and carbolic wools; Dr. Cadell's paper on "Cases of Stricture of the Urethra," in which Holt's method of treating stricture was highly eulogised; and Dr. Allan Jamieson's paper on the "Treatment of Diphtheritic Sore-Throat," in which the use of a mixture of borax, boracic acid, and glycerine boiled together (boro-glyceride) was recommended. In the discussion upon this paper several of the speakers condemned the tendency to designate mild forms of sore-throat diphtheria, a custom which is certainly too common and much to be reprehended.

At the *Edinburgh Obstetrical Society* much good work was done. Prof. Simpson read an important paper on "The Uterine Sound," and, in commenting upon it, Dr. Donaldson, of Boston, very properly drew attention to the dangers of the sound in the bringing on of miscarriage accidentally, and the perforation of the uterine wall—the latter of which accidents had happened in his own hands, though no harm resulted. Dr. Matthews Duncan read a paper by Prof. Slavjansky, of St. Petersburg, on "The Development of Malignant from Non-Malignant Tumours of the Uterus," a paper which Prof. Simpson characterised as an able and interesting one, though he did not consider it proved that a malignant had developed from a non-malignant tumour. Dr. Croom read an instructive paper on "Funic Hæmorrhage during Labour." Dr. Popow, Pensa, Russia, contributed a paper on "Fibro-myxoma Duplex Ovariorum;" Dr. J. Halliday Croom, on "Clinical and Experimental Observations on the Bladder during Parturition;" Dr. Matthews Duncan, on "Fœtid Parametric and Perimetric Abscess;" Dr. Peter Young, on "Graviditas Serotina et Præcox," on which Dr. Croom held that the only test of protracted gestation is the weight of the child.

Of the notable papers read at the *Glasgow Medico-Chirurgical Society* may be mentioned Dr. Coats on "A Case of Spontaneous Lateral Sclerosis of the Cord," and one of Polio-myelitis Anterior;" Dr. Alexander Patterson, "Notes of a Case of Stone in the Bladder;" Dr. Hector C. Cameron, "Notes of some Cases of Unusual Surgical Diseases and Accidents." At the annual meeting of the Society held on the 6th October, 1882, Dr. W. T. Gairdner was elected President, *vice* Dr. George Buchanan, and Drs. Grieve and Alexander Robertson Vice-Presidents.

The *Glasgow Pathological and Clinical Society* receives considerable attention from the younger members of the profession, and many good papers were read at it during the year. The *Glasgow Southern Medical Society* was well attended during the same period; and its members are to be congratulated on the excellence of the papers read.

SCOTCH MEDICAL JOURNALS.

THE *Edinburgh Medical Journal* continues most worthily to represent current medical literature in Scotland. Its reviews are invariably able, and characterised by much fairness and evidences of careful examination. Its reports of the Medico-Chirurgical and the Obstetrical Societies of Edinburgh give an interesting *épitome* of the excellent work done in connection with these Societies. During the current year it contained many able original articles, of which may be mentioned Professor Grainger Stewart's "Introductory Lecture delivered at the Inauguration of the Practice of Physic Department of the New University Buildings;" Dr. D. B. Hart "On the Mechanism of Labour;" Dr. George W. Balfour "On the Position and Mechanism of the Hæmic Murmur;" Dr. G. A. Gibson "On the Action of the Auricles in Health and Disease;" Dr. T. S. Clouston "On Mental Diseases;" Mr. John Chiene "On Cranial Injuries;" Mr. Cathcart's interesting and instructing paper "On Some of the Older Schools of Anatomy connected with the Royal College of Surgeons, Edinburgh;" and many others of great merit. Altogether, the conductors of the *Edinburgh Medical Journal* are to be congratulated on its excellence for 1882.

Under the editorship of Drs. Coats and Napier, an impulse has been given in a praiseworthy direction to the *Glasgow Medical Journal* and while in a city like Glasgow, in which the profession feels the commercial spirit, and has consequently scant leisure to devote to literary pursuits, it is difficult to secure an adequate supply of interesting material, the object has been well achieved by Drs. Coats and Napier in 1882. The Western and the Royal Infirmarys furnish from their ample field instructive Clinical Records; the Proceedings of the Medico-Chirurgical and Pathological Societies are well reported in its pages; and it contains several papers of marked excellence. We may mention, for instance, Mr. J. L. Steven's paper "On a case of Pyelo-Nephritis with Micrococci;" "The Pathology of Diabetes Mellitus," by Dr. Coats; Professor Cleland's "Introductory Lecture at the Veterinary College;" and Dr. Alexander Patterson's "Statistics of the Glasgow Lock Hospital since its Foundation in 1805."

OBITUARY.

EIGHTEEN HUNDRED AND EIGHTY-TWO has removed from our ranks not a few well-known and honourable members, some full of years and honours, and others on the threshold of what promised to be happy, brilliant, and useful lives to mankind. In the death of ROBERT ORMOND, a veteran who held an honourable place among the practitioners of Edinburgh, has gone to his rest. Dr. Ormond died at the ripe age of 75. In consequence of failing health, Dr. Ormond had been for several years almost withdrawn from the public eye. During his long illness he had seasons of acute suffering, borne invariably with philosophic courage, patience, and meekness. Born in Orkney in 1806, he came South with his widowed mother and two brothers not long after the close of the Peninsular War, and received the greater part of his education in Edinburgh. Having chosen medicine as his future profession, he was in due time apprenticed to the late Dr. Adolphus Ross, then in partnership with Messrs. Bell and Russell, Fellows of the Royal College of Surgeons. He graduated in 1823, spent some time in studying on the Continent, and afterwards finally settled in Edinburgh. He became a F.R.C.S. Edin. in 1832, and in the course of years filled various positions in connection with the

College. Dr. Ormond was universally liked by his professional brethren on account of his unselfishness, his readiness to oblige, and his charming manner.

SIR ROBERT CHRISTISON, Bart., M.D.—A link which severed the present with the past generation of eminent medical men in Edinburgh—died on the 5th of February. For upwards of half a century he had occupied a prominent position in his profession, and in the scientific and social life of Edinburgh. As a teacher and as a writer his name was so widely known that it may truly be asserted that wherever the English language is spoken his loss was regarded as a signal one to scientific medicine. His strongly marked individuality presented always a model of uprightness and nobility of character, and exerted an influence which it is impossible to exaggerate in elevating the tone of the profession both in and out of Scotland. Dr. Christison was born on the 18th of July, 1797; his father, Mr. Alexander Christison, being for several years Professor of Humanity in the University of Edinburgh. Christison graduated M.D. in 1819, and desiring to extend his knowledge, proceeded to London, where he attached himself for several months to St. Bartholomew's Hospital; thence he proceeded to Paris, where he attended the lectures of Vauqueline and Thenard on Chemistry, of Gay-Lussac on Physics, and of Orfila on Toxicology. As illustrating the subsequent bias of his mind, it may be noted that he was a frequent visitor at the French Institute when Pelletier and Caventon announced their numerous discoveries on the subject of the chemical composition of vegetable substances, and especially on the separation and characters of the alkaloids. At the early age of twenty-five he was appointed Professor of Medical Jurisprudence in the University of Edinburgh, and ten years afterwards Dr. Christison was transferred to the Chair of *Materia Medica* which had become vacant by the death of Dr. Andrew Duncan. During the long period of fifty-five years he held the office of Professor, resigning his chair through temporary ill-health in 1877.

The town of Bathgate lost an appreciated public servant on the 5th of February in the death of Dr. JAMES BALFOUR KIRK. Dr. Kirk was born on the 6th of December, 1823, at Cairneyhill, near Dumfries, graduated M.D. in 1846, and for five-and-thirty years followed a large and exhausting practice in Bathgate and its neighbourhood. Dr. Kirk enjoyed in a large degree the confidence of his numerous patients, and the loss which the community sustained by his death was testified to by the manifestations of sorrow which then took place.

JOHN BROWN, M.D., LL.D., was born at Biggar on the 22nd Sept., 1810. His father was Secession Minister there, and superintended his son's education until 1822, when he was called to Edinburgh. After attending classes at the High School and the University, John Brown was apprenticed to Mr. Syme, and thus began the practical work of his profession at Minto House. Dr. John Brown will be remembered rather as a *littérateur* than as a medical man. His best known work is "Rab and His Friends." Amongst his earliest writings for the press are his criticisms in the *Witness* newspaper upon the pictures in the Exhibition of the Scottish Academy in 1846; an article "On Modern Painters" in the *North British Review*; and a paper on John Locke and Thomas Sydenham. In 1858 his *Horæ Subsecivæ* was published. In private life Dr. Brown was one of the most amiable and lovable of men; there was a charm in his manner and conversation which is quite indescribable, and a singular balance in all his faculties.

Scottish Surgery lost its acknowledged representative and head in the death of Professor JAMES SPENCE, who was born in Edinburgh on the 31st March, 1812. Amongst his first steps in his professional career was his being apprenticed to Messrs. Scott and Orr, an eminent firm of druggists then carrying on business in Edinburgh. On completing his medical education at the University and the Extra-Mural School, he obtained the diploma of the Royal College of Surgeons in 1832, at the age of 20 years. Previous to this, he spent some time in Paris, attending chiefly the surgical and the anatomical classes. In 1849 Mr. Spence became a Fellow of the Royal College of Surgeons; and in 1864, on the death of Professor Miller, he was elected Professor of Surgery in the University of Edinburgh; and in 1865 was appointed Surgeon in Ordinary to the Queen in Scotland. Mr. Spence was a distinguished surgical anatomist and operator, and was widely and deservedly respected in the profession. No one was more sympathetic nor tender-hearted than Mr. Spence, and operating by him was felt to be a strain on his nature. Unrewarded for years, he wrought honestly at his profession, and ultimately earned for himself a life of good report and signal success.

DR. GEORGE HAMILTON, of Falkirk, terminated an active and useful life on the 8th of July. Dr. Hamilton was born in Edinburgh in 1802. He was educated at the High School and the University of Edinburgh, and settled in Falkirk in 1833, where he remained for nearly half a century. He soon acquired an extensive practice, not only in Falkirk, but in the surrounding country. He was medical attendant to the Pleas Asylum, and to the National Imbecile Institution at Larbert. Dr. Hamilton had a ready pen, and was a constant contributor to the Edinburgh medical journals, while he also wrote on subjects outside the profession. He will be best remembered in the profession in connection with his earnest advocacy of the more frequent early use of the midwifery forceps. While no bigot, Dr. Hamilton was a keen politician, and invariably took a keen interest in politics. Dr. Hamilton had earned the gratitude of all the classes of Falkirk by his sustained and successful efforts to keep the Falkirk School of Arts in life and vigour. For a man of his years, Dr. Hamilton enjoyed great vigour of body, and till within a fortnight of his death was engaged on the duties of his practice. He was singularly happy in his domestic relations, and is survived by three sons, all in the medical profession, the second son being now Professor of Pathology at Aberdeen.

DR. CHARLES MOREHEAD, F.R.C.P., C.I.E., was first Principal of the Grant Medical College, India. He spent the latter years of his well-earned rest and leisure in Edinburgh, and the news of his sudden death came to many of the profession in Edinburgh as a personal affliction, for no one who enjoyed his friendship could help loving and admiring the polished, courteous gentleman who bore his load of years and honours so calmly and with such modest grace.

DR. WILLIAM ROBERTSON, F.R.C.P. Edin., died on the 25th August. He was born in Edinburgh in 1818, and was the son of the late Mr. George Robertson, Deputy Keeper of the Records in the General Register House. Dr. Robertson received his earlier education at the Edinburgh Academy, and his professional education at the University of Edinburgh, where he graduated in 1839. On the outbreak of the Crimean war he was appointed Inspecting Physician to the British Civil Hospital, Renkioi, and at this place and elsewhere he continued in the Government employment for eighteen months. He was one of the ordinary physicians to the Royal

Infirmary of Edinburgh, and in that position his diagnostic skill was held in high esteem. While the *Edinburgh Medical Journal* was under the conduct of a fraternity comprising Syme, Christison, Simpson, Bennett, and MacLagan, Dr. Robertson was chosen responsible editor of the journal, the duties of which office he filled with full acceptance to the conductors and readers. He was a man in all respects of excellent character.

By the death of Dr. ANDREW BUCHANAN, Glasgow lost one of the best known and esteemed members of the profession. Dr. Buchanan was a native of Glasgow, where he was born on the 10th of December, 1798. He was educated at the Grammar School and the University of Glasgow. Part of his medical curriculum was spent in Edinburgh. Subsequently he studied in Paris, and visited Italy. He graduated M.D. in the Glasgow University in 1822, and was admitted a Fellow of the Faculty in 1824. In 1823 he was appointed Professor of *Materia Medica* in the Andersonian University, and in 1835 one of the surgeons of the Royal Infirmary. He contributed largely to periodical medical literature, and was at one time editor of the *Glasgow Medical Journal*. In 1839 Dr. Buchanan was appointed to the chair of the Institutes of Medicine in the University, an office which he worthily filled till 1876. His chief reputation as a surgeon rests on his introduction of a new operation for lithotomy by means of a rectangular staff. Dr. Buchanan (of whom an exhaustive obituary notice appeared at the time of his death in these columns) was a highly-educated and accomplished gentleman, and was widely respected both in the profession and by a large circle of friends both in and out of Glasgow. He was an excellent and characteristic specimen of the high-class Scotch gentleman.

The untimely death of Dr. ROBERT PINKERTON caused a genuine feeling of sympathy for his bereaved family circle. He was born in Largs in 1848. He received his professional education at the University of Glasgow, where his career was one of uniform success. He took his degrees of M.B. and C.M. in 1876. On the outbreak of the Russo-Turkish War he was elected by Lord Blantyre to proceed to the seat of war as a member of the Red Crescent Society. In this capacity Dr. Pinkerton acted for several months, penetrating as far as Plevna. In 1879 he proceeded to New Zealand, in charge of the emigrant ship *Marlborough*; and he spent the winter of 1881 in Egypt. Dr. Pinkerton's career, thus cut short so early, promised to be one of honour and distinction, as he possessed enthusiasm for his profession and natural abilities which would not have failed to command success.

So recently as last month our columns contained an obituary notice of Professor PIRRIE, of Aberdeen, and it is unnecessary now to recapitulate what was then said of the loss sustained to this seat of learning.

CONCLUSION.

IN deploring the loss of such men as those referred to in the three divisions of the United Kingdom and on the Continent, we must remember that, while, by their genius some shed lustre on our profession, others by their personal character did more—they caused it to be respected and beloved. It is for us who sojourn after to look to them as beacons for our guidance, so that each may strive to the extent of his ability to obtain some measure of success in contributing to the good of mankind, and thus lead a happy and useful life.

In terminating our labours for another year—the forty-fourth—cordial thanks are due to our numerous subscribers and contributors; and in our future efforts, during such time as may remain to us, we bespeak their continued sym-

pathy and generous support. We are deeply sensible of the difficulty we set before us in desiring above all things to render the *Medical Press and Circular* a fair and impartial exponent of professional opinion above clique or party; and however much difference of opinion may be evoked, it will be our highest aim to conduct our duties so as to excite no unworthy personal hostility. Where many conflicting interests jar, and masked quackery is rampant, it is, no doubt, difficult to secure so desired an end. When influence

may frown down, and slander corrupt and pervert, a sense of duty alone, and a feeling of justice, support the public journalist. It is for him who fears scars to seek another place than the front of the battle, knowing well that the fruits of victory are better assured to him who wisely deems discretion the better part of valour. Still,

"He's truly valiant that can wisely suffer
The worst that man can breathe, and make his wrongs
His outides; to wear them like his raiment, carelessly;
And ne'er prefer his injuries to his heart,
To bring it into danger."

Foreign.

THE year that is now closing has, as well on the continent of Europe as in these realms, been at least on a par with those that have preceded it. There has been no falling off in activity, in unwearied industry, in intelligent prying into the secrets of Nature, in constant and varied endeavours, that have not been altogether in vain, for the prevention and cure of disease, for the "alleviation of human suffering and the prolongation of human life."

MEDICAL SCHOOLS.

In our brief and necessarily imperfect Retrospect of the past year, we will commence with the medical schools and the changes that have taken place in their professional staffs. First in importance comes the retirement of the venerable and renowned Langenbeck from the Chair of Surgery and the Directorship of the Clinical Institute of Surgery in Berlin, the Father of Conservative Surgery as he was called in Germany. He himself succeeded Dieffenbach, who in his turn succeeded Gräfe. Before the time of the last named, Germany scarcely possessed what could be called a School of Surgery, and was contented to look up to Larrey and Dupuytren as the fountains, *par excellence*, of surgical knowledge. The coveted prize thus left for competition by Langenbeck's retirement has been secured by Professor Bergmann, late of Würzburg, but not until it had been offered to Billroth, of Vienna, a man not less distinguished where anything is known of surgery as a science, than his late *confrères* and former teacher of Berlin. The prize was a tempting one, but after a short struggle Billroth gladdened the hearts of his adopted countrymen (he is a Prussian by birth) by the announcement that he decided to stay with them. Bergmann delivered his inaugural address at Berlin on Nov. 1st.

The next, perhaps in importance, is Nothnagel's transference from Jena to Vienna, as the successor of Duchek. No doubt need be entertained of his fitness for the post, and of the certainty that he will sustain the reputation of the school. In 1870 Nothnagel was privat-docent in Berlin, where he published his "*Lehrbuch der Arzneimittellehre*," "*Das Deutsche Archiv für Klinische Medizin*," &c. From that time he has been an indefatigable worker and writer. His principal work "*Topische Diagnostik der Gehirnerkrankheiten*," was published in 1879, a work that speaks volumes for the writer's patience and exactitude, for it is a clinical study in which not a single observation has been considered worthy of a place unless verified by post-mortem examination.

The Chair of Pathological Anatomy in Vienna, rendered vacant by the death of Rokitsky, it was fondly hoped, by the profession, would be offered to Klebs, the celebrated Prague physician, but the Minister for Educational, Spiritual, and Medical Affairs decided to offer it to Professor Kundrat. This virtual refusal of a position to which he was undoubtedly entitled,

made Klebs willing to leave Austria, where his services had met with such scanty recognition. Switzerland was only too glad of an opportunity of obtaining possession of such a distinguished teacher, and offered him the Chair of Pathological Anatomy of Zurich, it was accepted by him, notwithstanding an address from the students of the Prague University, with an appeal that he would not leave them in the time of their need. Chiari has succeeded Klebs at Prague.

Professor Paul Voigt has succeeded Hüter at Griefswald.

Mikwlici, of Vienna, an assistant of Billroth's, has accepted the post of Professor of Surgery at Cracow.

Professor Eulenburg, of Griefswald, not finding the teaching faculties to his mind, and further, discovering that he was powerless to alter the conditions of things, has given up the Professorship, and settled in practice in Berlin.

Professor Rossbach, of Würzburg, has been called to succeed Nothnagel at Jena. Rossbach is not unknown to our readers, as we gave, in these columns but a short time ago, a summary of his experiments on the secretion of mucus.

Kitz, of Halle, has been appointed to the Professorship of Anatomy in Berlin.

The above are some, but only a part, of the translations that have taken place during the past year. Movement from one University to another more renowned, is the rule in Germany, so that a vacancy in the professional staff in Berlin, will set in motion a whole series of changes, in which half the universities in Germany will have been in turn affected.

WORK AT THE SOCIETIES.

THE meetings of the various local societies have again been characterised by the solid and original character of the work brought before them. This cannot be better shown than by a brief—very brief—*résumé* of some of the work done.

First in importance, without the shadow of a doubt, ranks the discovery of the

BACILLUS OF TUBERCLE,

first made known to the world in an address, destined to hold its place in history, delivered before the Physiological Society of Berlin, on March 24th of the present year. On the 5th of April we gave the first notice of this important discovery to our readers—but this by the way. Villemin was the first to discover the inoculability of tubercle. There were not wanting many scientific men who were sceptical as to the results of Villemin's experiments. They said that rabbits and guinea-pigs were peculiarly prone to tuberculosis, and that it could be produced in them at any time by setons or by inoculation, with almost any foreign material. Others more philosophical took care to repeat the

discoverer's experiments before committing themselves. First Cohnheim, and then Salomonsen, carried out inoculations successfully, and after them von Baumgarten, with a like result. Then Tappeiner experimented with inhalations, and it was finally settled that for the future tuberculosis must take its place as an infectious disease. Being satisfied in his own mind as to the nature of the disease, Dr. Robert Koch set himself the task of proving the existence of some parasitical foreign body that might possibly be the cause of it. As a matter of fact, he succeeded in his task, by discovering, by the help of a certain process of colouring (now well known, and since improved upon), characteristic bacteria, till then unknown, in all organs changed by tubercle, "The bacteria thus made visible by the new process" (we quote from his address) "have a rod-like form and thus belong to the group of the bacilli. They are very thin, and are from a quarter to half as long as the diameter of a red blood-corpuscle; occasionally they attain to a greater length, even to that of the full diameter of a blood-corpuscle." He found the bacilli in eleven cases of miliary tuberculosis; in twelve cases of caseous bronchitis and pneumonia. In animals he found it in eleven cases of "grapes," in three apes, which died of spontaneous tubercle; in nine guinea-pigs and nine rabbits, also dead of spontaneous phthisis. Besides the above, Koch inoculated with tubercle 172 guinea-pigs, 33 rabbits, and 5 cats, and in every case succeeded in finding bacilli in the lungs of the animals thus inoculated. Our space will not permit us to follow further the various steps by which he proved that these particular organisms are the accompaniments of no other disease, and that they are not merely the accompaniments of tuberculosis, but the originators of it. Suffice it to say that each step is as thoroughly and as philosophically worked out as the first. We should not have said this much at this period of time after the discovery were it not that many people look upon it with a complacent incredulity, not unmixed with a sort of pity for the poor creatures that believe in such new-fangled ideas.

But we must pass on, and be more brief.

Amongst the important subjects discussed may be mentioned Iodoform, Puerperal Fever, and Diphtheria. These were brought before the Berlin Medical Society, the debate on diphtheria extending over two or three nights. The annual congresses offer perhaps on the whole more points of interest for a retrospect than the ordinary meetings of societies. One of the first, if not the first of the year, was the Medical Congress which met at Wiesbaden on April 20th, under the presidency of Frerichs. It is to be understood that this was a Medical Congress exclusively, surgery and all the other branches of medicine being excluded. About 200 physicians attended. Professors Leyden and Rosenstein both read papers on the same subject—viz., Bright's Disease. Both readers agreed that there is but one type of nephritis, that the parenchymatous and the interstitial are in the main not to be distinguished; that out of the infectious form, the second stage of fatty degeneration, as well as that of the third, shrivelled kidney, could be developed. On the same day Koch demonstrated the bacillus of tubercle to the Congress. The following day the antipyretic method of treatment was discussed, when most of the speakers, among whom were Liebermeister (who opened the discussion), Jürgenson, Curschmann, Prof. Binz and Riess, spoke more or less in favour of the treatment by baths. The usual banquet closed the session.

The Eleventh Congress of German Surgeons was held in Berlin from May 31st to June 3rd, under the presidency of Langenbeck. As a summary of the work done has already

appeared in these columns, we will content ourselves by referring to one of the subjects only—viz., Movable Kidney. E. Hahn, of Berlin, read a paper on this subject, or rather on the operation for fixation of movable kidney, and exhibited a patient. The existence of such an affection was certainly not pooh-poohed. Herr Landau was opposed to operation, but on theoretical grounds only. Küster had operated once with relief to the patient. Esmarch had had three cases in which operation gave relief to the symptoms.

The fifty-fifth meeting of the Society of Naturalists and Physicians was held at Eisenach from Sept. 18th to 22nd. The meeting was formally opened in presence of the Archduke and Archduchess of Saxe-Weimar. The opening address by Hückel, of Jena, which was said to be brilliant, was a consideration of the views of Goethe, Lamarck, and Darwin. A very interesting discussion on the feeding of infants was introduced by a paper by Biedert, of Hagenau, and another on compulsory vaccination, that was rendered more interesting by the fact that it was introduced by the well-known apostle of non-compulsion, Dr. Oidtman, of Linnich. One of the sectional papers was by Professor Bergmann, of Würzburg, now Langenbeck's successor in Berlin, on "The Present Method of Wound-dressing, and its relation to Anti-sepsis." He points out to his German audience that the foundations of our present knowledge regarding asepsis were laid in the observations of Billroth, whilst an assistant in Langenbeck's wards, of the very different courses run by open and closed wounds, that where the skin covering is complete, inflammation regularly and of necessity is absent; that it is the drop of pus, or the drop of putrescent matter upon which an inflammation depends. "Step by step," he says, "have these processes and relations been definitely worked out by German surgeons, and it is their work that has prescribed to surgical therapeutics its task—the so-called antiseptics. It was certainly Lister's good fortune in his experiments to hit upon a method of treatment by which the process of decomposition was disturbed, but he never succeeded in solving the problem of antiseptics." After this passage it will be readily conceived that it remained to German surgeons to solve the mystery. The success of the treatment was undoubted, but "the scientific mind of German surgeons strove against accepting the results of a method of treatment as a proof of the correctness of a theory. But during the last ten years everything is changed; we are now able to prove it outside the body, as the *materielle* of disinfection are better understood." There seems to be a narrowness of tone about all this that seems scarcely in harmony with the great position the speaker has been chosen to fill. Something of the same runs through his inaugural address delivered in Berlin on November 1st, although in that he does acknowledge that German surgery has only taken the position it now occupies during recent years. The meeting, on the whole, was a great success, there being about eight hundred visitors present. The main object of these *réunions* was kept in mind, viz., the forming acquaintance and renewal of acquaintanceship with men with whose names as writers and men of eminence they might be perfectly familiar, but from whom, but for the opportunities afforded by these gatherings, the exigencies of life would for ever keep them asunder.

As is the custom in Germany, other societies had held their meetings in the same town immediately before the session of the Naturalists and Physicians, so that the lingerers from the meeting of the Society of Alienists met the early arrivals of scientists belonging to another branch.

The fourth Hygienic Congress met in Geneva from Sep-

tember 4th to 9th. The Congress took a fairly extended view of the region embraced by Hygiene; nor did it confine itself to the merely human aspects of the subject, as veterinary hygiene formed a department.

NEW DRUGS.

FOREMOST amongst these must be mentioned one that is not by any means new, but one the recent revival of which has become so widely spread that the literature relating to it, that has appeared during the past year only, would fill many volumes. We refer to Iodoform. First discovered about the year 1823, its virtues were hidden till but a very few years ago, when Mosetig and others began to employ and praise it. It has grown so rapidly into favour that it is now made use of in the most varied diseases—from syphilis and tubercle to ulcer of the stomach and diabetes, eye affections, and decayed teeth. Hoffer has written on its action on blood corpuscles; Mook on iodoform in tuberculosis; Scherr and Benzan on iodoform in diphtheria, Deutschmann, Schindler, and Grossmann on iodoform in eye diseases, Binz on the emigration of white blood corpuscles during iodoform administration, Neumann and Thomann on iodoform injections in syphilis. The list of authors who have written about the drug would be tedious to read. Certainly no one therapeutic agent has received so much attention during the past year as iodoform.

CONVALLARIA MAJALIS is a remedy that for generations has been in repute in Russia, but has only recently been subjected to scientific scrutiny. MM. Germain Sée and Deplat, the former especially, have laid the profession under obligations to them by investigating the powers of the drug. It seems to have an action almost identical with that of digitalis—may be given in doses of from one gramme to a gramme and a-half daily in the form of aqueous extract of the whole plant. Its diuretic action is spoken of as being certain and pronounced in all cases of cardiac dropsy, less so in dropsy depending on kidney disease, and *nil* when the cause lies in the liver.

PARALDEHYD.—V. Cervello has been studying the action of this preparation, and according to his report published in the *Archiv für exper-Pathologie und Pharmacologie*, it is likely to prove a useful addition to our materia medica. It is a modification of aldehyd, is a colourless fluid that boils at 124° C., and is soluble in eight parts of water at 13° C. Paraldehyd diminishes cutaneous sensibility, but reflex irritability remains intact even in hypnotic doses, but not in doses that are fatal. Injected subcutaneously it causes pain, but produces the same effects as if absorbed through the stomach. The dose is three times that of chloral hydrate.

ADONIS VERNALIS.—The active principle of this plant has been obtained also by Cervello and experimented upon. He found its action to be similar to that of digitaline, but that the dose required was much smaller. In rabbits and dogs the blood pressure always rises under its influence. He does not appear to have tried its effects on human beings.

GUACHAMACA.—Portions of the guachamaca plant were supposed to be first brought to Europe by Dr. Karl Sachs on his return from Venezuela, in which country the most wonderful stories are told concerning its virtues. It is not mentioned by A. v. Humboldt, whence it is concluded that it was not, at the time the distinguished traveller was there, known medicinally. Herr Schiffer, of Berlin, has been studying its effects, and brought them before the notice of the Society of Physicians of Berlin last spring. It acts very much like curare, in allaying spasm, and in large doses causing a general paresis. The juice taken from the plant in the rainy

season makes the most powerful extract. If ten mgrm. of the extract are given to a frog, an interval of fifteen to eighteen minutes passes before any effect is noticed. After this period, however, the action is rapid. The animal becomes stupid, allows the head to fall, permits itself to be laid on its back, and does not draw back the leg if extended, &c. So far its action is exactly similar to that of curare; but now comes the difference. The respiration continues, the circulation and cardiac activity are undisturbed. Its effect was tried on a young man in Frerich's Klinik who was suffering from cramps. Ten mgrm. of the extract were injected, but for three quarters of an hour no effect was observed. The patient then, in broad daylight, suddenly fell into a rather deep sleep, which lasted for nearly three hours; respiration and circulation were undisturbed. Schiffer believes that in guachamaca we have an agent capable of combating disorder of the motory apparatus, as well as a useful hypnotic.

MISCELLANEOUS.

BURNING OF THE BERLIN EXHIBITION FOR GERMAN HYGIENE AND LIFE-SAVING.

This Exhibition was to be as perfect and complete as science, art, and lavish expenditure of money and labour could make it, that is, perfect as a German Exhibition, for it was not intended that it should be anything but German. Here the most valuable and unreplaceable objects, unique of their kind, the ornament and pride of museums, apparatus to the discovery and perfecting of which the inventors had devoted a lifetime, were to be formally introduced to the world. The German Imperial Crown Prince was to honour the Exhibition by declaring it open. But, as is not unusual, the arrangements for the opening, which was fixed for the 16th of May, were rather backward, so that the work had to be hurried on at break-neck speed day and night. In the midst of this incautious hurry and bustle, on the 12th of May, just four days before the intended opening, the building was accidentally set on fire, and in a few minutes the whole well-nigh completed work with all its invaluable contents was destroyed, "and with it the hopes which the whole scientific and educational world had formed that the undertaking should be an honour to Germany and a benefit to all mankind."

The tercentenary of the founding of the Maximilian University of Würzburg was celebrated during the past year. The celebration addresses were not all of the character common to such occasions; some were of a practical nature, that of Rossbach for instance, on the secretion of mucus being the outcome of patient investigation.

The custom of holding vacation classes for study has not been departed from, and during the past autumn the numbers of practising medical men who assembled for study in the various educational centres showed no signs of falling off.

Here may be mentioned the opening of a new Lying-in Institution for Vienna, intended to be a place of instruction more especially for practising physicians. All Austrian practitioners of medicine will have the right of making use of it as a place of study.

During the past medical year the number of men who have passed the State examination in Prussia alone was 303. Above one-third, and less than one-half of them were already Doctors of Medicine. The Doctorate does not confer a licence to practise as with us, but is simply an honorary titular distinction, as it was here until the Act of

1858 gave it a legal importance it did not previously possess. Although only a minority of those passing the only examination required by the State are doctors at the time, they nearly all graduate afterwards, sooner or later.

NEW OPERATIONS.

The operation for fixation of wandering kidney, of which mention has been already made in connection with the eleventh Congress of German Surgeons, may rank as one of the newest—one cannot yet call it a triumph—attempts in abdominal surgery. A recent French writer seems to look upon every new operation as a kind of Moloch whom it is necessary to propitiate by offering it the blood of innocent victims. We fear that in the present instance victims will be offered up without propitiating the idol. The operation has been performed at least four or five times with a certain amount of success, as the operators aver; but as we are in ignorance as to the gravity of the symptoms that seemed to render such an operation needful, we are scarcely in a position to properly or intelligently appraise the success.

LUNG SURGERY.—W. Koch (who must not be confounded with Dr. R. Koch), a surgeon of Dorpat, in cases of localised affections of the lungs has attempted treatment by operation. In two cases of gangrene he resected the rib over the affected part, and then applied the thermo-cautery, plunging it into the lung tissue. Some improvement seems to have resulted, but perhaps scarcely as much as may be enough to justify frequent repetitions of a formidable operation in one and the same case.

RESECTION OF THE PYLORUS has been performed several times during the past year. It has, in fact, become so frequently performed, that Billroth has thought it necessary to sound a note of warning against a too frequent recurrence to such a grave operation. He now thinks that its performance should be limited to non-malignant stricture of the pyloric orifice of the stomach.

BOOKS.

As usual, the number of books appearing during the year has been enormous, whilst new editions of many old favourites have been published.

A very important work that has taken long to accomplish, although many hands have been employed on it, is Pitha and Billroth's "*Handbuch der Allgemeinen und speciellen Chirurgie.*" More than forty professors and distinguished men have taken part in its compilation. The first part appeared in 1865; the last part has just been published, and is, we believe, the second half of the late Dr. Mayerhofer's contribution ("*Die Entwicklungsfehler und Entzündungen des Uterus Sterilität*"). The whole work forms, in fact, a complete system of surgery, but each author's contribution is published separately, and may be bought separately if desired, except in a few instances. It is published by Enke, Stuttgart. A fourth edition of Zeissl's "*Lehrbuch der Syphilis*" has appeared. The Vienna Professor has, in this edition, had the assistance of his son Dr. Maximilian Zeissl. Professors Chiari and Schrötter have also taken part in the work. A second edition of Cohnheim's "*Allgemeine Pathologie*" has appeared. Also a sixth edition of Bock's "*Anatomie der Anatomie des Menschen.*" Hegar has published the "*Life of J. P. Semmelweis,*" with an account of his teaching. J. Rigler has published a "*Life of Hahnemann,*" which is said to be very entertaining (Hirschwald, Berlin). A few others may be mentioned out of a large number of valuable works—"Atlas Topographique du Cerveau et des Localisations Cérébrales," Gavoy (O. Doin, Paris); Hyrtl, "*Lehrbuch der*

Anatomie der Menschen," sixteenth edition (Vienna, Braumüller); Ziemmsen I. Bd. 4 Theil, "*Allgemeine Therapie,*" Spiegeberg *Geburtshilfe,* second edition; Stellwag V. Carion, "*Lehrbuch der Practische Augenheilkunde,*" fifth edition; Charpentier "*Traité Pratique des Accouchements.*" Tome I.; "*Dictionnaire de Médecine et de Chirurgie Pratique,*" Jaccoud (Baillière and Son, Paris). Of English authors whose works have been translated during the past year we may mention Huxley ("*Science Lectures*"), Tyndall ("*Les Microbes*"), Swain ("*Surgeon's Vade-Mecum*"), Bramwell ("*Diseases of the Spinal Cord*"), McLagan ("*Rheumatism: its Nature, &c.*"), Spencer Wells ("*Tumours of the Ovary and Uterus*"), and Sir Henry Thompson ("*Lithotomy and Lithotripsy*").

OBITUARY.

As might have been expected, death has not been idle. Men of ripe years and riper reputations have passed away full of honours, and younger men in the prime of life have not been spared.

Amongst the older men, THEODOR VON BISCHOFF has just passed away (Nov. 5th), aged 75. In the spring of the present year he celebrated his Doctor's Jubilee, when he received the congratulations of the King of Bavaria, together with a decorative order, and also addresses and congratulatory telegrams from Strasburg, Vienna, Kiel, Bonn, Prague, Leipzig, Halle, and several other universities. A native of Hanover, he studied natural sciences and medicine in Bonn and Heidelberg. In 1833 was privat-docent at the Obstetrical Institution; in 1836, extraordinary professor of comparative and pathological anatomy at Heidelberg. In 1843 he became ordinary professor. He was afterwards professor of physiology and anatomy at Giessen. In 1855 he removed once more to Munich, where he fulfilled the same duties as at Giessen, and where he remained till his retirement in 1878. He is best known by his histories of the development of the various mammalia.

PROFESSOR C. HUTER died at the early age of 44, but not before he had made his mark amongst the learned men of the day. At the time of his death he was professor of surgery at Griefswald. The foundations of his special knowledge were laid in the pathological institute and in the surgical Klinik at Berlin as assistant to Professors Virchow and Langenbeck. His works, "*Allgemeine Chirurgie*" and his "*Gelenkkrankheiten,*" testify to his spirit of research and to his devotion to his calling.

PROFESSOR FRIEDREICH, of Heidelberg, is amongst the number that have departed. He has been succeeded by Gerhardt, of Würzburg.

DR. KARL MAYERHOFER, the gynecologist, is another of the juniors stricken down in his prime (46). He was a professor extraordinary at the University of Vienna, and "an ornament to the medical faculty." Some years ago he was called away to Russia to attend a noble Russian family. His fame had, however, preceded him, and in a very short time his services were in request from St. Petersburg to the Caucasus. It is said of him, as of many other right-minded members of our profession, that "he was a noble and unselfish man, who devoted as much care to the poor who were under his charge as to the rich." His latest literary work—which, indeed, first saw the light after its author's departure—was *Lieferung 2, Band iv., 1 Abtheilung* of the "*Handbuch der Allgemeinen und Speciellen Chirurgie,*" edited by Von Pitha and Billroth, comprising the chapters on *Entwicklungsfehler & Entzündungen des Uterus & Sterilität, parts 1 and 2.*

IRISH POOR-LAW INTELLIGENCE.

ABSTRACT OF THE REPORT OF THE LOCAL GOVERNMENT BOARD FOR IRELAND.

We submit our tenth annual report relating to our proceedings up to the 31st March, 1882. In our report for 1881 we noticed the fluctuation in the number of persons who received relief in the five previous years. The number had been increasing in each successive year since 1877, and reached the maximum in the year ended February, 1881, when the average daily number of persons relieved in the workhouses during the year amounted to 53,796, and the average daily number on out-door relief to 60,883; but we are glad now to be able to report a change in the other direction, the average daily number of workhouse inmates in the last year, ended February, 1882, having been less by 1,024 than in the previous year, and the average daily number on out-door relief having diminished by 687.

In our two last annual reports we referred to the proceedings of our Board, and of Boards of Guardians, in carrying out the measures that had been adopted to meet the exceptional distress which had prevailed in parts of Ireland since the winter of 1879-80, and we are now in a position to state, with much satisfaction, that all those temporary measures have ceased to be necessary, and that the relief administered in the ordinary manner has been found sufficient to meet the wants of the poor during the past winter.

The power to authorise exceptional out-door relief under the Relief of Distress Act expired on the 1st of March, 1881 (except in the cases of the families of persons detained under the provisions of the Protection of Person and Property Act), and out-door relief to the able-bodied classes may now be given in any union only when the workhouse is full, or when it is unfit for the reception of poor persons by reason of fever or infectious disease. We felt it right to make an order in the month of March last, under sec. 2 of the Act 10 Vic., cap. 31, authorising such relief in the Waterford Union, where there was a serious outbreak of small-pox, and our inspector reported that almost every department of the workhouse was as full as was desirable, considering the prevalence of fever and small-pox; but it has not been necessary to adopt that course during the past winter in any other union in Ireland.

We reported to your Excellency in 1881 that we had found it necessary to dissolve the boards of guardians in three unions, viz., Belmullet, Swineford, and Newport, and to appoint paid officers to carry into execution the provisions of the Poor-law Acts. In all these unions the vice-guardians have now ceased to act, and the boards of guardians were reinstated at the time of the annual election of guardians last month.

A decrease of 6,604 has taken place in the total number admitted in sickness during the year, the decrease in the number suffering from fever and other dangerous contagious diseases having been 1,806, but that there was an increase of 2,984 in the number admitted who were not sick.

Deaths by fever were 552, as against 758; by lung disease, 2,317, as against 2,323; and deaths by small-pox 64, as against 97 in last year.

The number of orphans and deserted children put out to nurse from the workhouses in Ireland, under the provisions of the Act 39 and 40 Vic., c. 33, extending the legal age

from 10 years to 13 years, on the 4th February last was 2,339, an increase of 96 over the number in the preceding year.

FINANCIAL STATISTICS OF YEAR ENDED 29TH SEPTEMBER, 1881.

There has been an increase of £28,463 in "out-door relief;" an increase of £1,982 in "salaries and rations of officers," and an increase of £21,149 in "all other expenses," making a total increase of £51,594, from which is to be deducted a decrease of £16,212 in "in-maintenance and clothing," and a decrease of £221 in the "cost of relief for deaf, dumb, and blind," being a total decrease of £16,433, leaving a net increase of £35,161.

TREASURY SUBSIDIES.

The following is a statement of the Parliamentary grant for medical and educational purposes, and for salaries under the "Public Health (Ireland) Act," for the year ended 25th March, 1881:—

	Amount allowed for the Year.	
	£	s. d.
Medical purposes ...	73,080	7 11
Educational purposes ...	9,755	7 10
Total for Medical and Educational purposes ...	82,835	15 9
For Salaries under Public Health Act ...	13,716	1 11
Total ...	96,551	17 8

The total amount allowed under the Parliamentary grant for medical and educational purposes for the year ended 25th March, 1881, namely, £82,835 15s. 9d., is £470 4s. 0d. more than the amount for the previous year.

The amount for salaries under Public Health (Ireland) Act, namely, £13,716 1s. 11d., is £182 12s. 3d. less than for the previous year.

While the total expenditure of poor rates, for all purposes, viz., relief, medical relief, burial-grounds, registration of births, deaths, and marriages, sanitary measures, expenses under Superannuation Act, payments under Cattle Disease (Animals) Acts, and under National School Teachers Act, was, in 1880, £1,187,248, making a poundage of 1s. 8½d. on the valuation, the expenditure in 1881 for those purposes was £1,251,617, being an increase in the total expenditure of £64,369, and making a poundage of the expenditure on the valuation of 1s. 9½d.

The current sanitary expenditure for the year was £48,918, in comparison with £51,927 in the previous year.

MEDICAL CHARITIES ACT, AND VACCINATION ACTS.

In Ulster there has been a decrease of 10,087 cases prescribed for at the dispensaries, and a decrease of 5,357 of those attended at their own houses.

In Munster there has been a decrease of 17,239 cases prescribed for at the dispensaries, and of 7,797 of those attended at their own houses.

In Leinster there has been a decrease of 20,299 cases prescribed for at the dispensaries, and a decrease of 6,896 of those attended at their own houses.

In Connaught there has been a decrease of 6,634 cases prescribed for at the dispensaries, and a decrease of 2,609 of those attended at their own houses.

It will be seen by the particulars in our annual report for 1881, that there had been a net increase of 37,155 in the number of cases throughout Ireland in 1880, as compared with the previous year, and it is satisfactory to observe that there was a marked decrease in the cases for the year 1881.

VACCINE DEPARTMENT.

During the year ended 31st March, 1882, 3,512 applications have been received from medical officers of workhouses and dispensaries, and other public institutions, from military medical officers stationed in Ireland, and from private practitioners, for lymph, and 16,144 points, and 3,096 tubes charged with lymph were distributed. During the same period 3,783 vaccinations have been performed at the stations in Sackville Street and York Street, Dublin.

The deaths from small-pox in workhouses in 1881 are less by thirty-three than the number in 1880. The number of cases treated in dispensary districts under the Medical Charities Act being 749 less than in the previous year.

Since (1881) there has been, during the first quarter of the year 1882, an outbreak of small-pox in Belfast Union of considerable extent, and also an outbreak of less extent in Waterford Union and in Armagh Union.

There were 3,782 cases of scarlatina treated by medical officers of dispensary districts in 1881, against 4,835 in 1880, being a decrease of 1,053.

There was a considerable outbreak of measles in the Dublin district, commencing in October, 1881, and the following Table gives the number of cases:—

Number treated by Medical Officers of Dispensary Districts from 1st Oct., 1881, to 1st April, 1882	2,750
Treated in the two Workhouses, .	295

Number recovered, ...	2,457
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„ died, ...	356
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Remaining under treatment April 1st,	142
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2,750

295

2,955

2,955

The following shows in detail, and under the usual heads a comparative statement of the expenditure for the two years ended September 29th, 1880 and 1881 respectively:—

MEDICAL CHARITIES EXPENDITURE.

	1880. £	1881. £
1. Medicines and medical appliances, ...	27,003	29,092
2. Rent of Dispensary buildings, ...	8,189	8,386
3. Books, forms, stationery, printing and advertising, ...	1,101	1,203
4. Salaries of { Medical Officers, ...	88,922	88,819
{ Apothecaries, ...	2,700	2,711
5. Fuel, porters, and incidental expenses, ...	11,253	13,891

EXPENSES UNDER VACCINATION ACTS.

6. Vaccination fees and other expenses:—		
Fees to Medical Officers, ...	13,140	12,088
Other expenses, ...	1,067	1,054

Total, ...	£153,875	£157,244
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PROVIDING DISPENSARY-HOUSES AND DWELLING-HOUSES.

In connection with the administration of the Medical Charities Act we refer here, in continuation of our previous report, to the "Act to give facilities for providing dispensary houses and dwelling houses for medical officers of dispensary districts in certain parts of Ireland," which received the Royal Assent on the 21st of July, 1879.

A general disposition continues to be shown to take advantage of the provisions of the Act, and proceedings under it are still pending in several cases.

A CASE of phosphorus poisoning is recorded, in which a woman in order to come into the possession of a large inheritance, poisoned a boy aged 15 by introducing the ends of phosphorus matches into the rectum.

It is stated that no appointment will be made to the Chair of Animal Morphology in the University of Cambridge, rendered vacant by the death of Mr. F. M. Balfour.

INQUEST IN THE WATERFORD ASYLUM.

An inquest was held in the asylum on the body of an old woman named Mary Farrell, aged 70 years, who died recently.

Dr. Atkins sworn—This patient was a married woman, 70 years of age; she was admitted here on the 10th June, 1882, on a magistrate's warrant, as a dangerous lunatic; she was very feeble and broken down on admission; I made a special report to the board on her case; she then appeared to be suffering from heart affection; since then her physical condition improved under care, but she was always very restless, and unless constantly watched would never sit quiet; her mental condition was *dementia*; on yesterday morning, at twenty minutes to eight o'clock, I was summoned to see her; they thought she was dying; I went at once and found her lying on the floor of the hospital pavilion dressed, covered with blankets, and a bolster under her head; she was quite unconscious and breathing slowly; she had a cut on the left eyebrow, skin deep, and was almost pulseless; I made inquiry as to how it happened; the nurse in charge, Bridget Flynn, said deceased was got up as usual and was brought to the hospital by the attendant; as she was passing a door post she made a clutch at it and fell, dragging down the attendant by her weight; she fell on the floor and that cut her eye; she died in forty minutes.

To the Coroner.—The attendant is a very good-tempered woman; I can't say, without a post-mortem examination, if she fell through heart disease or a sudden weakness; she was a very difficult patient; I think she died from a nervous shock, caused by the fall. Was there a step where she fell?—No; she had passed the step, and was on the level.

The Coroner—I hope there was no violence used?—I believe not; however, the attendants will speak for themselves; she was rather a case for the union hospital than this house; she came from Dungarvan, and I reported she was dying when she was admitted.

Bridget Flynn sworn—I took her from nurse Ford; she told me to treat her carefully; the nurse had helped me to dress her. Did the deceased make any objection to leave the cell?—A little; I had no trouble in getting her out of the cell; we had some trouble in dressing her. How did you get her along?—Nurse Ford helped me to take her part of the way, and then just as the nurse left us I had a hold of deceased by the back, and she suddenly fell, and I fell beside her; her face was out by the fall; I called the nurse, who came at once; she said to lift her up, that it was nothing; we both lifted her up, and I saw the cut on her eye; she was not able to stand, and we carried her up to the hospital. What was done for her there?—I don't know; nurse Ford sent for the doctor.

To Mr. Lyons—She had passed the steps when she fell; she was not trying to come back when she fell.

Anne Ford sworn—I am head nurse in the institution; deceased was troublesome on yesterday morning when one of the attendants was dressing her; I went and held her hands while the girl put the petticoats over her; there were four steps going up from where she was dressed, and I put her over them with Bridget Flynn; I said to Flynn—"Take care of her, now, and bring her up to Jane;" I had not well turned my back when deceased fell; she frequently fell on her back and stiffened out; on this occasion I did not at first think the fall was out of the usual way. How long was she lying on the floor?—Just while I turned; Jane Roche took charge of her in the hospital, where she was brought at once.

To Mr. Lyons—She never fell in the corridor before; when I saw her she was cut; I sent for the matron.

Dr. Atkins—And she sent for me at once. I am quite satisfied there was no violence used to the deceased. When I saw her I had the priest sent for, as I knew she would not live.

Jane Roche was examined, and said when deceased was brought to her she was very bad, and witness sent for the doctor, who came in three minutes, and ordered her brandy and water; she died within an hour.

The jury found that death arose from shock to the system, caused by a fall.

CORRESPONDENCE.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With your permission I would unofficially offer a few remarks on Dr. Leatham's letter which appeared in the Supplement to your issue of 12th July. The Poor-law Medical Officers' Superannuation Bill, drafted by the Council of the Irish Medical Association, proposed that the granting of reasonable superannuation allowances in all proper cases should be made compulsory on boards of guardians.

Comparison of the terms of that Bill with those of the Government Bill now before Parliament, both of which are set forth in *extenso* in recent Reports of the Association, and careful perusal of the observations contained in the reports respecting them, will, I think, satisfy all Poor-law medical officers that they can offer no reasonable objection to the proposals of the Association; but, unfortunately, neither the Government nor the majority of the Irish Members of Parliament, as representing boards of guardians, quite concur in the views of the Association and those of the medical officers.

The Government Bill, as stated in the last Annual Report of the Association, proposed that the discretionary right of granting pensions shall be transferred from the guardians to the Local Government Board; but, since the introduction of the measure Government has pledged itself to reverse that principle, and leave the discretion of granting pensions still in the hands of the guardians, subject, however, to an appeal to the Local Government Board. The objections offered by the Council to this change are fully explained in the Reports of the Association, and need not now be reiterated.

No objection to any of the terms of their Bill has been communicated to the Council of the Association by any medical officer or member of the Association; the Council must, therefore, I think continue to adhere to the principles of the Bill suggested by them. And after further perusal of the two Bills and the Reports of the Association, I opine Dr. Leatham will not consider any of the Council's proposals extreme or in any degree unreasonable.

The Association warmly advocates compulsory superannuation, or, if that cannot be obtained (and there is but little reason to expect it can), then a system which shall practically be compulsory in all proper cases.

There is no precedent in the public service for granting retiring allowances to any but permanently disabled officers, unless to those whose age exceeds sixty years, or whose period of service has reached forty years; and the Council found it necessary to omit such a proposal.

The Council would gladly see a right to pension upon retirement conferred on all medical officers after twenty years' service, irrespective of their condition as to fitness to continue to discharge their duties; but they are advised that an attempt to obtain such a provision from Parliament would be fatal to the Bill.

Nor is there precedent in the public service for granting under any circumstances a pension exceeding three-fourths of an officer's official income, unless in the case of heads of departments.

Anyone who feels that an addition of twenty years to the period of his actual service, for the purpose of

computing his superannuation allowance excessive, has in his own power a right to decline to receive whatever amount he considers excessive. The rule of the public service in the case of professional officers is that a number of years *not exceeding twenty* may be so added, and no public servant need scruple accepting what the Legislature declares him entitled to; but there is very little reason to expect that the maximum of additional years will be made respective to Poor-law medical officers.

Dr. Leatham next touches on the subject of fees for examining dangerous lunatics, and observes that he has often remarked the Irish Medical Association takes great credit to itself for the passing of the Act which provides for the examination of dangerous lunatics; but he evidently has not carefully perused the Reports of the Association, or he could not be so grievously mistaken in making such a statement. That Act was passed, despite the remonstrances of the Association that it was unjust to require dispensary medical officers *without fee or reward* to examine and certify as to the condition of alleged dangerous lunatics. What the Association takes credit for is that it obtained the *payment of fees for such examinations*, whether the person was found to be a dangerous lunatic or not—a duty previously imposed on dispensary medical officers without the possibility of remuneration.

I am glad to hear that Dr. Leatham has been a subscriber to the Association ever since its commencement, which was forty-three years ago. I have only to regret that there are now so few living who can say as much, and that his good example has not been more generally followed.

Dr. Leatham next pays a well-merited compliment to the successful efforts of the Association in the interests of Poor-law medical officers especially, which affords me the occasion to say with regret that if the bulk of Poor-law medical officers themselves would only evince as much interest in their welfare as the Association does, their position and emoluments could with little difficulty be greatly benefited; but so long as the Association is supported by about only one-half of the Poor-law medical officers, while the other half freely accept the benefits towards the acquisition of which they have not contributed, the wonder is that so much, not so little, has been achieved.

Were it not for the philanthropic support which the Association has met with from those who can never expect any benefit from its operations, and the devoted services and attention of the official members of the Association, the great majority of whom have no personal interest beyond an ardent desire to benefit others, the position and emoluments of the Poor-law medical officers would assuredly have remained what they were originally. The benefits conferred by the Association upon Poor-law medical officers can best be estimated by a comparison of their position and emoluments forty years ago with those of the present time. Every change for the better, and no change for the worse, I unhesitatingly assert was due, and due solely, to the exertions of the Irish Medical Association.

I fear I have already trespassed at too great length, and crave your forgiveness for so doing; but I would comment on one other point in Dr. Leatham's letter, while thanking you for your kind indulgence, and him for affording me the opportunity of correcting errors which possibly may exist in other minds than his—viz., he suggests that some means should be taken to bring under the notice of all the dispensary committees in Ireland the fact that issuers of carelessly or improperly issued tickets for dispensary medical relief are liable for payment of fees upon such tickets being cancelled. But Dr. Leatham must have forgotten that a few years ago the Association sent to the hon. sec. of every dispensary committee in Ireland a circular clearly and fully pointing out the abuses of the present system, and warning all persons authorised to issue tickets who

did not properly exercise that privilege that they thereupon become liable to be sued by the medical officer for the amount of his fees.

The circular to which I refer was quickly followed by the issue of a circular by the Local Government Board, calling the special attention of members of dispensary committees, and others authorised to issue tickets, to the very serious abuse of the system which arises through their negligence, and strongly advising that due care and discrimination should in all instances be exercised to prevent abuse.

Dr. Leatham, like many others, seems to think the Poor-law Medical Service a branch of the Civil Service, and therefore entitled to all its advantages, such as leave of absence each year, which he mentions; but, unfortunately, the Poor-law Medical Service is not a branch of the Civil Service—there are many, myself included, who would be glad if it were; and possibly the time is not very remote when it shall be made so.

I am, yours faithfully, JOHN H. CHAPMAN.
60 Pembroke Road, Dublin,
July 22nd, 1882.

RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some time ago I saw a letter on the above subject in your columns, written by Dr. Somerville, medical officer of Union Hall dispensary district, in which he truly stated that the indiscriminate manner in which these tickets can be presented at any time of the day or night is an abuse of medical relief, and of medical men. I can endorse every word that Dr. Somerville wrote on the subject, and his experience of going over the same ground two or three times in the day, simply on account of an improper system, is similar to mine. I have frequently received red tickets at 9 or 10 o'clock at night, requiring me to see patients who had been sick for weeks or months, and in whom no urgent symptoms rendered my presence more needful than it had been at any time during the illness, but became desirable simply on account of some sudden freak of the patient or his friends. In fact, in these cases the convenience of the patient's friends alone is consulted, and that of the doctor is not considered for one moment.

The remedy lies in the direction pointed out by Dr. Somerville, viz., the making it compulsory to present all red tickets, urgent ones excepted, before a certain hour in the day. This plan would not entail a hardship on our patients, as we could be called at any time—day or night—to cases for which our presence is quickly required, while in other cases the tickets could be as easily sent to us at or before a certain fixed hour, as black ones are at present presented to us at the dispensary.

The directions on the backs of our red tickets undoubtedly show that the desirability of some such regulation is tacitly admitted, inasmuch as they bear the following sentence:—"This ticket should be presented as soon after it has been obtained as practicable." But this is by no means invariably done, nor are we freed from responsibility by the neglect or indifference of the bearer; neither is the procurer of a ticket required to obtain it at as early an hour in the day as he can, which would be a much more important regulation than the incomplete and practically useless suggestions now given.

In one point only do I differ from Dr. Somerville, viz., as to the final hour for presentation of tickets. Ten o'clock I consider too early in the day for persons living in remote parts, and would suggest 12 as a much better hour, and one that could not inconvenience anyone.

Now that Dr. Somerville has touched on this question I hope his professional brethren will not be silent on the matter, but will give their opinions on the point publicly in your journal, as a prelude to some practical step for the removal of this abuse.—I am, &c.,

Bandon.

J. J. WELPHY, M.D.

CERTIFYING DANGEROUS LUNATICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly let me know in "Answers to Correspondents" in your next issue of the *Medical Press* how I am to act under the following circumstances:—A dangerous lunatic residing in the dispensary district of which I am medical officer is brought before two justices of the peace, who call in the aid of a neighbouring dispensary doctor and sign the necessary certificates for committal, quite ignoring my services altogether, at the same time filling up in the blank spaces for particulars that the doctor who examined the lunatic was medical officer of the district in which the lunatic resided, mentioning the name of the district. Now, as I am the only doctor of the district, I wish to know if I can take any steps to recover the fees I should be legally entitled to, or to prevent a repetition of the injustice? An answer in your next will much oblige,

Yours truly,

SUBSCRIBER.

[You cannot, of course, recover any fee, but the transaction is altogether illegal, and, if you lay the circumstances before the L.G.B. they will probably disallow the payment and prevent repetition of the transaction.—Ed.]

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JUNE, 1882.

- June 2nd.—Hunt, J. G.; Kilmacthomas, co. Waterford; Lic. R. Coll. Surg. Irel. 1881.
5th.—Keenan, J.; Mercer's Hospital, Dublin; Lic. R. Coll. Surg. Irel. 1881.
13th.—Parkinson, S. S.; Belfast; Lic. Fac. Phys. & Surg. Glasg. 1882.
13th.—Hamilton, David; Londonderry; Lic. R. Coll. Surg. Irel. 1882.
13th.—Carroll, L. J. P.; Dublin; Lic. R. Coll. Surg. Irel. 1880, Lic. K. Q. Coll. Phys. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1881.
15th.—Lewis, J. W.; Cork; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
16th.—McHavry, W. J.; Belfast; Lic. Soc. Apoth. Lond. 1882.
19th.—Allman, R.; Kilmacreeran; Lic. R. Coll. Surg. Irel. 1879, Lic. K. Q. Coll. Phys. Irel. 1880, Lic. Mid. K. Q. Coll. Phys. Irel. 1880.
19th.—Bradford, R. D.; Dundalk; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
21st.—Gordon, Alex.; 35 Ranelagh Road, Dublin; L. A. H. Dub. 1882.
28th.—McCormack, W. L.; 47 Pembroke Road, Dublin; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1881.
29th.—McCabe, J.; Cavan; Lic. R. Coll. Surg. Irel. 1882.

PORTAFERRY DISPENSARY DISTRICT.

An election for a medical officer took place last week in the vacancy caused by the decease of Dr. Alexander Filson. There were eight applicants, and a poll having been taken, it was found that there was a tie between two of the candidates, Messrs. Dunne and Hastings, each having polled seven votes, so that a fresh election must take place.

MALLOW UNION.

An advertisement for a medical officer to Doneraile Dispensary District was recently issued, the salary stated being £120 per annum. Dr. O'Riordan was elected, but the guardians reduced his income to £100 a year. The Local Government Board have been appealed to, and they very properly refused to sanction the reduction, and the salary will remain at £120.

IRISH POOR-LAW INTELLIGENCE.

UNION OFFICERS' SUPERANNUATION BILL.

THE following is the evidence of the Vice-President of the Local Government Board, as reported by the *Freeman's Journal*:—

Mr. H. A. Robinson was the first witness examined. He considered that a reform of the present system of granting pensions to union officers was necessary, on the main ground that owing to the present arrangement, by which such officers were granted pensions or not at the discretion of the guardians, and had no way of knowing positively whether they would receive any allowance at all on retirement, many officers, long after they are able to discharge their duties efficiently, are induced to remain in the service.

The Solicitor-General—Are you aware whether any board of guardians have set down any fixed rule as to the superannuation of these officers? They cannot make any fixed rule, because one board of guardians could not influence the actions of any future board. They may have an understanding amongst themselves on the subject, but upon that he was unable to express any opinion. Several boards were now refusing to give pensions which at one time did give them, and there were ten unions in Ireland which never gave them.

To Mr. Findlater—He thought the adoption of the Civil Service scale would generally remove the dissatisfaction naturally existing amongst union officers.

To Mr. Callan—I have seen an amended Act prepared by the union officers. Was still of opinion that the Act as originally introduced was in its best form; it would save the trouble of correspondence.

Now, discarding the saving of correspondence to a well-paid official board, is that its principal recommendation? I have no objection to the amendments proposed.

Have not the hardships of which you complain been in existence for many years, and did you issue any remonstrance to the boards of guardians until they showed an inclination to be too generous to their officers? We issued no general circular, but I would not say that we sent no remonstrance in any case. The circular was dated 25th November, 1881.

You issued it, then, not on account of the hardships endured by the officers, but on economical grounds? To a great extent on economical grounds.

As long as the boards of guardians were doing injustice you issued no circular? We issued no circular until the one I have mentioned. We proposed to adopt the Civil Service scale for pensions for the officers.

Does not the Civil Service permit the admission of officers at the age of 16, and are union officers admitted before 21? Unless with the permission of our board.

Now, as a matter of fact, do boards of guardians really care for officers under 30 years of age. Certainly there are officers younger. Could not say that they elected clerks or masters under 30 years of age, or any

officers except schoolmasters. He could not say what the pay of doctors in the army or navy was, but he thought they were in receipt of larger pay than union medical officers. The union doctors were gentlemen of quite as good position as army or navy doctors.

To Mr. Weldon—The amount of superannuation granted in many cases up to the issue of the circular of November, 1881, was disproportionate to the service of the officers. The personal popularity of union officers with the board during whose existence they retired determined to a great extent the amount of pension granted. He would not object to have the Civil Service scale granted in all particulars, if the power of increasing or reducing the pensions were left with his board. If that power were not given, the Local Government Board would be compelled either to stop the whole allowance, or sanction the full amount granted.

Mr. Healy—Do you propose to adopt what you call the Civil Service scale of pensions merely for want of a better? No; but because I thought it would be fair to all parties.

You admitted, in reply to Mr. Callan, that the scale you propose as the Civil Service scale differs actually from it in three important particulars—namely, in the insertion of the words “not exceeding,” the age at which the officers are admitted, and the pay, and that the only part in which the Civil Service scale is retained is in the mere mechanical matter of “sixtieths” in computing the rate at which the allowance is to be estimated? Yes, it differs in those respects from the Civil Service scale.

The whole of the teachers' salaries and half the medical officers' salaries are paid by the State? Yes.

Yet the Bill proposes that the whole of the pensions in both those cases should fall upon the ratepayers? That merely continues the existing practice.

But the existing practice might be to give no pensions at all, while in future they will be compulsory? The fact that the State has been generous towards the local ratepayers in these respects should not now be held to constitute a reason for extending the principle.

You expect that a national rate of an eighth of a penny in the pound will meet all charges for pensions under the bill? Yes, for the next ten or fifteen years, excluding the first year, when it might reach a farthing.

Are you aware that the English School Board Act was passed under the representation that a fractional poundage would also defray all expenses, while now the school rate has reached sixpence in the pound in many places? I have no experience on that point.

But would you be willing in this Bill to have it enacted that the pension rate shall never exceed a farthing? Yes, a further application to Parliament being made, if required. As he stated before, he would have no objection to the adoption of the Civil Service scale as far as the omission of the words “not exceeding” went, if the power of reducing or increasing the pensions granted by the board of guardians in special cases were left with

the Local Government Board. The Bill as it stood proposed to vest in the Local Government Board the power to add on a certain number of years to the service of some classes of union officers in estimating the pension to which they would be entitled. The master, the clerk, and the doctors would be the only officers, so far as he believed, who would receive the advantage of the provision. The Local Government Board consisted of three members, one of whom was a medical man. They were appointed by the Crown without examination of any kind. He thought it was a question for Parliament to decide whether they could confer upon the gentlemen composing this board the power of vetoing the action of the boards of guardians. They asked for that power as the best way out of the difficulty, and it was for Parliament to decide whether it should be conferred upon them or not.

To Mr. Biggar—The veterinary inspectors would not come under this Bill, as they were appointed by the Lord Lieutenant. In sixteen cases the Belfast guardians had refused to grant superannuation allowances. He did not know whether those individuals deserved a pension or not, as the merits of the case did not come before the Local Government Board unless the guardians granted a pension. His board, however, knew pretty well the character of all union officers in Ireland, especially the important ones; as, if they are proved inefficient, or if any complaint is substantiated against them, a record is kept at his office. He could not say whether the guardians were better qualified to form an opinion on the deserts of an officer than the Local Government Board. The guardians certainly had more continuous observations of their conduct. He would not undertake to say whether the guardians, who were on the spot, and who paid the officers, were the persons best entitled to judge as to whether the officers were deserving of superannuation allowances, as that raised the whole question of the system upon which boards of guardians in Ireland are at present controlled.

To Mr. Daly—The power sought by the Local Government Board in Ireland to compel boards of guardians to grant pensions to the officers was not possessed by the English Local Government Board. It was a question for Parliament to decide whether that power would be granted or not, but he, as a member of the Local Government Board who promoted this Bill, of course approved of it. He was aware that rate collectors in many places had business besides their duties as rate collectors which occupied more of their time.

Are you aware that in Cork the greater part of the duties of collection are performed by deputy-collectors? I was not aware of that fact.

Taking into account that the election of guardians is annual, that the proceedings are published, and that the guardians are conversant with the officers' duties, I wish to ask you whether these gentlemen of the 163 unions in Ireland are not better judges of the efficiency of their officers than a body of gentlemen resident in Dublin who can never judge of the manner in which those duties are discharged unless by official reports or by observation at a distance? In my opinion any officer who discharges his duties sufficiently satisfactorily to remain in office, that officer is entitled to superannuation.

To Mr. Justin M'Carthy—The main reason given by the Local Government Board for the Bill is because they refused to pension officers. The Board assumed they were wrong in most cases, because they held those officers performed their duties satisfactorily and were entitled to pension.

M. A. VOLLANT ("Cosmos les Mondes") produces the effects of grafting by a simple transfusion of the sap of the desired variety of fruit tree into a suitable stock. He gives his process the very ill-chosen name of "vaccination of plants."

CORRESPONDENCE.

SANITARY PROSECUTION FEES.

TO THE EDITOR.

SIR,—By order of the board of guardians, I, as medical officer of health, attended Petty Sessions in this town, and gave evidence in a sanitary prosecution case. I made application for my fee to the presiding Justice (a gentleman who is disposed to give the fullest allowance to medical witnesses), but he stated he was unable to give a guinea fee, as the rent of the premises complained of was under £2 per annum, and allowed me half a guinea. The P. S. Clerk stated the Justice has no power to issue an order, and wrote a recommendation for half a guinea, a copy of which is the following:—

"THE BOARD OF GUARDIANS v. JOHN COSGROVE.

"I hereby certify that Dr. Buchanan was examined before me as a necessary witness in the hearing of a case under the Public Health Act, and I hereby recommend that the sum of 10s. 6d. be paid to him out of the poor rate for expenses.

"Dated at Arva this 26th day of July, 1882.

"Presiding Justice."

Kindly inform me if there is a fixed allowance for medical witnesses in such cases, irrespective of the value or rent of the premises complained of, sanctioned by the L. G. B., and if the Justice has power to issue an order for the amount.

I am, Sir, yours, &c.,

L. BUCHANAN, M.B.

[Under section 258 of the Public Health Act every officer of a sanitary authority shall attend and assist in any prosecution instituted by such authority on receipt of an order from such authority so to attend: Provided always, that if a medical officer of the sanitary authority shall so attend and assist, he shall be entitled to remuneration from the sanitary authority at such rate as the L. G. B. shall approve, unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time shall be occupied in the discharge of the duties of his office. The fee, therefore, needs no certificate or recommendation, and must be paid by the guardians on application.—ED.]

THE ABUSE OF RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following case, heard at the Quarter Sessions, Kilmainham, may be interesting to dispensary medical officers:—

November last I was doing duty for Dr. Davy, of the Crumlin and Terenure dispensaries. At the Crumlin dispensary, I was handed a red ticket, signed by Mr. Michael Lyons, to visit a child named Goodbody, residing at 8 Rutland Avenue, Crumlin. I paid the visit, and was surprised on inquiry to find that the father of the child was a foreman miller, and also that it was outside the district I was in charge of. On those grounds, I had the ticket cancelled by the dispensary committee, and wrote to Mr. Lyons for my fee, £1 1s. Mr. Lyons paid no attention to two letters I wrote him on the subject, so I placed the case in the hands of a solicitor, and it came before the Recorder on the 5th of this month. The defence put forward was that I should have known the district, and was not obliged to attend. The Recorder ruled otherwise, and stated that it was a monstrous thing

that ill-paid men like dispensary medical officers should be compelled to visit out of their district through the carelessness of the ticket issuer, and he would grant a decree for the amount, with costs.

Faithfully yours,

CHARLES JONES.

60 Rathgar Road, Dublin.

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL (IRELAND) FOR THE
MONTH OF JULY, 1882.

- JULY 1st.—Fisher, G. H. J.; Rathmines; Lic. R. Coll. Surg. Irel. 1882.
3rd.—Law, W. F.; 2 Elgin Road, Dublin; M.B. Univ. Dub. 1882, Bach. Surg. Univ. Dub., 1882.
5th.—Bradshaw, T. R.; Haddington Road, Dublin; M.B. & M.D. Univ. Dub. 1882.
5th.—Smith, T. R. M.; Belfast; M.B. & B.Ch. Univ. Dub. 1882.
6th.—Porter, G. C.; Dalkey; Lic. K. Q. Coll. Phys. Irel. 1882, Lic. R. Coll. Surg. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
10th.—Dunning, C. E.; Sligo; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. R. Coll. Surg. Irel. 1882.
11th.—Russell, G. B.; Borrisokane; M.B. & B.Ch. Univ. Dub. 1882.
12th.—Jennings, M.; Kildysert, co. Clare; M.D. Roy. Univ. Irel. 1881.
12th.—Seymour, J. N.; Newcastle, co. Down; M.B. and B.Ch. Univ. Dub. 1882.
18th.—Barre, W. V.; Glasnevin, co. Dublin; Lic. R. Coll. Surg. Irel. 1882.
14th.—Cahel, E. B.; Peter Place, Dublin; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
14th.—Maguire, C. J. D.; Cong, Mayo; M.D. R. Univ. Irel. 1882, M.Ch. R. Univ. Irel. 1882.
15th.—Norris, F. B.; Kilworth, Cork; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
15th.—Stronge, Samuel; Belfast; M.D. R. Univ. Irel. 1882.
15th.—Robinson, L.; M.Ch. R. Univ. Irel., 1782.
15th.—Robinson, L.; Maison de Santé, Dublin; M.D. R. Univ. Irel. 1882, M.Ch. R. Univ. Irel. 1882.
15th.—Moore, F. H.; Cootehill; Lic. R. Coll. Surg. Irel. 1882, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
17th.—Whelan, J. H.; Loughrea; M.D. R. Univ. Irel. 1882, M.Ch. Surg. R. Univ. Irel. 1882.
18th.—Morris, J. A.; Dublin; Lic. R. Coll. Surg. Irel. 1881.
19th.—Magner, T.; Newcastle, W.; Lic. K. Q. Coll. Phys. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1881, Lic. R. Coll. Surg. Irel. 1881.
19th.—Daly, J. P.; Cork; M.D. R. Univ. Irel. 1882, M.Ch. R. Univ. Irel. 1882.
19th.—McGuinness, J. H. O'D.; Ballina; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
19th.—Burke, E. McW.; Claremorris, co. Mayo; Lic. R. Coll. Surg. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
20th.—Hadden, W. E.; Skibbereen, co. Cork; M.D. R. Univ. Irel. 1882, M.Ch. R. Univ. Irel. 1882.
20th.—Hearn, M. L.; New Ross; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
21st.—Moloney, C.; Murroe, co. Limerick; L.A.H. Dub. 1879, Lic. R. Coll. Phys. Edin. 1881, Lic. R. Coll. Surg. Edin. 1881.
21st.—Carson, J. S.; Lansdowne Road, Dublin; M.B. Univ. Dub. 1882, M.Ch. Univ. Dub. 1882.
22nd.—Gillespie, T. R.; Lansdowne Road, Dublin; M.B. Univ. Dub. 1881, B.Ch. Univ. Dub. 1882.
22nd.—Maguire, B.; Rathdown; Lic. R. Coll. Surg. Irel. 1881.
24th.—Dickinson, A. N.; 11 Upper Merrion Street; Lic. R. Coll. Surg. Irel. 1879, Lic. K. Q. Coll. Phys. Irel. 1880.

- 25th.—Tynan, J. H.; Edgeworthstown; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
25th.—Chute, J.; Tralee; M.B. Univ. Dub. 1882, M.Ch. Univ. Dub. 1882.
28th.—Cowley, T. J.; Bandon; M.D. R. Univ. Irel. 1882.
28th.—Doyle, M.Ch. R. Univ. Irel. 1882.
28th.—Doyle, J. I. P.; Ballysalla; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882.
28th.—Gillmore, R. W.; Dublin; Lic. R. Coll. Surg. Irel. 1882.

RED AND BLACK TICKETS IN 1881-2.

IN Ulster there has been a decrease of 10,087 cases prescribed for at the dispensaries, and a decrease of 5,357 of those attended at their own houses.

IN Munster there has been a decrease of 17,239 cases prescribed for at the dispensaries, and of 7,797 of those attended at their own houses.

IN Leinster there has been a decrease of 20,299 cases prescribed for at the dispensaries, and a decrease of 6,896 of those attended at their own houses.

IN Connaught there has been a decrease of 6,634 cases prescribed for at the dispensaries, and a decrease of 2,609 of those attended at their own houses.

That there had been a net increase of 37,155 in the number of cases throughout Ireland in 1880, as compared with the previous year, and it is satisfactory to observe that there was a marked decrease in the cases for the year 1881.

VACCINE-LYMPH DISTRIBUTION.

THE Director of the Vaccine Department of the Local Government Board reports that during the year ended 31st March, 1882, 3,512 applications have been received from medical officers of workhouses and dispensaries, and other public institutions, from military medical officers stationed in Ireland, and from private practitioners, for lymph, and 16,144 points and 3,096 tubes charged with lymph were distributed. During the same period 3,783 vaccinations have been performed at the stations in Sackville Street and York Street, Dublin.

The deaths from small-pox in workhouses in 1881 are less by thirty-three than the number in 1880. The number of cases treated in dispensary districts under the Medical Charities Act being 749 less than in the previous year.

Since 1881 there has been, during the first quarter of the year 1882, an outbreak of small-pox in Belfast Union of considerable extent, and also an outbreak of less extent in Waterford Union and in Armagh Union.

PUBLIC EXPENDITURE ON IRISH PAUPERISM.

THE following is a statement of the Parliamentary grant for medical and educational purposes, and for salaries under the "Public Health (Ireland) Act," for the year ended 25th March, 1881:—

	Amount allowed for the year.		
	£	s.	d.
Medical purposes ...	73,080	7	11
Educational purposes ...	9,755	7	10
Total for Medical and Educational purposes	82,835	15	9
For Salaries under Public Health Act	13,716	1	11
Total ...	96,551	17	8

The total amount allowed under the Parliamentary grant for medical and educational purposes for the year ended 25th March, 1881, namely, £82,835 15s. 9d., is £470 4s. 0d. more than the amount for the previous year.

The amount for salaries under Public Health (Ireland) Act, namely, £13,716 *ls.* 11*d.*, is £132 12*s.* 3*d.* less than for the previous year.

While the total expenditure of poor-rates, for all purposes, viz., relief, medical relief, burial-grounds, registration of births, deaths, and marriages, sanitary measures, expenses under Superannuation Act, payments under Cattle Disease (Animals) Acts, and under National School Teachers Act, was, in 1880, £1,187,248, making a poundage of *ls.* 8*d.* on the valuation, the expenditure in 1881 for those purposes was £1,251,617, being an increase in the total expenditure of £64,369, and making a poundage of the expenditure on the valuation of *ls.* 9*d.*

The current sanitary expenditure for the year was £48,918, in comparison with £51,927 in the previous year.

THE UNION OFFICERS' SUPERANNUATION BILL.

A RESOLUTION passed by the Waterford Board of Guardians, protesting against the passing of this Bill, was adopted.

THE HEALTH OF DUBLIN.

ACCORDING to the monthly report by Dr. Cameron, Superintendent Medical Officer of Health for Dublin, the deaths within the Metropolitan Area during the five weeks ended 3rd June were in the ratio of 26.5 per 1,000.

The deaths within the City were in the annual ratio of 28.9.

On the northern side of the city the rate was 23.18; on the southern, 28.74.

The deaths from the seven principal zymotic diseases were, in the whole registration district, in the ratio of 2.52.

As compared with the first four months of the year, there was a considerable decline in the mortality caused by measles. There was no mortality caused by whooping-cough. Only one death was ascribed to scarlet fever, and two each to diphtheria and simple continued fever.

The following table shows the death-rate within the municipal districts of the metropolitan registration area since January, 1881:—

Death-rate per 1,000 persons from all causes—

1881.									
Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	
42.01	44.25	34.6	31.78	27.05	23.7	22.37	20.27	21.24	
Oct. Nov. Dec.									
22.62	27.68	37.75							
1882.									
Jan.	Feb.	March.	April.	May.					
39.75	39.14	36.97	33.	28.94					

The following figures show deaths from zymotic diseases and all causes in May, 1882:—From all causes, 28.94; measles, 29; scarlet fever, 1; typhus, 4; typhoid, 7; continued fever, 2; diarrhoea, 9; diphtheria, 2; total, 54.

State of Public Health in May, 1882.—The death-rate was, as already stated, 28.94, being an increase of 1.79 as compared with 1881, but a decrease of 7.93 as compared with 1880. With the exception of measles, none of the zymotic diseases caused much mortality. Not a single death was caused by whooping-cough, and scarlet fever and diphtheria caused only one death respectively. As compared with the previous month, there was a lessened mortality due to fevers, whilst there was an increase in the fatal cases of diarrhoea and dysentery.

The deaths within the Metropolitan Registration Area during June were in the ratio of 19.17 per 1,000.

The deaths within the City were in the annual ratio of 22.1.

The deaths from the seven principal zymotics were, in the whole district, 1.55 per 1,000 persons. In the city, 1.72 per 1,000 persons.

As compared with the preceding month, there was a

large increase in the fatal cases of diarrhoea and dysentery, a large decrease in the mortality caused by typhus, whilst, as in the previous month, the deaths from the other zymotic diseases were very few. There were only 2 deaths from measles as against 29 deaths from this disease in May, and a still larger number in the previous months of 1882. There was no mortality caused by diphtheria. Only one death was ascribed to simple continued fever.

STATEMENT OF CASES WHERE GUARDIANS REFUSED TO GRANT SUPERANNUATION ALLOWANCES, AND WHERE AMOUNT AWARDED WAS INSUFFICIENT.

(Concluded).

No. 63. *Dispensary Medical Officer*—This officer, who died about two years since, aged 75, clung to office, as Medical Officer of Dispensary, although incapacitated by extreme deafness, rheumatic gout, and great infirmity, and would not be allowed a penny pension.

No. 64. *Relieving Officer*—68 years of age, 31 years in the service. This officer asked Guardians, individually and privately, if he would be allowed superannuation if he resigned, and he was told, in every instance, that not one penny would be allowed him, so he holds office still, and will have to do so unless superannuation becomes compulsory.

No. 65. *Relieving Officer*—64 years of age, 27 years in the service. Would resign at once if entitled to superannuation as a right.

No. 66. *Clerk of Union*—This officer writes:—"I am over 60 years of age, and entered the service in 1844, but cannot yet afford to retire on superannuation, even could I claim it as a right."

No. 67. *Clerk of Union* writes:—"There is no officer in this Union over 60 years of age; I am myself the oldest and although I am 32 years in office, if I had to go out to-morrow, I do not believe that my Board of Guardians would give me one sixpence superannuation."

No. 68. *Clerk of Union*—67 years of age, 41 years in the service—writes:—"Age and infirmity would make resignation desirable. I am not able to dig, and to beg I am ashamed."

No. 69. *Workhouse Medical Officer*—78 years of age, 36 years in the service. "Dr. N., the late Medical Officer of this Workhouse, held that office from the formation of the Union to the day of his death in 1876. He continued to discharge his duties as best he could up to and including the day he died. Although he was 78 years of age, feeble and tottering, he often told me he would have retired many years before, if he was sure of getting a pension, but he thought he would be refused a pension by the Guardians after resignation, and so was forced to hold on to the duties of an important office, where many hundreds of sick poor were depending, not only on his skill, but also upon his mental and physical ability to use it."

MOUNTMELLICK BOARD.

THE UNION OFFICERS' SUPERANNUATION BILL.

THE Clerk read the following letter:—

"47 Rowan Road, Brook Green, London, W.,

"17th August, 1882.

"SIR,—I beg to acknowledge the receipt of your two letters of the 15th inst., enclosing copies of resolutions passed by your board respecting the Union Officers' Superannuation Bill, and the dissolution by the Local Government Board of guardians of Carrick-on-Suir Union, and to say that with regard to both, as much has been done as the opportunities of the session and the forms of procedure in the House permitted.

"I am, Sir, your obedient servant,

"ARTHUR O'CONNOR."

IRISH POOR-LAW INTELLIGENCE.

THE IRISH LOCAL GOVERNMENT BOARD AS A PROTECTOR OF ITS OFFICERS.

It is but a few days since the House of Commons was engaged in considering a Bill which proposed to rescue the officers of unions in Ireland from the grasp of a certain class of guardians who are willing to wring from them the last drop of hard service and throw them out to starve and die when no more value can be squeezed out of them. It was proposed by the amended form of this Bill that the power to do all this should be still left to the guardian taskmasters, but that the Irish Local Government Board should have a power to revise the decisions of the guardians, and order pensions or increase their amount as they thought fit.

We resisted with all vehemence—and will continue to resist with every influence in our power—the proposition to leave the grant of a pension optional with the guardians, although we were told that the medical officers would be quite safe in the hands of the Local Government Board, who would be their protectors, and see full justice done to them, no matter whether the guardians liked it or not. But we had not forgotten the many instances in which the “protectors” had allowed the guardians to act unjustly, and flinched from a contest on behalf of the victimised doctor. We recollected cases in which reductions of salary had been allowed, for no good cause—in one case because the doctor kept a bicycle; and we could not forget the numerous instances in which, where medical officers appealed to them to instruct the guardians that it was their duty to pay disputed fees for sanitary prosecutions or lunacy certificates, the Board not only declined to do so, but actually passed to the guardians the hint not to pay these legally-authorized fees until they were forced to do so.

Feeling, therefore, that, if it came to a contest with a board of guardians over a doctor's pension, it was pretty certain that the guardians would bully the Local Government Board into sanctioning any injustice, however great, we have always insisted that medical officers should have their pension, subject to no one's option, if they have performed their duty effectively, and for the requisite period.

A case of the gross and disgraceful sacrifice of an

inoffensive workhouse medical officer by a board of guardians, by and with the sanction of the Local Government Board, has come to our notice, which makes us thankful that we and the Irish Medical Association have stuck to this policy, and which seems to us to prove conclusively that no protection can be expected from the Local Government Board under such circumstances. The facts are these:—A workhouse medical officer, in the County Waterford, was unfortunate enough to have to perform his duty in connection with a virago of a nurse and a workhouse master of violent temper, both of whom were everlastingly engaged in an internecine war, for which they had been brought to the block more than once. Being grossly insulted by this nurse, in the presence of patients and workhouse officers, the surgeon retorted with some hot language, and the circumstances were reported at once to the guardians. A sworn inquiry was held, and, having read every word of the reported evidence, we have satisfied ourselves that not a tittle of evidence was produced justifying the dismissal, or even censure, of the medical officer, who was admitted by all witnesses to have done his duty, *sans reproche*, during the whole period of his service. But it also became evident that the wrangle between nurse and master had made business between them almost impossible. Unhappily, however, the doctor had enemies—political, religious, or perhaps, personal, on the board of guardians, and when the report of the inquiry came up for discussion, a majority were for simply reprimanding the nurse and master and for *dismissing the doctor*. In fact, the opportunity was seized to get rid of the medical officer on the pretence of his unsuitability, and plant in his office one of the popular politico-religious colour. But this proposal was so obviously indefensible that the Local Government Board found it necessary to remonstrate. They accordingly wrote to the guardians to say that if any of the officers deserved dismissal it certainly was not the doctor, and that, if he were to be sent off, the other officers should, in fairness, go also.

But the guardians were determined to oust the medical officer, and they called on him to resign. He appealed to the Local Government Board, but received from them the coldest reception, and neither sympathy nor support.

They, in fact, wrote to the guardians to say that if they liked they might call on the doctor to resign, and that unfortunate officer, seeing himself deserted by the department which should have sheltered him against oppression, and being fearful that a further contest with the guardians might cost him his dispensary appointment, felt it his interest to abandon his office as surgeon to the workhouse, which he did last week by the following letter to the clerk of the union:—

Sir,—As I have at last received a definite reply from the Local Government Board, I beg to resign the appointment of Medical Officer of the Lismore Workhouse, which I have held for the last fifteen years, and which now I am compelled to resign without a single serious fault not only never having been proved, but never having been even imputed to me.

I beg to protest in the strongest manner against the gross injustice which has been done me, and though I send in my resignation, I do so only under compulsion, and leave it to the conscience of each guardian who has had any part in the nefarious conspiracy against me to answer to his God for the injury done me and my children.

I am, Sir, yours truly,

There is more than one aspect of this transaction from which it is interesting to Poor-law medical officers in general; but it is the conduct of the Local Government Board which appears in the worst light. As to the guardians, they have done what we believe a large proportion of their fellows throughout Ireland would do to-morrow if they were allowed—get rid of an officer who did not suit them politically, religiously, or personally, and put in his place a friend or one recommended to them for his partisan opinions. This they might be expected to do without pity, without reason, and without the least sense of decency, and, altogether, there is nothing at all unusual in the action of these guardians towards their medical officer. The Local Government Board, however, had no accusation to make against the surgeon—they were, or ought to have been—unswayed by partisan bias; they knew him to be efficient in the discharge of his duty, and they themselves stated officially that they saw no reason why he should be removed while others far more to blame were retained.

We do not know how far they may have allowed whispering as to the surgeon's unpopularity with the guardians to influence them in throwing that officer to their tender mercies, but, if that consideration had any weight, we seize the occasion to protest that the Board would grossly misconceive its duty if it sacrificed an officer for such reason. One of the chief reasons for which the Local Government Board exists is to save a well-conducted officer from the venom of hostile guardians, and, if it yields up in this respect the authority which it possesses to forbid an iniquitous transaction of this sort, it ceases to be entitled to any confidence on the part of the medical profession. Are we to understand that for the future the will of the guardians is to be law, and that the Local Government Board exists only as a bureau to record the supreme decisions of the Poor-law

guardians? If it pretend to a higher function, we desire to know why it has not had the courage to give effect to its own declared judgment, and insist that the medical officer shall not be dealt with differently from the other officers accused?

We cannot but regret that the medical officer in this case took the step of resigning as he did, because we firmly believe that had he refused to do so neither the guardians nor the Local Government Board dare dismiss him. As for the guardians, they have no power greater than a temporary suspension of duty, without even suspension of salary unless the officer be eventually removed.

Any dismissal must be effected by virtue of a sealed order of the Local Government Board, and thus the whole legal and moral responsibility for the act reverts eventually to that Board. We repeat that we greatly regret that the medical officer in this case resigned, because we do not believe that the Local Government Board could have justified a dismissal of him before the weakest jury in Ireland. His perfect capacity and willingness to discharge his duty were unquestioned, and we cannot think that the Board could maintain in court their right to "deem unfit" for office an officer whose sole fault was that he was not on cordial terms with the guardians.

The whole affair is a warning to medical officers to put no trust in their official protectors; to be prepared to fight their own battles, and depend on the law and justice to set them right, and not to rest their hopes upon officials who have said, as Pontius Pilate said to the Jews, "Behold! having examined him before you, find no fault in this man touching those things whereof you accuse him. And the voices of the chief priests prevailed, and Pilate gave sentence that it should be as they required."

THE HEALTH OF IRELAND.

ACCORDING to the quarterly summary of the births and deaths in Dublin and fifteen principal urban districts in Ireland, the number of deaths registered in the Dublin district during the quarter ending July 1st amounted to an annual ratio of 26·7 in every 1,000 of the population. The average rated in the second quarter of the ten years 1872-81 was 27·4. The ratio north of the Liffey was 26·9, south of the river 29·9. The deaths registered in London was equal to an annual mortality of 19·4; in Glasgow 25·6; and in Edinburgh 20·4.

The number of deaths from zymotic diseases registered was 278, being 329 under the number for the preceding quarter, and 42 per cent. under the average of ten years. The deaths from these diseases are equal to 3·2 per 1,000 of the population. No deaths from small-pox have been registered in Dublin during the last thirteen months, nor have any cases of the disease been admitted to hospital during that period. One hundred and nineteen of the deaths registered during last quarter were caused by measles, being 313 under preceding quarter, but 71 over average. Scarlatina caused only 4 deaths, against 18 in the preceding quarter and 16 in the corresponding quarter of last year. Six deaths were caused by diphtheria, against 7 in the preceding quarter. Only 1 death resulted from whooping-cough, being 13 under preceding quarter, and 43 under average. Fever caused 63 deaths (19 typhus, 11 simple continued and ill-defined fever, and 33 typhoid),

being 3 over preceding quarter. During the first quarter of this year there were 126 cases of typhus admitted into Dublin hospitals; in the quarter now ended the number of admissions was 96. Among the remaining deaths from zymotic diseases are 32 from diarrhoea and 11 from erysipelas.

The death-rate was 24.5 for the sixteen principal town districts in Ireland, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Dundalk 17, Sligo 19, Lurgan 21, Queens-town 21, Galway 23, Limerick 23, Belfast 23, Cork 23, Wexford 23, Newry 23, Waterford 23, Drogheda 25, Dublin 26, Londonderry 26, Kilkenny 28, Clonmel 29.

The deaths from the principal zymotics in the sixteen districts were 2.3 per 1,000, the rates ranging from 0.3 in Dundalk to 4.5 in Queenstown, and 3.6 in Waterford; the 52 deaths from all causes registered in Queenstown comprising 5 from typhus, 1 from simple continued fever, 3 from enteric fever, and 2 from diarrhoea, and the 134 deaths from all causes registered in Waterford including 2 from small-pox, 15 from typhus, and 3 from diarrhoea.

CORRESPONDENCE.

CONSULTATION ETIQUETTE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was very much surprised to see a letter from Dr. Cronin, of Slane, in your issue of last week, referring to a point of professional etiquette, especially as both a written and verbal explanation had taken place between us; the latter in the presence of the gentleman of the house, who informed Dr. Cronin that if there was any mistake in the matter, it was owing to his inadvertence in not conveying Dr. Adrian's instructions to him, and he regretted that he was the cause of the misunderstanding. However, I do not wish to enter into a discussion of the details of the case, which I know would be distasteful to the family concerned. I will simply conclude by stating that I consider the fact of Dr. Cronin having met me in consultation on the evening of the 19th, the date of his letter, and again on the 22nd of August, is a full refutation of his statement that I had acted unprofessionally towards him.

Yours, &c.,

J. W. ADRIAN,
Medical Officer to the Drogheda
Union Hospitals.

IRISH POOR-LAW MEDICAL REFORMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Dr. Chapman, unofficially, it is true, has, through the columns of your paper, taken notice of a letter of mine which you recently published, I will ask your kind permission to make a few further remarks on the same subject. In the first place, Dr. Chapman must think me a very antiquated member of the medical profession if he is under the impression that I belonged to the Irish Medical Association forty-three years since. What I meant to convey in my last letter, when I said I was a member of the Association from its commencement was that I had belonged from its commencement to the Association formed by the amalgamation of the Irish Medical Association and the Poor-law Medical Officers' Association, which latter, as well as I can remember, was the title of that originated and principally managed by the late Dr. Thomas Maunsell some twelve or fourteen years since, and was the means of doing much for the advantage of the Poor-law Medical Service. Before that time I do not recollect having heard much of the Irish Medical Association. I hope this will explain my apparent ignorance to Dr. Chapman's satisfaction. I suppose

errors exist in the minds of most men, and certainly I am not free from such; but Dr. Chapman appears to have discovered one of the existence of which I was not aware. He says: "Dr. Leatham must have forgotten that a few years ago the Association sent to the hon. secretary of every dispensary committee in Ireland a circular, clearly and fully pointing out the abuses of the present system, and warning all persons authorised to issue tickets who did not properly exercise that privilege that they thereupon become liable to be sued by the medical officer for the amount of his fees." Now I perfectly recollect this circular, and I am aware that very few of the members of committees ever saw or heard of it, for the simple reason that their meetings are generally held irregularly, and seldom more than three or four members at the outside present. I would therefore beg again to repeat my suggestion—that some means be taken to bring under the notice of all the members of committees in Ireland the fact that the issuers of tickets for medical relief to persons not entitled to them are liable for payment of fees upon such tickets being cancelled; and I think this could easily be done by the Secretary of the Association sending to each dispensary medical officer a number of circulars proving this fact, which the medical officer should then send to each member of his committee. Dr. Chapman complains of my saying that the Irish Medical Association takes credit to itself for the passing of the Act for the Examination of Dangerous Lunatics, and says it does nothing of the sort, but what it takes credit for is the passing of a Bill allowing fees for such examinations. Dr. Chapman must know very well that this was the meaning of the remark in my letter, and I will now go further than I did in my last letter, and say that there are numbers of dispensary medical officers in Ireland who for years (and it is a matter for congratulation) never receive even one guinea for examining dangerous lunatics, so that I really cannot see what grounds the Association has for taking much credit to itself in this matter. Of course, in Dublin and other large towns it may be, and doubtless is, a source of considerable income, but not so in country districts. I am glad that any part of my letter should meet with the approval of Dr. Chapman, which it does when he says I paid a well-merited compliment to the successful efforts of the Association in the interests of Poor-law medical officers; and I agree with him that it is a shame that one-half the Poor-law medical officers never give the least support to the Association, but quietly pocket all the advantages they gain at the expense of the other half, and of a number of uninterested medical men in no way connected with the Poor-law Medical Service. I, for my part, gladly offer my best thanks to the official members of the Association, and particularly to Dr. Chapman, the Hon. Sec.—a more energetic and painstaking one there could not be. I know quite well that the Poor-law Medical Service is not an acknowledged branch of the Civil Service (though, if I mistake not, it was stated in the House of Commons last session to be such by a member of the Government, in a debate connected with the dismissal of a medical officer of the North Dublin Union), but when half our salaries are paid by the Government I think there are some grounds for trying to have it made so, and I would suggest that the Association keeps this object in view. I hope that Dr. Chapman will not think that I write with the object of finding fault with the Association; on the contrary, it is my wish, by every means in my power, to increase its influence—by doing so I know I would improve my own position and that of every medical man in the Poor-law service, and I trust that I may be the means of stimulating it to further exertions in our behalf.

I remain, your obedient servant,

W. LEATHAM.

Brackville, Coalisland.
6th Sept., 1882.

WESPORT UNION.

SANITARY FEES.

DR. JOHNSTON's bill for expenses, &c., incurred by his attending as witness for the board at last Assizes, in reference to the chargeability of a sewer was considered.

Local Government Board's letter produced. It stated that the Board had power to grant extra fees and expenses.

Chairman—Yes, but the Local Government has power to fix the amount, and they should have informed us what to do in the matter.

After a discussion as to whether Dr. Johnson was entitled to extra remuneration or no, he being literally acting in the discharge of his duty at the time, according to the opinions of some of the guardians, a minute to the following effect was entered:—

"The guardians decline to recommend any sum to be paid to Dr. Johnston for his attendance at Castlebar on sanitary duty. When he was appointed sanitary officer giving evidence in cases reported on by himself was part of his duty (guardians paying his expenses) for which he received his salary.

"Since then an Act has been passed, giving the Local Government Board power to oblige the guardians to pay their medical officers for these and many other duties (formerly part of their normal work). Under these circumstances, the guardians are prepared to obey the law, but nothing more, and will, in accordance with the law, pay whatever sum the Local Government Board decide upon.

"The guardians take this opportunity of impressing on the Local Government Board that the many extra fees recently made payable are a heavy charge on the ratepayers, and a great discouragement to the guardians in administering the sanitary and vaccination Acts."

[It would be very desirable that those who advise Boards of Guardians throughout Ireland would study some primer of the law of Union local government under which they act. If they did so they would learn that the guardians have nothing whatever to say to the amount of sanitary witness fees, nor can they in any way dispute payment. The Local Government Board has fixed the amount and the guardians must pay it, as the section of the Public Health Act (Ireland) gives them no option.—Ed.]

BALLINROBE UNION.

MR. MORRIS proposed that Dr. M'Guire's salary be increased from £100 to £130 a year. He said that from the amount of work Dr. M'Guire had to perform and the length of his district, with two dispensaries to attend to, it was necessary to increase his salary to enable him to keep a second horse. That was the opinion of the dispensary committee at a late meeting. From his own experience he could say that for some years back the doctor could not be able to discharge his duty but for the kindness of his neighbours in frequently lending him a horse.

Mr. Donnellon said when first spoken to about this matter he understood the increase would not exceed £20, and he gave his consent to that when in ignorance of the facts with respect to Dr. M'Guire and the others or he would not promise. There were four other medical men in the union, all most likely to go in for an increase of £30 if that sum is granted in this instance, and that would be voting away £150 of the money of the ratepayers of the union.

Mr. Moran—This is an exceptional case; no doctor in the union can put in such a claim for an increase. They have their dispensaries at their doors, while Dr. M'Guire has two dispensaries to attend, and situate several miles asunder. The increase would amount to one-eighth of a

penny on the ratepayers, and any person who has any experience of his valuable services and his great attention to every case will not complain.

Mr. Donnellon—Dr. M'Guire is there for many years, the circumstances the same. Why not this increase brought forward sooner?

Mr. Farragher said, together with Dr. M'Guire having two dispensaries to attend to, he had a very large district—about twenty-four miles by six miles, some parts so hilly that it is difficult to travel it—not chiefly farms, but a large population. And Dr. M'Guire is extremely kind and attentive to the wants of the people; he would remain in the dispensary if necessary up to six o'clock. It might be easy to get a medical man to take the situation at the present salary, but very difficult to get such a skilful, clever, and successful medical officer as Dr. M'Guire. He could mention cases where the sick were despaired of by others before Dr. M'Guire was called in that are now strong and in good health.

On a division, for the increase, 10; against, 1.

At a subsequent meeting of the guardians a letter was read from the Local Government Board, to the effect that they did not see any reason for the proposed increase in the salary of Dr. M'Guire, medical officer of Cong dispensary district.

Proposed by Mr. Farragher, seconded by Mr. Fitzpatrick, and adopted—

"In reply to the letter of the Local Government Board of the 3rd instant, declining to sanction an increase of thirty pounds per annum to the salary of Dr. M'Guire, of Cong dispensary district, the Ballinrobe Board of this date beg to submit the following grounds on which they and the Board of the 27th ultimo rest Dr. M'Guire's claims to the proposed increase:—

"In the first place, Dr. M'Guire having to attend two dispensaries seven miles apart, and having to answer sick calls, often involving a journey of twenty-eight miles, is obliged to keep two horses to enable him to discharge his dispensary duties efficiently.

"In the second place, emoluments from private practice are very little, from the fact of there being very few resident gentry and no town of importance in the district.

"In the third place, the doctor has spent ten years in Cong district, and the previous ten years in the adjoining district of Clonbur, during which long period he has given the greatest satisfaction to all concerned, and particularly to the poor.

"In the fourth place, the Committee of Management, with the full concurrence of the ratepayers of the district, unanimously recommended this increase at their meeting held at Cross on the 8th ultimo. At this meeting fourteen members, including three local magistrates and several heavy ratepayers, attended, all of whom were loud in their praises of the manner in which Dr. M'Guire has always discharged his onerous duties.

"In the fifth place, at a meeting of the Ballinrobe Board, held on the 27th ultimo, at which 13 guardians attended, eleven strongly recommended the proposed increase—one guardian alone dissenting, and one declining to vote.

"Finally, a very strong reason in favour of the increase will be found from comparing Dr. M'Guire's present salary of £100 a year with those of other doctors in some of the adjoining districts."

THE Editor of the *Irish Medical Directory* will feel greatly obliged if those gentlemen who have not yet returned their corrected statement of qualifications, &c., for insertion in the *Directory* for 1883 will do so at once. He also solicits information as to inaccuracies, either of omission or commission, in last year's issue, as, in consequence of the difficulty of eliciting replies, he finds it almost impossible to eliminate all errors.

IRISH POOR-LAW INTELLIGENCE.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

Mr. HENRY ROBINSON, Examined.

1. Chairman (Mr. Herbert Gladstone).—You are Vice-President of the Local Government Board in Ireland?—I am.

2. Will you tell the Committee how long you have held office?—I have held the office of Vice-President about three years and a half, and before that time I had been for about 28 years connected with the Poor-law administration as an inspector.

3. Will you describe to the Committee the existing state of the law with regard to the superannuation of poor-law officers in Ireland?—Up to the year 1865 a superannuation allowance could not be given to union officers; but at present there are three Acts of Parliament in force on the subject. The first Act, which was passed in the year 1865, enables boards of guardians, with the consent of the Local Government Board, to "grant to any officer whose whole time has been devoted to the service of the union, and who shall become incapable of discharging the duties of his office with efficiency by reason of permanent infirmity of mind or body, or of old age, upon his resigning or otherwise ceasing to hold his office, an annual allowance not exceeding in any case two-thirds of his then salary." That Act also provides that "no officer shall be entitled to such allowance on the ground of age, who shall not have completed the full age of 60 years, and shall not have served as a union officer for 20 years at the least." Then, in the year 1869, a further Act was passed, which extended the provisions of the previous Act to medical officers, although the whole time of the medical officers may not be devoted to the service of the union. And in 1872 a third Act was passed, which brought the superintendent registrar of births, deaths, and marriages, being the clerk of the union, and the registrar of births, deaths, and marriages, within the operation of the former Acts. It also enabled the officers to receive superannuation allowances upon their emoluments as well as their salaries. The result of this legislation is that any officer who has devoted his whole time to the services of the union, and any medical officer, whether he has devoted his whole time or not, may receive a superannuation allowance not exceeding two-thirds of his salary and emoluments. But, perhaps, it would be well that I should take this opportunity of mentioning to the Committee, with reference to the superannuation allowances that are granted to officers, that in consequence of the great diversities of practice which we found to exist amongst the boards of guardians with reference to the amount of allowances granted to the officers, and in consequence of finding that the superannuation allowances proposed were in some instances very disproportionate to the length of service, we found it necessary last year to issue a circular describing to

the boards of guardians the principles upon which we should be governed in consenting in future to grant superannuation allowances, and we were governed by the scale laid down in the Civil Service Superannuation Act; but at the same time we stated that officers having special or professional qualifications might receive a certain number of years in addition to their actual service; that is to say, a certain number of additional years might be counted. We thought that it was never intended by the Superannuation Acts that an officer should receive the maximum amount allowed by the Acts irrespective of his length of service; and we also thought it was clear that when the responsibility was placed upon the Local Government Board of consenting to a pension, it was not intended that we should merely act in a ministerial and perfunctory manner, but that we should exercise the control given to us by law for the protection of the ratepayers. Since that time we have sanctioned pensions in accordance with the Civil Service scale, allowing, as I mentioned, some extra years for professional and special qualifications. I may also mention that the same course was adopted in England by the Local Government Board with regard to the officers of their Board, and the same course was adopted in Ireland by the Lord Lieutenant with regard to the officers of the local authorities. So that the Poor-law officers in Ireland and in England, and also the officers of the local authorities in Ireland, are in the same position in that respect.

4. Since the issue of the circular all pensions which have been brought to the notice of the Local Government Board have been granted upon the scale you have mentioned?—Yes, all the pensions granted since the date of the Act. There were some pensions which had been granted before the issue of it, but the question had not then been decided. But in the case of any officer who resigned after the date of the circular, in dealing with his pension we were governed by the principles laid down in our circular, giving a very liberal number of years in addition in many cases. With the permission of the Committee, I will beg leave to hand in the English Circular, the Irish Circular, and the Circular of the Lord Lieutenant. (*The same were delivered in.*) I may observe that the purport of the English Circular is very nearly the same as that of the Irish Circular. The last clause, with regard to the refusal of the guardians to grant pensions, is in ours and not in the English Circular; but in other respects the principles laid down are precisely the same, and precisely the same as those in the Circular issued by the direction of the Lord Lieutenant.

5. What is the number of officers who have become superannuated?—The first Act, as I mentioned before, was passed in the year 1865, and from that time to the end of the last financial year, that is to say, to the 29th of September last, being a period of about sixteen years, there have been 662 officers granted superannuation allowances, and at the end of the last financial year there were 355 remaining in receipt of those allow-

ances; and the total cost of the pensions last year was £14,987, being about a farthing in the pound on the valuation of Ireland; and the expenditure in reference to new pensions granted during each of the three last years was as follows:—There were new pensions granted in 1879 to 45 officers, at a cost of £1,971; in the year ending September, 1880, there were 43 officers, to whom pensions were granted at a cost of £2,020; and in the year ending 1881 there were 55 officers pensioned at a cost of £2,335.

6. Is it your opinion that the existing Acts have worked well?—It is not my opinion. My opinion is that the operation of the existing law has been very unsatisfactory and unjust to the union officers, and prejudicial to the interests of the public service. I consider that it is unjust to the officers, because they have no security that they will ever receive superannuation allowances on retiring from the service. There are many instances, indeed, in which pensions have been refused, and in which very great hardship has been inflicted in consequence upon the union officers. There was a return called for in the year 1880 of the medical officers who have retired since the passing of this Act—Mr. Meldon's Return; and this year there was a similar Return prepared and laid upon the table of the House with regard to all the other officers, exclusive of medical officers; and in looking through those Returns, there are some very striking cases, indeed, of hardship. I will mention two or three, if the Committee wish, but I believe that witnesses will come after me on behalf of the union officers, who will, perhaps, give more full information upon the subject. But I may mention two or three cases which struck me very forcibly. Taking one union, there was a fever hospital nurse, who was 70 years of age, and she had served over 24 years—nearly 25—and she was refused a pension on retiring.

7. Mr. Meldon. Where shall we find that?—These are a few of the cases extracted from your Return, and from the Return of the union officers who have been retired since 1865.

8. Amongst which Returns will that be?—In the Cavan Union.

9. Chairman. Was any reason given for refusing a pension in that case?—The clerk of the union in furnishing the Return stated that the objection of the guardians was an objection on principle to granting any person in future a pension.

10. Did he state what that principle was?—No. I can only read the observations of the clerk on that case.

11. Mr. Healy. Under this scale what would this lady have been entitled to after 24 years' service?—Under the Bill she would be entitled to 24 60ths of her salary; but I have not got a statement of the salary here.

12. Chairman. What would she be entitled to under the Civil Service Act?—She would be entitled to 24 60ths of her salary and emoluments, which form a very considerable item of what is paid to resident officers. I have another case in which a nurse 70 years of age, and with 22 years of service, resigned from bodily infirmity, and she was refused a pension, and the clerk says that it was considered that she ought to have saved money out of her salary, which I find was only £12 a year.

13. Mr. Daly.—In what union was that?—That was in the Ballymena Union.

14. Mr. Healy.—Could you give us any idea what addition to the £12 a year her emoluments would have been?—They would be a great deal more than her salary. I should think that her rations would probably be valued at about £18 or £20 a year, and she would be allowed also something in respect of her other emoluments; for instance, the value of her apartments, and light, and fire, and I should say that between £20 and £26 a year would be the value on the average of an officer's rations.

15. Altogether she would be in receipt of £40 a year.—I should say probably about £35 a year.

16. Mr. Biggar.—And she would be entitled to two-fifths of that?—A little more than a third. I have another case, in which the master of a workhouse who had served for 24 years, and was 67 years of age, resigned from bodily infirmity at that age, and he was refused a pension and no reason given. Another officer in Donegal, 68 years of age, with 16 years of service, who retired from ill-health, was also refused.

17. In what union was that?—The first of these two cases was in Cootehill, the second in Donegal.

18. Chairman.—Is it not the case that a union officer has to resign one month before the question of a pension would be considered by the board of guardians?—The guardians must give a month's notice of their intention to grant a pension, and that notice cannot be given until the officer has actually resigned.

19. Mr. Daly.—What was the age of the person that you last adduced who had 16 years' service?—Sixty-eight years of age; and in that case there was a division in the board of guardians about refusing; the guardians were equally divided, and they gave no reason for it. Consequently, there being an equal division, the motion was lost, and the officer received nothing.

20. Chairman.—When an officer resigns he has no notion, I presume, whether he will be granted a pension or not?—I think he has a pretty good notion, but he has no certainty whether he will get it or not.

21. Mr. Callan.—Is it through the default of the guardians, or through the default of the Act that he has no assurance?—Under the Act the guardians cannot pass the resolution until after he has resigned.

22. Therefore it is not through the default of the guardians, it is through the default of the Act?—I do not exactly understand what you mean by saying through the default of the Act. The Act does not enable the guardians to pass a resolution on the subject until more than a month after the man resigns; and unless he has got private information as to which way the guardians will vote, he is in a state of uncertainty.

23. Therefore if any injury accrues to the officer from the circumstances, it is through the Act, and not through the default of the guardians?—Certainly. I have another bad case here, that of a fever hospital nurse, 78 years of age, with 28 years' service; and the reason given by the clerk for the guardians refusing her a pension was that they were totally opposed to superannuation allowances.

24. Mr. Solicitor-General for Ireland.—As a matter of fact, is it necessary that the officer should resign a month before he knows whether he will get any pension or not?—At least a month before, because notice cannot be given until he has resigned, and then it takes a full month before the guardians can consider the subject.

25. Mr. Biggar.—In what union did this case of the hospital nurse occur?—In the Enniscorthy Union.

26. Mr. Daly.—Are you aware whether in the case of any of those officers when they undertook the duties there was agreement with the Board that they should not apply for a superannuation allowance?—No, I have never heard of an instance of that sort.

27. I know of my own knowledge that in a similar situation a person accepted it who was over 45 years of age, and that the appointment is sometimes accompanied with that provision?—I have never heard of a case of that sort, and were that arrangement made it would be inoperative, because one board of guardians cannot control the action of a future board; and if one board of guardians entered into such an agreement with an officer, a future board would not be bound to abide by it.

28. Mr. Solicitor-General for Ireland.—Has any reason ever been alleged by such boards, for the refusal, that there was such a contract?—I have never heard of it. I have a case before me of the clerk of a union who was 38 years in the service, and he was 68 years of age. He resigned, and was allowed nothing, and there was no reason given for it.

29. Mr. Callan.—Where was that?—That was at Newtown Ards. I have another case of a fever hospital nurse, 68 years of age, in the Thomas Town Union, and with 25 years of service, and no reasons there have been given. These are a few of the cases which I have extracted, but the Returns are full of similar cases, and I believe that the representatives of the union officers will probably be able to give the Committee much more striking cases than I have done. I merely give these as a few to show the reasons which make me consider that the union officers have been very hardly dealt with in many cases.

30. Mr. Meldon.—Do you happen to know of any instances in which boards of guardians have acted rather too liberally?—Yes, several instances; and that was what caused us to issue our circular in November, 1881.

31. Could you refer us to any particular instances in those returns which unfortunately have not been printed as yet?—I could do so.

32. Chairman.—In your opinion, I suppose a large number of the present union officers are inefficient, owing to age and infirmity?—I would not go so far as to say a large proportion. I believe there are a great number, but those cases do not come officially before us. Unless an officer is removed for some neglect of duty no cases come before us; but an officer may be of an age that he cannot perform his duties very efficiently, and still he may not be actually reported.

33. He would probably have to employ a substitute in many cases?—No, I do not think that would be allowed, excepting as a temporary measure.

34. Mr. Daly.—Did I understand you to say that the reason for the issue of the circular of 1881 was that superannuation allowances had been awarded to officers more than the Local Government Board approved of?—It was the practice for some years after the Act passed to allow the guardians to do very much as they pleased, and then it was found that they exceeded what we thought right and reasonable, and moreover, there was such a diversity of practice, and the amounts given were so very disproportionate, that on those grounds we were influenced to issue the circular.

35. Were they the sole grounds?—The sole grounds.

36. Chairman.—With regard to those union officers who appear to have reached a considerable age, I suppose they do not resign because they are afraid that pensions will not be granted them?—There were some very striking cases mentioned by the members of a deputation who attended before the Chief Secretary last year—cases in which officers had remained in office when they were quite unfit to discharge their duties with activity and efficiently; but, as I stated before, those cases do not come before us, except in very rare instances. I think you will probably get those cases repeated by some of the members who were on the deputation to the Chief Secretary. Mr. Meldon asked me about officers who had been granted very large sums. The returns published in our Annual Report show numerous cases in which officers were granted the full amount which could be awarded them, although their service was very short. For instance, I have a case here in which an assistant clerk, who had only nine years' service, and was in receipt of a salary of £90 a year, and the guardians gave him the full two-thirds of his salary; they gave him £60 a year. That is to be found in our Annual Report, in the return of officers, but I find that he is dead now.

37. Mr. Solicitor-General for Ireland.—What was the age of that officer?—He was 55 years of age.

38. Mr. Biggar.—What union was that in?—That was in the North Dublin Union.

39. Mr. Callan.—Were there exceptional circumstances attending his case?—I am not aware of any. As I said before, it was our usual practice at that time to allow the guardians very much to exercise their own discretion, and not to interfere, because no distinct rule had been laid down about it; and, in fact, it was not until a circular was issued in which we notified to the guardians what

the principles would be that would govern us that we interfered very much.

40. Mr. Daly.—With regard to the person who was superannuated at 55 years of age, after nine years' service, and got £60 a year, were there any circumstances peculiar to his case which induced the guardians to accept his retirement at 55 years of age, and grant him two-thirds of his salary?—He was obliged to retire, from infirmity of body; he was unable to discharge the duties of his employment as assistant clerk. I do not know of any exceptional circumstances which would make it right that he should have had two-thirds of his salary. I have another case, in which an infirm nurse, with less than ten years' service, and the whole of whose salary and rations amounted to £37 10s., and she got £15 a year; she was 62 years of age. I have another case, in which an officer, the apothecary of the Drogheda Union, was under 61 years of age; he had served for ten years; his emoluments were £75, and he got £50 a year.

41. Mr. Healy.—In the case of those excessive pensions, is there anything to show how long the recipients of the pensions lived?—This pension to the assistant clerk of the North Dublin Union was granted in April, 1873, and he died in February, 1877. This infirm nurse whom I mentioned I think is alive still. The apothecary in the Drogheda Union was given a pension in 1874, and he died the next year, so that he probably was very ill at the time. I find in another case the clerk of another union, after twenty years' service, got two-thirds of his salary of £100 a year. There are numerous cases of that sort, which I mention just to show what induced us to think it necessary to exercise the discretion which is vested in us by the law.

42. Chairman.—Have you anything further to say with regard to the working of the Acts?—I mentioned that I thought that the present system was injurious to the public service, and my reason for expressing that opinion is just what you have alluded to in one of your former questions, that many officers, long after they are unable to discharge their duties efficiently, are induced to remain in the service, because they do not believe that they will be able to receive a pension, or at all events, will not be certain of a pension when they retire.

43. Mr. Findlater.—Then I suppose it would be necessary before a man gave notice of retirement, that he should sound the guardians to see what their tone of feeling was towards him.—Certainly, that is the case; and the officers can only know from private information that they can obtain as to how the guardians will vote, and from their knowledge of the guardians, and of the disposition of the guardians towards each officer; I think that is placing officers in a very unsatisfactory and degrading position.

44. Mr. Solicitor-General for Ireland.—Are you aware whether there is any fixed rule laid down by any board of guardians in this matter for themselves; do any board of guardians act upon a regular system?—No, they cannot make any fixed rule, for the reason that I mentioned before, that one board of guardians could not in such a matter influence the actions of a future board; but they may have an understanding among themselves, which, of course, I am unable to express an opinion upon, but from the fact that some unions have never given any pensions, and have always refused them, there can be no doubt whatever that the guardians of those unions have arrived at some decision and understanding amongst themselves that they will not grant pensions.

45. How many unions do you know in which you would infer that such an understanding exists from their practice?—That is a question which it is very difficult to answer. There are several unions in which they are not giving pensions, and have refused to give pensions, who at one time did give them, and they have refused since in some cases. I find that there are about ten unions in Ireland that never gave any pensions. Those at Bantry, Carrickmacross, Castleblaney, Donegal, Irishowen, Killa-

dysent, Mount Bellew, Portumna, Roscrea, and Wexford. I believe that to be a correct return. It does not appear that in all those cases pensions were actually refused.

(To be continued.)

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL (IRELAND) FOR THE
MONTHS OF AUGUST AND SEPTEMBER, 1882.

- AUGUST 2nd.—Sagrus, J.; Walsall; M.D. Q. Univ. Irel. 1881, M.Ch. R. Univ. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1881.
- 2nd.—Yaw, M. T.; Dublin; Lic. R. Coll. Surg. Irel. 1882, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
- 3rd.—Dean, G. F.; Dublin; M.B. & B.Ch. Univ. Dub. 1882.
- 3rd.—Nason, C. St. S. R.; Rathcormac; M.B. Univ. Dub. 1882.
- 5th.—Heatly, R. J.; Dalkey; Lic. R. Coll. Surg. Irel. 1882, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
- 5th.—Evans, F. C.; Ballynahinch; Lic. R. Coll. Surg. Irel. 1882.
- 5th.—Thompson, W. C.; Dalkey; Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882, Lic. R. Coll. Surg. Irel. 1882.
- 5th.—Coall, R. H.; Kingstown; Lic. R. Coll. Surg. Irel. 1882.
- 8th.—Gemming, J.; Lettermore; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
- 9th.—Lithgow, J. M.; Downpatrick; M.D. R. Univ. Irel. 1882.
- 9th.—Garland, J. P.; Dublin; Lic. R. Coll. Surg. Irel. 1882.
- 11th.—Taylor, J. W.; Belfast; M.D. R. Univ. Irel. 1882, M.Ch. R. Univ. Irel. 1882.
- 11th.—Jones, W. P.; Mohill; Lic. R. Coll. Surg. Irel. 1880, Lic. K. Q. Coll. Phys. Irel. 1881, Lic. Mid. K. Q. Coll. Phys. Irel. 1881.
- 12th.—Phillips, J. M.; Plymouth; M.D. R. Univ. Irel. 1882, Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
- 16th.—Duncan, J. W.; Malin, co. Donegal; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
- 16th.—Wynne, E.; Rathmines; Lic. R. Coll. Surg. Irel. 1882.
- 17th.—Wills, S. R.; Rathkeale; Lic. R. Coll. Surg. Irel. 1882.
- 18th.—Daly, T.; Monasterevan; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
- 19th.—Dutch, M. A.; Rathgar; Lic. R. Coll. Surg. Irel. 1882.
- 23rd.—Dunlop, P.; Lisburn; Lic. R. Coll. Phys. Edin. 1881, Lic. R. Coll. Surg. Edin. 1881.
- 24th.—McNaught, F. J.; Rathmines; Lic. R. Surg. Irel. 1882.
- 25th.—Irwin, J. K.; Loughgilly, co. Armagh; L.A.H. Dub. 1882.
- 25th.—McGee, W.; Donnybrook; Lic. R. Coll. Surg. Irel. 1882.
- 28th.—King, J. C.; Roundstone, Galway; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
- 30th.—Power, J. S.; Waterford; Lic. R. Coll. Surg. Irel. 1882.
- 30th.—Graham, J.; Cookstown, co. Tyrone; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.
- SEPTEMBER 9.—Tanner, L. J. N.; Lapp's Ireland, Cork; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.
- 11th.—Williams, J. W.; Dungarvan; M.D. R. Univ. Irel. 1882, M.Ch. R. Univ. Irel. 1882.
- 12th.—Hennessey, T. J.; Ballylanders, co. Limerick; Lic. R. Coll. Surg. Irel. 1880, Lic. K. Q. Coll. Phys. Irel. 1882.
- 12th.—Harper, A. F.; 4 Grosvenor Place, Rathmines; Lic. R. Coll. Surg. Irel. 1882, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.
- 14th.—Devlin, T. P.; Ulster Villas, Belfast; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.

16th.—Kenna, D. P.; 55 Stephen's Green, E. Dublin; Lic. R. Coll. Surg. Irel. 1880.

20th.—Watson, J.; Hollywood, co. Down; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.

22nd.—Hutchinson, M. M. L.; New Ross; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

23rd.—Pigot, E. F.; 12 Leeson Park, Dublin; M.B. Univ. Dub. 1882, B.Ch. Univ. Dub. 1882.

26th.—Loughheed, W. H.; Dromore, co. Sligo; M.B. and B.Ch. Univ. Dub. 1882.

27th.—Nicolls, J. P.; Navan; Lic. R. Coll. Surg. Irel. 1880, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

30th.—Todd, A. T.; Finvoy, co. Antrim; Lic. R. Coll. Phys. Edin. 1882, Lic. R. Coll. Surg. Edin. 1882.

CAVAN UNION.

KILNALECK DISPENSARY.

Letter read.

"At a meeting of the Kilnaleck Dispensary Committee it was moved and carried that George Lyndon, Esq., M.D., be appointed for one month, as substitute to Dr. Alcock, who is at present unable to discharge his duty, as he is suffering from an attack of sickness caught in the discharge of his duty."

Mr. Lee said the Committee should have something to say in the matter of payment.

Mr. John A. Faris said Dr. Alcock often attended the Dispensary when he was not able to be there. He begged to move the appointment of Dr. Lyndon as his substitute.

Mr. Lee considered that Dr. Lyndon should not be paid more than the present doctor.

The Clerk—I will take care of that.

Mr. McCann thought Dr. Alcock *should be called on to resign*; he was a very old man, and moved that Dr. Alcock pay his substitute.

Mr. J. A. Faris considered that would be time enough when it would come from the Committee.

The Clerk said he (Dr. Alcock) got an attack of blood-poisoning in a midwifery case.

Mr. Nesbitt—Well, in that case, I move that the Board pay Dr. Lyndon.

Communication sent back to the Committee, to know who will pay the substitute.

[This Mr. McCann is the generous and kind-hearted person who was brought over by Mr. Biggar, M.P., to testify before the Select Committee of the House of Commons on Superannuation, that he "objected to the grant of a pension under any conceivable circumstances; that if the officer was too old or infirm to do his duty, he ought to be called on to resign; and if he and his family died of starvation or went into the workhouse to escape that fate, that was no business of the guardians." To do this person justice, he is an admirable representative of the Cavan guardians, who are notorious throughout Ireland for having worried more than one of their officers to death by the slow torture of starvation. Heaven be thanked there are not a great many of Mr. McCann's class to be met with, and that the law is such that Dr. Alcock need not care "two rows of pins" for them.—ED.]

AN inquest has been held at Keighley, Yorks, into the circumstances attending the death of a man named Riley, who was supposed to have died from lead-poisoning, caused by using the town's water. The West Riding analyst gave evidence as to the amount of lead absorbed by the water, which was so great as to be dangerous for domestic use. Dr. Meymott Tidy asserted that the deceased had not died from lead-poisoning, but from kidney disease. The jury returned a verdict to the effect that the deceased had died from lead-poisoning.

IRISH POOR-LAW INTELLIGENCE.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT
COMMITTEE OF THE HOUSE OF COMMONS, 10TH
AUGUST, 1882.

(Continued).

Mr. HENRY ROBINSON's examination continued.

46. Mr. Callan. Previous to your present appointment you were inspector in the district of Carrickmacross and Castleblaney?—Yes.

47. In the union of Carrickmacross and Castleblaney, in County Monaghan, and in any of the ten unions in Ireland which have never granted any superannuation allowances, in your opinion have any cases of alleged injustice been brought forward?—I remember, in the Carrickmacross Union, the guardians refused a pension to a medical officer about 65 years of age and 18 years' service. I have no returns from Carrickmacross with reference to any other officer.

48. Have you any cases of injustice in Castleblaney?—In the Castleblaney Union I find that the guardians, in the case of a fever hospital nurse, 65 years of age and 17 years service, who retired from physical and mental weakness, refused to give her a pension, and I will read you a note upon the case by the clerk of the union. He said, "This woman was afterwards in abject poverty, and applied several times for out-door relief, which was refused. It was, however, very well known that the refusal in this case arose from an unwillingness to give a precedent to other officers who had very long service, but who were, of course, to be refused also for the usual reasons given in such cases."

49. May I ask you, from your knowledge of the Castleblaney Union, is it not one of those unions in which the number of attending guardians are predominantly *ex officio* guardians?—I cannot say that now. I can put in a return of the attendance if the Committee wish it of the guardians of that union.

50. Chairman. You are, of course, acquainted with the provisions of the Bill which we are now considering?—Yes, I am very well acquainted with them.

51. Is it your opinion that it will be an improvement upon the present state of things?—I think that it will. I am very strongly indeed in favour of the provisions of the Bill. I think that it will be a very great improvement in reference to the administration of the Poor law in Ireland and the Medical Charities Act, if the Bill should be passed.

52. Can you give the Committee any estimate of the probable cost that will be entailed by the proposed changes?—I think that the cost will be somewhere about the same as it is at present. The pensions may be lower in some cases, but the number will probably at first be larger than the annual average at present. The cost, I see, last year, was £2,335. Those are the new pensions, and they only came to a fraction, 1-32nd of a penny in the pound in the valuation.

53. Mr. Healy. Do you really think that the amount of pensions will be lower?—Certainly, because they will be governed by the Civil Service scale.

54. Is it not the fact that taking the return, you show that there were certain pensions of £65 and £70 a year, but can you state what the average pensions have been all round granted to the medical officers and other officers?—I cannot distinguish medical officers from other officers, but I can state that the average pensions are about £42 or £43 a year.

55. I make it out that the appendix to the report of the Local Government Board of last year, at page 185, that from 1865 down to the 29th of September, 1880, there were 101 doctors receiving pensions?—That return is only a return of the officers who received pensions during that year. It is headed "Union Officers' Superannuation," in continuation of the statements in the previous report. This is a statement of allowances in force during any portion of the year, and it is merely a statement of the persons who received payments during that year.

56. From these returns I find that from the 26th of May, 1865, down to the 29th of September, 1880, there were 101 doctors pensioned, getting a gross pension of £6,830, which is an average of £68, and that there were 264 other officers of all kinds, receiving a gross amount of £6,824, or an average of £26 each?—That very much corresponds with my statement that there were only 355 officers altogether.

57. You have stated that the average amount would be about £43 or £45, but I make a distinction between the doctors and those other officers, because if it be true, as you state, that the other officers' pensions would be generally lower, and as a matter of fact the average for the other officers has only been £26, distinguishing the other officers from the doctors, and where the doctors get £68, I can hardly see how you can make out that a less pension than £26 would be more favourable than the present pension?—I do not take any class of officers separately. I take the whole list of officers; it is only a surmise, for it is impossible to form an accurate opinion upon the subject. I think, as a general rule, the amount in individual cases would be less, because there are so many instances in which an officer has received a great deal higher amount than the Civil Service scale.

58. Mr. Solicitor-General for Ireland. Your inference would be that although in individual cases the pension might be less than it now is, it would be more widely distributed?—I think that there would probably be more officers in the first year or two put on pensions than there have been on the average of the last three or four years, because there are those officers who have remained in office from a fear of not getting pensions if they resigned and who will probably now get the advantage of a pension.

59. Mr. Healy. As I understand, you refer to the general effect on the whole body of officers, and not to cases of individuals?—Yes; I refer to the whole body of

officers, but it is very difficult to express a decided opinion as to what the cost would be. The first rate to be struck must be a rate for 18 months, because we should have to pay a portion of the first rate for pensions to be paid from the time of the passing of the Act up to December, 1883, whereas afterwards the rates will only be for the amount required for each year.

60. Mr. Findlater. Do I understand the tendency of your evidence to be that by adopting the Civil Service scale in Ireland greater justice would be done?—Unquestionably, that is my decided opinion.

61. Chairman. And you think that there would be no difficulty on the part of the union on the score of expense?—Not the slightest difficulty. We shall ascertain the amount that will be required, and make an assessment upon each union according to the net annual value of each union, and we shall send an order to the treasurers of the union to lodge it in the general fund, which will be in our hands in the bank, and twice a year we shall recoup the boards of guardians the amount that they have paid in pensions.

62. Mr. Daly. If I understand you, when you assess the amount to be disbursed under the head of the superannuation fund, it will simply be by the Board imposing on each locality the superannuation allowance in respect of the officers, or will it be a general rate for the unions in Ireland?—It will be a general rate all over Ireland, according to the net annual value of each union.

63. Irrespective of the superannuation allowances in a small or a large union?—Yes, certainly; they would be paid out of one general fund.

64. You tell us of boards of guardians who make more liberal superannuation allowances than those sanctioned by the Local Government Board, and, as a contrast, you mention another union that makes smaller superannuation allowances than those sanctioned by the Local Government Board; then the union granting the smaller allowances will pay its quota to the one with the larger superannuation allowances?—The Act provides that if any officer is dissatisfied at not receiving the amount that may be awarded under the Civil Service scale he may appeal to us; and therefore, I think it may be concluded that in the case of every officer who is efficient and against whom there is no fault, he will be awarded by the guardians, or given by us, the full amount that he will be entitled to by the scale. Therefore, I think that all the officers, unless there is a fault on their parts, will be pensioned on the same scale.

67. In fact the manner in which money is raised under that Act is a kind of rate in aid?—It is a rate all over the country. It is a general rate.

68. Mr. Solicitor-General for Ireland. So that there would not be under this Bill the same inducements to the poorer unions to refuse superannuation allowances?—Certainly not.

69. Mr. Findlater. Would you not equally increase the allowances under the powers of the Bill, if they were not liberal enough?—The Act, as amended, provides that if an officer is dissatisfied with the decision of the board of guardians, or if the board of guardians give a lower amount than that prescribed by the Civil Service scale, there may be an appeal to us, and we may decide the case.

70. So that there would be no object in guardians being less liberal?—No. If a board of guardians have reason to be dissatisfied with the conduct of an officer, and an appeal is made to us, the board of guardians will have full power to attend that appeal and give their reasons for what they have done, and it will be for us to decide whether those reasons are sufficient or not.

71. Captain Aylmer. Am I to understand that the initiative in granting those pensions or superannuation allowances is to be with the boards of guardians under the proposed Act?—As the Bill was drafted, the Local Government Board were to determine the amount of the pension; but that is proposed to be amended by a new clause to be added to the Bill.

72. Mr. Solicitor-General for Ireland. Do you anticipate that under this Bill there will be practically uniformity throughout the entire of the unions of Ireland?—There will be a uniform rate to form the fund, but the amount to be given to each union will be according to the amount of superannuation allowance awarded to the officers of that union.

73. Do you anticipate that there will be a practical uniformity of principle as regards pensions?—Yes, certainly there will be a practical uniformity of principle and of practice. I may mention that one great object in establishing this national rate, a rate all over the country, instead of levying a rate in each union, is that there is a difficulty with respect to the officers moving about from one union to another. If we had not a rate over the whole country there would be a difficulty in charging one union with the pension of an officer, and allowing him to take credit for his serving another union; whereas by this method it is as broad as it is long; officers will be allowed to count their service in whatever unions they may have passed their time, in a case where an officer was changed from one union to another.

74. Mr. Callan. You do not mean that to apply to the case of officers changing from one district of a union to another?—No, that would not apply. Pensions are now all charged to the union at large; I think it is only as between one union and another union.

75. Mr. Solicitor-General for Ireland. You mean to meet the cases of officers who have served a considerable time in one union and then have gone to another?—Yes; there are many such cases, and it is often of great advantage that an officer who has gained experience in a small union should, when occasion arises, be transferred to a large and important union, which would thereby get the advantage of his great knowledge and experience.

76. On what scale would his pension be calculated?—At present there is no scale. The guardians give what they see fit, but we cannot fix a scale of that kind, and say that an officer should be pensioned according to it the year after, and place the whole of that charge upon one union, whereas, he may have served the greater part of his time in another.

77. Mr. Daly. Then the effect of that, as I understand, will be that wealthy unions will contribute towards the superannuation funds in a larger proportion by reason of their greater wealth than smaller ones?—They will.

78. And their disbursements will go out from that fund, and not be lessened or made greater by reason of any particular superannuation allowance in that locality?—We must bear this in mind, that a very large and wealthy union would have a staff of officers so very much larger than the number of officers in a poor union, that the superannuation allowances would be much larger than those of a small and poor union. Take the difference between the Dublin Union and the Union of Skull, in the County of Cork; although the amount may be very much larger than the guardians of the Dublin Union would have to pay, still the number of their officers would necessitate a much greater number of retirements.

79. Mr. Healy. Is not the shifting of officers from one union to another one reason for introducing the change?—I think that it would facilitate the whole arrangement. That is one reason, and I think in every respect it is better.

80. Would you state your reasons?—That is the principal reason; but I think there would be an objection probably made to an appeal to us in dealing with the funds of one particular union. It was at first intended, when the Bill was drafted, that we should fix the pensions ourselves without reference to boards of guardians, but we felt that the boards of guardians would probably object much more to our fixing the sums if we interfered solely with the rates of their own union, but there would not be the same feeling if it were the national rates that we were dealing with, or, a rate all over the country.

85. Mr. Callan. I suppose that you were consulted about this Bill?—I was.

86. Have you read the amended Act proposed by some of the union officers, and by the Irish Medical Association, and by the Poor-law Officers' Association of Ireland?—I have read the amendments proposed to this Act.

87. Are you still of opinion that the Act as originally introduced is in the best form?—I think that it would save trouble; but I do not in the least object to the other.

88. Save trouble to whom?—Perhaps I should rather have said that it would save correspondence.

89. You mean correspondence on the part of the Local Government Board?—Yes.

90. Is that the principal recommendation for retaining the Act in its original form?—But I do not advocate retaining it in its original form; I am quite satisfied with the amendment.

91. Do you prefer the amendment to the original?—I do not prefer it; I think that the original Bill would save correspondence, and perhaps a difference of opinion between us and the boards of guardians.

92. Discarding all idea of trouble to well-paid officials, do you think the proposed amendment an advantage?—I do not say that it is an advantage, but I say that I have no objection to the alteration.

93. Have you read the reasons why those amendments should be proposed?—I have read them.

94. Will you just take the Bill in its present shape before you, and look at page 1, line 17; is it a fact that the words are "not exceeding ten-sixtieths"?—Yes.

95. Is it the fact that the words "not exceeding" are without precedent?—No.

96. You have gone now on the lines of the Civil Service Act of 1859?—Yes.

97. There the words "not exceeding" are not found in the same sentence as they are here?—I do not find the words "not exceeding" in the Civil Service Superannuation Act.

98. Is not the word "of" used?—The words are "to any person who shall have served 10 years and upwards and under 11 years, an annual allowance of ten-sixtieths of the annual salary and emoluments of his office."

99. Can you give me any reason why, as you admit that you drafted these clauses from the Civil Service Act of 1859, you should have expunged the word "of" in that Act, and inserted instead the words "not exceeding"?—Yes, I can. I think it is desirable that the guardians should have in some cases, and certainly that we should have in some cases, power to grant a reduced pension if necessary. Subject to our approval, the guardians have the power under the Act as it stands, to give a reduced pension, and a union officer might appeal to us, and we should then hear the views and reasons of the guardians for asking to give a reduced pension.

100. Would not that be still more open to your principal objection; would not it give a little more correspondence, and a little more trouble to the Local Government Board?—Whether it originates with the Board of guardians or originates with us these words will make no difference. At present cases arise, and have arisen, in which we have not approved of the vote, and we have reduced the pension. Circumstances may arise in which an officer had for a great number of years performed his duty in a very efficient and satisfactory manner (I have a case in my mind now of that sort), but his health failed, and in consequence of ill-health for the last few years of his service he performed his duty in a very inefficient and unsatisfactory manner; and he was at last compelled to leave the service; and, in sanctioning a pension to him, we thought it was not right to deprive him entirely of his pension in consequence of what occurred during the last few years, his negligence and inefficiency having arisen from the state of his health, and we allowed a pension to be awarded him in that case, computed on the number of years' service in which he had served efficiently.

101. Did you lower the allowance?—Yes.

102. By how much?—We allowed him to count his pension upon his efficient years' service, solely because we

thought that his inefficiency during the last few years was caused by failure of energy and loss of sight.

103. Did the guardians remonstrate on that occasion? Yes, I rather think they did.

104. And therefore, the Local Government Board overruled the decision of the guardians, the local parties, who paid the superannuation allowance? Certainly; we have done so in many cases where they have awarded pensions in excess of the scale.

105. With regard to the Circular of November 1881, I see that you issued it when the guardians exceeded what you thought right and reasonable? Yes.

106. Did you ever issue a second circular where you thought that the guardians had not done what you thought right and reasonable in granting a superannuation allowance? We embodied it in our circular.

107. But you issued no circular? No other circular.

108. Although I believe those cases of alleged injustice extended over a very considerable period of years? Yes.

109. Yet you issued no remonstrance to the boards of guardians pointing out the injustice of refusing superannuation allowances to parties who fairly were entitled to them? We issued no general circular. I am not prepared to say that there was no remonstrance.

110. It was only when Poor-law guardians, being the payers, became generous with their rates, that you issued the circular? When they so far exceeded what we thought was at all reasonable.

111. Then I may take that you issued it rather upon economical grounds than otherwise? Yes; the reasons are expressed in the circular, namely, justice to the rate-payers.

112. To the people who were paying the rates? Yes.

113. The Local Government Board issued a circular to the Poor-law guardians, who were the payers of the rates, pointing out that they were doing injustice to the rate-payers? Yes.

114. And so long as they were doing injustice to officials who were under their more immediate control, you issued no circulars? We did not issue any circular, but we embodied that in this circular when we issued it.

115. As a kind of makeweight? I do not say that; we took advantage of that circular to express our views upon the subject.

116. On what principles did you act in refusing those superannuation allowances which the Poor-law guardians granted? I have not a return of them, but I may state generally that we have compelled the scale to be adhered to, with the addition of a certain number of years, ever since the issue of that circular.

117. You say that you drafted your Bill upon the Civil Service Act of 1859, but you inserted the words "not exceeding" in the place of the words used in that Act; do you consider that the Civil Service scale of superannuation is a fair scale to be adopted with reference to union officers in Ireland? I do, certainly.

118. Without exception? Certainly; with additions in certain cases where there are special and professional services, in which cases we propose to give an addition.

119. What do you call special? I call special where the duties of the office are such that a man cannot enter upon them at a very early stage of life; he must attain a certain amount of experience before he is in a position to undertake the duties.

120. The scale of service is that adopted in the Civil Service Superannuation Act? Yes.

121. In point of fact, at present persons can enter the Civil Service at a minimum age of 16, while union officers are not eligible until they are 21 years of age? I believe the pay in some cases is greater than in the Civil Service on entry.

122. I am asking you about the Poor-law board; is it a fact that persons are eligible to enter the Civil Service at the minimum age of 16, whilst union officers are not eligible until they are 21 years of age? They are, under very special circumstances.

123. Is it not the fact that the salaries given to union

officers on entering the service are much smaller in comparison than those of Civil servants in every class? In the case of some of the officers they are, but not in the case of medical officers, and clerks of unions.

130. That the Civil Service, or take the Army and Navy; are not all their salaries much larger than those of union officers. Take my own district, Dundalk; the salary of the doctor is only £75 a year, and the highest salary in my union is £150 a year? But there are a great number of emoluments attached to the office. There is one-fourth in addition to the Public Health Act.

131. You know the class of men who are in that district, are they not, as a class, equal to any Army and Navy surgeons? Yes, certainly.

132. Are not their salaries much lower than those of the army and navy surgeons? I cannot say; I do not know what an army or navy surgeon has.

133. Are there any of those doctors who get 10s. 6d. a-day? Certainly, on the average, they do not commence at that.

134. Ten shillings and sixpence a-day, on the average, is the average at which an Army or Navy surgeon commences. Is there almost any district in Ireland, excepting, perhaps, Dublin and Belfast, where the surgeon receives at the present moment beyond 10s. 6d. a-day, or £180 a-year? I should think that there are very few, certainly.

135. Therefore my argument is substantially true, is it not, that the officers of the Poor-law Board in Ireland are much more underpaid than the average Civil servants? I daresay that may be so.

136. Then my conclusion is that it is unfair to allow the Civil Service superannuation scale to those underpaid officials? I can only say that from what I hear, I believe our union officers would be quite satisfied with that.

137. The union officers will be here to speak for themselves; I am asking your opinion? In my opinion it is perfectly fair to fix that scale, I think so from what has come to my own knowledge. I believe they will be quite satisfied with it; it is security that they require, that is all.

138. Is it not the case that in many instances union officers have served a period of over 30 years without an increase of salary, although they have had additional duties imposed, and in other instances the salaries have been reduced? I do not think there are many cases of salaries being reduced, but I have no doubt that there may be officers who have served 30 years without an increase of pay.

(To be continued.)

RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was greatly pleased to see lately in the columns of your journal two letters from the hands of Dr. Somerville and Dr. Welphly complaining of the great hardship caused to medical men by the manner in which red tickets are presented indiscriminately at any hour of the day or night. I am sure there are few dispensary medical officers who cannot bear full testimony to the abuse of their time and services merely through the carelessness of the friends of their patients. How frequently it happens to be sent for at 10 o'clock at night to see a patient who has been ill for days, or even weeks, with a request that we will go at once, as the patient is very bad and "afraid of the night." No matter what delay before obtaining the ticket, or presenting it when obtained, "the Doctor" is expected to attend at once.

It is a very common occurrence to be obliged to travel over the same ground, which may be several miles distant, two or three times a day. I do not see that it would entail any hardship on any one if a rule were made that, except in urgent cases, all red tickets should be presented by a certain hour, and in this I agree with Dr. Welphly, that 12 o'clock would be a fair hour, to allow persons at a distance full time to come in.

As a further proof of the acknowledgment of the necessity of such a rule, I have tickets in my possession the form of

which is, I believe, not now in use, bearing the following sentence: "This ticket should be presented before the hour of — o'clock," which form I think should be reintroduced and properly filled up.

I have myself been in the habit of not going out for the day until about 12 o'clock, in order to allow time for tickets to be brought in, and leaving any cases for which tickets may have been presented after my departure to be attended next day. I make this known as much as possible, and would advise others to endeavour to make the same rule as far as they can, though of course in the present state of affairs, I being a young man with a good many enemies always on the watch for an opportunity of being able to bring some charge against me, cannot make this a hard and fast rule. No one conversant with the duties of a dispensary medical officer can have any doubt of the many hardships to which he is exposed, without having so much unnecessary work imposed on him. My own experience, and I am sure it is the experience of the majority of my *confrères*, is that my work has frequently been doubled by the system of which we complain, and that I consider this a question of some importance, and trust the profession will do all in their power to shake off the imposition of so much unnecessary labour. Thanking you for kindly inserting this in your journal, which does us such good service in making known our grievances,

I am, &c.,

J. M. MARTIN.

Piltown, 15th September.

CARRICK-ON-SUIR DISPENSARY.

At the usual monthly meeting of the committee the hon. sec. to the committee read a correspondence in which a lady submits the following question to the Local Government Board:—

"Will you kindly inform me if there is any law by which a dispensary committee can have power to pay the car-hire for the dispensary midwife? At the urgent request of a committee of ladies, who knew the lives of poor women and children were endangered, the dispensary committee here appointed a midwife last year at £20 per annum; but the district is so extensive to which she is appointed that she cannot afford to pay car-hire. In some instances a donkey-car is brought, in which she is quite satisfied to go; but from the more distant places it is generally a messenger sent in on a horse or mule, and if he were to wait to return to fetch a cart or donkey-car the woman's life might be lost."

Mr. Grubb—Did the Local Government Board answer the question they were asked?

Mr. Walsh (chairman)—They did not.

Mr. Hearne said he was secretary to the committee. It was understood that the ladies' committee would provide a car where the patients were unable to procure one.

Mr. Rockett said it would be well to have Mrs. Travers called up, and have her show what amount she had actually expended in car-hire, and if she proved that in one year she had expended £5 he would be prepared to move that the committee recommend that her salary be increased £5 a year.

Mrs. Travers then came up, and stated that if one case per week turned up in which she had to provide a car it would eat up all her wages.

Dr. Wall—To simplify matters, what has car hire cost you since your appointment eighteen months ago?

Mrs. Travers—Here is the account of it.

Mr. Rockett—It only amounts to 13s.

Mr. Grubb—I thought it was much more.

Mr. Rockett—I thought £5 at the least.

Mr. Walsh—The thing is not regularly before us. Mrs. Travers has not made a formal application for either car-hire or an increase of salary. Let her make such an application if she wishes, at our next meeting, and we will consider it.

This course was then adopted, and the matter dropped.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

*Read and adopted at a Meeting of the Council, held 17th
October, 1882.*

Dr. ROBERT BROWNE (Chairman of Council) in the
Chair.

MR. CHAIRMAN AND GENTLEMEN.—Since the Annual General Meeting, in June last, the Committee of Council have held thirteen meetings. In August they adjourned, as usual, till October. The names of six new members have been added to the list, and one resignation has been accepted. The report of the Select Committee of the House of Commons on the "Union Officers' Superannuation (Ireland) Bill," dated 11th August last, has just been published, together with the minutes of evidence taken and an appendix. The report of the Royal Commission on the Medical Acts' Amendment Bills has also been published since the date of the Annual General Meeting of this Association. These reports are of special interest to the members of this Association.

THE UNION OFFICERS' SUPERANNUATION (IRELAND) BILL.

On the 22nd July last this Bill was read a second time in the House of Commons, and ordered to be committed. On the 5th of August the Select Committee was nominated, to consist of Mr. Attorney-General for Ireland, Mr. Healy, Mr. Justin M'Carthy, Mr. Meldon, Mr. Gibson, Mr. Fitzpatrick, Captain Aylmer, Mr. Biggar, Sir P. O'Brien, Mr. H. Gladstone, Colonel Tottenham, Mr. Mulholland, Mr. Callan, Mr. Greer, Mr. Findlater, and Mr. Day—sixteen members, five of whom to be a quorum. The Select Committee were empowered to send for persons, papers, and records. On 8th August the Solicitor-General for Ireland was substituted for the Attorney-General for Ireland as a member of the Committee. The Select Committee first met on 8th August, when Mr. Herbert Gladstone was called to the chair, and the Committee, having deliberated, adjourned to the 10th August, when Mr. Henry Robinson, Vice-President of the Local Government Board for Ireland, was examined. The Committee then adjourned till next day, when Dr. A. H. Jacob, as representative of the Irish Medical Association was examined. Mr. Henry Robinson was further examined, and Mr. Robert Stewart, member of Board of Guardians of Belfast Union; Dr. Thomas Joseph Moore, Medical Officer of Ardee Dispensary District; and Mr. Joseph D. Cope, Clerk of Rathdown Union, were examined. The Committee then deliberated, and agreed to the following special report, and report, viz. :—

SPECIAL REPORT.

The Select Committee to whom the Union Officers'

Superannuation (Ireland) Bill was referred have agreed to the following special report :—

Your Committee are of opinion that at this late period of the session it is not possible to complete the evidence which bears on the Bill referred to them; that it is therefore not desirable to proceed further with the said Bill during the present session, and that it be reported to the House without amendment, together with the minutes of evidence taken before them, and appendices. Your Committee further report that the Chairman and the Solicitor-General for Ireland, on the part of the Government, expressed their willingness to accede to the principle of the following amendments :—Here follow amendments having the effect—*a.* To enable boards of guardians to discuss the grant of pensions, such grant, however, being compulsory, and assessed according to the Civil scale of pensions. *b.* That the pension shall not be less than the said scale. *c.* To enable the Local Government Board, in an exceptional case, to reduce the pension below said scale, as set forth in following (that is to say) :—

New Clause 3.

"Whenever an application is made to the Local Government Board to sanction the grant to any union officer by a Board of Guardians, of a superannuation allowance or gratuity under this Act, it shall be lawful for the Local Government Board either to sanction or to refuse to sanction such grant, or to sanction the grant of a superannuation allowance or gratuity to such officer of such less amount than otherwise would have been awarded to him as the Local Government Board may determine, where the defaults or demerit of such officer in relation to the union service appear to them to justify such diminution."

The Committee of Council have pleasure in reporting that the principle of the most important amendments suggested by this Association has met with the approval of Government, which, in a great measure, is due to the tact and ability with which Dr. Jacob acted as representative of the Association. Concessions, of course, had to be made on all sides. It was conceded on behalf of Government—

1. That the granting of retiring allowances shall be compulsory on Boards of Guardians, subject to the sanction of the Local Government Board.

2. That every Union Officer who has served ten years or more, shall, subject to the approval of the Local Government Board, receive a pension of not less than one-sixth of his salary and emoluments for every year of his service in any Union.

On behalf of this Association, and the Union Officers' Association, it was conceded that the Local Government Board should be empowered to refuse to sanction any pension, or to reduce the ordinary amount where the defaults or demerits of the officer, in relation to the Union service, appear to the Local Government Board to justify such diminution. It was found absolutely necessary to make this concession (for which there is precedent in the

C.S. Supn. Act), in consideration of those offered on behalf of Government, and the Committee of Council have expressed their approval of Dr. Jacob's action in the matter by according him a warm vote of thanks. For the information of those who are not initiated in matters of this nature, it may be well to observe that unless a compromise were made, the Bill must have been abandoned, for more would not be conceded, nor less be accepted, on the part of Government. The Committee of Council consider that the Bill, as amended, will prove satisfactory, and they have reason to expect that it will be re-introduced early next session, and that it will probably be passed early in the coming year.

THE MEDICAL ACTS AMENDMENT BILLS.

The Royal Commission on the Medical Acts which, at the date of last Annual Report, was about completing its sittings, has since presented to Parliament its recommendations, and the report of the evidence taken by it. Amongst which will be found the testimony of Dr. J. W. Moore, who was requested to represent this Association, and of Dr. Jacob, whose views on the subject of medical reform are, in most respects, those which this Association has advocated. The Committee of Council are gratified to be in the position to report that the scheme of medical reform, recommended by the majority of the Commission, corresponds in its most important respects with that which this Association has supported, although some of the details suggested by the Commission are different from those of the plan usually accepted by medical reformers.

The Royal Commission recommends:—

(a.) That a central examination shall be held for each division of the kingdom, uniform, as far as possible, in the curriculum required, the standard of examination and the fee to be paid, such examination being held by an examining board, in which all the existing licensing bodies of that division of the kingdom are represented.

(b.) That the passing of such central examination shall be the sole qualification necessary for admission of a medical man to registration and practice, and shall supersede all the ordinary diplomas and degrees usually conferred by the Licensing Bodies as qualifications to practice.

(c.) That the General Medical Council be completely reconstructed, and its numbers reduced. Its members not being, as heretofore, appointed by the licensing bodies, but by the Central Board, in which the licensing bodies are represented.

(d.) That the opinions and interests of the medical profession at large be represented in the Council by six representatives, to be elected directly by the registered practitioners throughout the kingdom.

(e.) That the clauses for suppression of unlicensed practice, and for punishing those who make use of medical titles which they do not possess, shall be strengthened, and made more comprehensive, but that the practice of medicine by unqualified persons shall not of itself be unlawful.

The Committee of Council are of opinion that the recommendations of the Royal Commission are not sufficiently stringent as to the suppression of unlicensed practice for gain, which ought, in their view, to be strictly prohibited, but the Committee of Council can understand the indisposition of the Royal Commission to offer a recommendation on this subject, for which there might be much difficulty in obtaining the assent of Parliament. It appears also to the Committee of Council that strict uniformity of fees, curriculum, and examination is not adequately provided for in the scheme as recommended by the Royal Commission, and they are of opinion that no readjustment of medical education can be satisfactory or efficient which affords an inducement to the student to emigrate from the place of his education to seek a cheaper or educationally inferior qualification elsewhere.

On the whole, however, the Committee of Council are of opinion that the Association may be congratulated on

the prospect of medical reform held out by the report of the Royal Commission.

MEDICAL WITNESSES.

SCALE OF FEES UNDER JUDICATURE ACT.

In the last Annual Report (pp. 99-101) reference was made to the insufficiency of the fees proposed by the committee of judges to be allowed to medical witnesses in civil actions under the Judicature Act, and to the course taken, with a view to endeavour to obtain a higher scale of fees, but the Committee of Council regret to observe that the following is the scale of fees for medical witnesses contained in the "Rules and Orders of the Supreme Court of Judicature (Ireland) made the 1st day of June, 1882," as published in the *Dublin Gazette* of 27th June, 1882, viz:—

"In taxing the expenses and allowances of witnesses the taxing officer shall, in ordinary cases, have to regard the following scale:— * * * * *

E. For medical men:—

If resident within five miles of place of trial, or ten miles, if there is a railway for three-fourths the distance, per day, not exceeding £1 1 0

If beyond that distance, per day, not exceeding £3 3 0"

The protest made by the Council against the inadequacy of such fees, it therefore appears, has not had the desired effect, and the Committee of Council feel deeply aggrieved that such manifestly insufficient fees should be fixed for medical witnesses, who will often find that such remuneration will not cover the loss sustained through attendance at Court, to say nothing of its affording, as it ought, adequate recompense for services rendered over and above loss and the expenses incurred.

If the members of this Association will have the goodness to report to the hon. secretary the particulars of all cases of grievance occurring under these rules, there will, doubtless, soon be a sufficient number to form conclusive evidence to lay before the judges that the scale of fees is inadequate, and ought to be amended: this appears to be the only way in which redress can now be expected to be obtained.

The above-mentioned scale of fees refers only to medical witnesses in civil cases, and not to crown prosecutions. In crown prosecutions the Rule of the Attorney-General, dated 16th December, 1876, is still in force, and is to be observed by all crown solicitors and sessional crown solicitors. It is as follows:—

Rule—"When a medical witness is summoned to attend at sessions in the town in which he resides, the usual fee of one guinea is to be paid. If he be detained in court more than three hours, an additional fee of one guinea is to be allowed. When he is summoned to attend at any other town he is to be paid two guineas for every day he is necessarily kept from home, together with his travelling expenses and hotel charge, not exceeding 15s., for each night he may be absent."

The Committee of Council are advised that the term "Sessions" includes Petty as well as Quarter Sessions.

In crown prosecutions the fees of a medical witness are paid by the Crown, and no more than the amount fixed by the scale can ever be obtained, but in civil cases medical witnesses frequently have opportunity of arranging with the suitor, in whose behalf the evidence is to be given, as to the amount of fees to be paid before the case comes for hearing, and any such arrangements entered into would, the Committee of Council are advised, be a legal and proper contract which could be maintained at law, notwithstanding the scale of fees above referred to.

VACCINATION.

With reference to the subject of reform of the Vaccine Department of the Local Government Board of Ireland, suggested by the Council, and brought under the notice

of His Excellency the Lord Lieutenant (*vide* last Annual Report, pp. 95-99), a letter has been received from the Under Secretary, stating, in effect, that the Local Government Board (to whom the communication had been referred) saw no necessity for any change in the present arrangements being made.

The Committee of Council will again bring the suggested reforms under notice when they expect to be able to adduce abundant evidence to show that the adoption of all their suggestions is not only feasible but positively essential to the interests of the public; and they feel in duty bound to revert to the subject and press it, as they cannot pass in silence the present system, which misleads the public to believe that the arrangements connected with public vaccination in Ireland are satisfactory, while they reflect discredit on member of the profession, and fail to afford to the public the full protection against small-pox intended to be provided by the Legislature.

The following letter was addressed to the Under Secretary from whom an acknowledgement of its receipt was promptly acknowledged, viz:—

Irish Medical Association,
Royal College of Surgeons,
Dublin, July 5th, 1882.

SIR,—In reply to your letter, No. "26,418" of 13th ult., I am directed by the Council of the Irish Medical Association to state for the information of His Excellency the Lord Lieutenant, that the alterations suggested by the Council in my letter of the 29th April last, to be made in the Vaccination Department of the Local Government Board did not reflect adversely on the management of that department. The Council merely desired to express their opinion that, in the public interest, it is essential that the scope of that department should be greatly increased by a reform of its powers and constitution. The Council have no reason to think that the Vaccine Department was not satisfactorily worked so far as the present system permits, but the Council are thoroughly convinced that until a complete reform be made with regard to the supervision of public vaccination, and the supply of animal or humanised lymph as desired, it is quite beyond reasonable hope to expect that the condition of public vaccination in Ireland can possibly be satisfactory. The present system of supervision is not effective, and the result is that there is no proof of successful vaccination in an enormous proportion of the population, and no sufficiently satisfactory evidence that such vaccinations as are certified to have been successful, are as thoroughly protective as possible. The reform suggested by the Council is almost precisely an adaptation of the system in vogue in England during many years—a system which there is not only found to be necessary, but economical. The Council are aware that such a system is at least equally needed in Ireland, and they are confident it would prove as satisfactory in result from all points of view; they have, therefore, felt it their duty to bring the subject under the notice of His Excellency the Lord Lieutenant. I am directed to express an earnest hope that His Excellency may be pleased to inquire fully into the subject with a view to extension of the scope of the Vaccine Department of the Local Government Board for Ireland in order that the public may as thoroughly as possible derive the advantages intended by the legislature to be conferred for their protection against small-pox, and the avoidable sorrows and enormous expense to the rates, which, under the present system, are entailed by every visitation of that dread disease.

I am, Sir,
To R. G. C. Hamilton, Esq., Yours, &c.,
Under Secretary, JOHN H. CHAPMAN,
Dublin Castle. Hon. Sec.

CONSULTATION FEES IN DISPENSARY PRACTICE.

In the report adopted by the Council on 1st November, 1881 (pp. 14, 15), and that adopted on 4th April last

(pp. 68, 69), reference was made to a case in which a dispensary medical officer, on the necessary authority of the relieving officer, was called upon to assist another dispensary medical officer at a difficult case of midwifery, attended on a visiting ticket. The consultant had applied to the board of guardians for a fee of two guineas, which was refused, on the ground that the guardians were in the habit of giving only one guinea in such cases; the Local Government Board had been appealed to, but had declined to interfere, and the Committee of Council had advised legal proceedings to be taken to recover the fee claimed, to which course the support of this Association was promised; however, when the legal proceedings were commenced, the guardians settled the claim, without taking defence, by paying the fee of two guineas and the costs of the solicitor, who had been employed at the instance of this Association.

As disputes of this nature not unfrequently occur, the Committee of Council deemed it advisable to state the case for an opinion of Council, which was submitted to George R. Price, Esq., B.L.

The following are the questions which were put to him, and his replies thereto:—

1. Counsel will therefore please advise Querist whether, in his opinion, Dr. . . . is not entitled to receive his usual and proper consultation fee from the Board of the . . . Guardians, and that in the event of Dr. . . . establishing the fact that £2 2s. would be the proper remuneration for his services as consultant, the Guardians are not legally bound to pay him the same?

1. I am of opinion that Dr. . . . is entitled to receive his usual and proper consultation fee from the relieving officer, who should be furnished by the . . . Board of Guardians with the necessary funds for the purpose; and, upon its being established that £2 2s. is the proper remuneration for Dr. . . . services rendered on this occasion, the Relieving Officer is, in my opinion, legally bound to pay him, and the Guardians are legally bound to furnish the necessary funds to the Relieving Officer.

2. Should Counsel be of opinion that Dr. . . . can legally recover his fee of £2 2s. Counsel will please advise what proceedings, and against whom, should be commenced by Dr. . . . or the Irish Medical Association on his behalf, in order to obtain payment of same?

2. The proceedings should be against the Relieving Officer, in my opinion, and should be either in the County Court by Civil Bill, or if that be not considered a satisfactory tribunal, then by an action in one of the Superior Courts.

3. Counsel will also please advise whether it would be competent for the Irish Medical Association to institute proceeding by Mandamus or otherwise in the Queen's Bench Division of the High Court of Judicature, with a view of having this question settled once for all.

3. I am of opinion that a proceeding by Mandamus in the Queen's Bench Division might be maintained against the Board of Guardians at suit of Dr. . . . to compel the Guardians to furnish the necessary funds to the Relieving Officer, if upon demand being made, they refused to do so.

It appears to me that the present case arises, and must be dealt with, under Sec. 7 of the Poor Relief Extension Act of 1847 (10 & 11 Vic. c. 31). I do not find any other statutory provision under which any medical aid, other than that of the regular dispensary medical officer of the district, could be supplied at the expense of the guardians or of the rates. There is nothing on the subject of extra medical aid in the Medical Charities' Act of 1851, and the provisions as to extra medical services contained in the statutes relating to public health have no applica-

tion to such a case as the present. By Sec. 7 of 10 & 11 Vic., c. 31, it is enacted that every relieving officer shall have power to give provisional relief in any case of sudden and urgent necessity, by affording, amongst other things, immediate and temporary relief in medical attendance, until the next ordinary meeting of the guardians, at which meeting he is to report the case, and the guardians of the union shall furnish the relieving officers with the necessary funds for affording relief in manner aforesaid. This Act makes the relieving officer the person who is to give the relief in cases of urgent necessity, and he is, in my opinion, constituted the judge of the necessity, and authorised to enter into the necessary contract for the purpose, subject to the duty of reporting to the guardians, who will, of course, control his action if improper; and the relieving officer in this case having given his authority, must be held to have contracted with Dr. . . . to pay him whatever would be the proper remuneration for his services. The guardians are bound to furnish the relieving officer with the necessary funds for affording such relief. This clause appears to indicate clearly that the relieving officer is the person directly liable to the person who renders the services which constitute the relief, to pay for these services, and in the absence of a special contract as to the amount of payment, he would be liable to pay a reasonable and proper amount. I do not think that the guardians are under the section directly liable to the person rendering the services. It might be said in the present case that they have admitted liability by offering to pay something, but that not having been accepted, being considered inadequate, cannot, in my opinion, be relied on as an admission of liability, and it is to be observed that the offer of payment came to Dr. . . . from the relieving officer, who, according to my view, is the person liable to the doctor. If the guardians should neglect or refuse, after demand made, to perform the duty imposed on them by statute, of providing the necessary funds for affording relief, then I think that Dr. . . . being interested in the performance of that duty, inasmuch as he is entitled to the amount to be paid, would have a right to obtain from the Queen's Bench Division a Writ of Mandamus ordering the guardians to perform that duty, but the simplest mode of proceeding would be to sue the relieving officer.

Leeson Street, Dublin.
May 7, 1882.

GEO. R. PRICE.

SLIGO DISPENSARY.

REPORT read of the Sligo Dispensary Committee.

Resolved, that Dr. Palmer being unwell, Dr. Martyn be appointed as his *locum tenens* for a month, at £3 3s. per week.

Mr. Higgins remarked that the only objection was his having gone away without leave of absence, and without any *locum tenens* having been appointed.

Mr. Walker—With regard to the *locum tenens*, it should not go forth that such was appointed at a salary of three guineas a week. I would make it two guineas per week, and one guinea per week horse and car hire. This is what we did in the Carney and other districts.

Mr. O'Brien considered that the care hire was an imaginary thing, for in the course of his duties as a *locum tenens* it might happen that he would not have to spend the money on car hire. The ratepayers, he thought, were heavily taxed enough without paying for car hire when such was not required—at all events not to the extent of £1 per week.

Mr. Walker said his proposition was really in a measure to meet it, for he considered this was not a time for paying large salaries, even to substitutes. Of course the board knew that a medical man could not keep a horse and car for nothing.

Mr. Brennan—Let the doctor who is getting his leave of absence pay for the horse and car hire for his substi-

tute, and not leave the heavily-taxed ratepayers to pay for it.

Chairman—The doctor is away now, and we cannot question him upon that point.

Mr. Walker—We have already passed a resolution at this board that no medical officer of this union is to have more than a month's leave of absence during the year under any circumstances.

The Chairman considered Mr. Walker's proposition as to the two guineas a week and a guinea for car hire would meet the general wish of the board.

ATHY UNION.

MISTAKEN IDENTITY OF A CORPSE.

MR. O'BEIRNE—Before the guardians separate, I wish to call attention to a disgraceful scene that occurred in this house about a fortnight ago. It appears that there was a female patient in the hospital here, and information was conveyed to her relatives and friends that she had died. A crowd of people came up to the house for the purpose of taking the corpse, but instead of taking the woman they took home a dead man, and when they found out their mistake they took the man's body back again, and, as I am informed, this crowd of people, or some of them, behaved in a most unseemly manner, clamouring for the body of the woman, who after some time was found not to be dead at all. Now I deliberately say whoever was in fault, and allowed that most disgraceful scene to occur, is not fit to remain in the position he holds, whatever it may be.

Chairman—Whose business is it to see after the proper care of the dead?

Master—It is the porter's business, but he being sick, I was discharging his duty, and I was responsible. It happened through my neglect.

Chairman—You should not take so many things on your back. You should have represented these things to the board, and someone would have been appointed to do the porter's business. But, above all, so serious a matter should have been reported to the board.

ASSESSMENT OF POOR-LAW SUPERANNUATION.

DR. B., co. Wexford, writes:—

DEAR SIR,—Will you be kind enough to let me know if the time of the dispensary medical officers while attached to dispensaries before the commencement of the Medical Charities Act is to be taken into account in the fixing of superannuation? If not, a great wrong will be done to the old men, and I am sure a clause reserving the time for them would not be objected to.

I have been a dispensary medical officer since October, 1839, twelve and a-half years under the Grand Jury, and since 1852 under the Medical Charities Act.

[It is part of the superannuation scheme lately before Parliament that a general superannuation rate shall be levied throughout Ireland, and that pensions shall be a charge on this rate, not on the local taxes. If this intention be carried into effect, the entire service of the officer in one or more unions will be counted towards his superannuation allowance. Thus the obvious injustice of requiring a board of guardians to pay pensions in respect of services given to other unions is got rid of. Our correspondents may rest satisfied that the point will not be overlooked by the Irish Medical Association in working for superannuation in next session of Parliament. —ED.]

IRISH POOR-LAW INTELLIGENCE.

ATHY UNION.

OUT-DOOR RELIEF.

Mr. R. Lalor—I wish to ask, Mr. Chairman, while the relieving officer for Castledermot is here, has the dispensary doctor power to give any amount of relief he wishes?

Chairman—The relieving officer has discretionary power which is never interfered with, and I think very properly.

Mr. Lalor—The reason I ask is, I know of a case in Castledermot, where a man got 18s. worth of provisional relief, and I don't think the man was destitute.

Relieving Officer—In that case, the man was suffering from typhoid fever, and I gave the relief on the certificate of the doctor.

Dr. MacCabe—The regular way to bring that matter before the board is, when the relieving officer considers a person entitled to provisional relief, he gives it for one week. He is bound then to report the matter fully to the guardians at their next meeting, when it is the guardians' business to call on the relieving officer for a full explanation of all the circumstances of the case, and they are then to determine whether the relief is to be continued or discontinued.

Chairman—Let it not go before the public that the doctor has power to order an unlimited amount of relief. He should be guided by the information given to him by the relieving officer, as to the fitness of the case.

Dr. MacCabe—The utmost the doctor can do is to recommend. But I consider it would not be well for the relieving officer to refuse the recommendation of the doctor; at the same time, the doctor should be guided by the information received.

Mr. Lalor—I repeatedly get recommendations from the doctor to get relief for people, and I found on inquiry that they were better off than many of the people who had to pay the rates.

Dr. O'Neill—My experience as a dispensary doctor for sixteen years is, that it is the greatest abuse to give this large amount of provisional relief, especially to people suffering from typhoid fever, for I invariably found that it was the families of the patients who got the major part of the relief. I would always recommend their removal to hospital, where every convenience exists for their proper treatment.

The matter dropped.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF OCTOBER, 1882.

OCTOBER 2nd.—Irvine, J. J.; 19 Northbrook Road, Dublin; Lic. R. Coll. Surg. Irel. 1881; Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

6th.—O'Reilly, M. F.; Oldcastle, co. Meath; Lic. K. Q. Coll. Phys. Irel. 1882, Lic. R. Coll. Surg. Irel. 1882.

7th.—Whitestone, H. L.; Ballinacally, co. Clare; Lic. R. Coll. Surg. Irel. 1880.

7th.—Houghton, J. F.; Loughlinstown, co. Dublin; M.B. Univ. Dub. 1876, M.D. Univ. Dub. 1881, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1876.

12th.—Boyd, Walter; Walworth, Grand Canal, Dublin; Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882.

13th.—Scott, J. A.; 25 Idrome Terrace, Blackrock, Dublin; Lic. R. Coll. Surg. Irel. 1881, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

20th.—Griffin, J.; Newcastle, co. Limerick; Lic. R. Coll. Surg. Irel. 1882.

20th.—Daunt, J. G.; 27 Bachelor's Quay, Cork; Lic. R. Coll. Phys. & Surg. Edin. 1882.

20th.—Stock, M. H.; Broadstone, co. Dublin; M.D. R. Univ. Irel. 1882.

23rd.—Harrington, J. M.; Tralee, co. Kerry; Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

24th.—Montgomery, W.; 12 Parliament Street, Dublin; L.A.H. Dub. 1882.

25th.—Holmes; Athlone, co. Limerick; M.D. and M.Ch. R. Univ. Irel. 1882.

26th.—Follows, W.; Wolverhampton; L.A.H. Dub. 1882.

27th.—French; Ballygar, co. Galway; Lic. R. Coll. Surg. Irel. 1880, L.A.H. Dub. 1882.

30th.—Keane, M. W. A.; Hampstead, Glasnevin, co. Dublin; Lic. R. Coll. Phys. and Surg. Edin. 1882.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT
COMMITTEE OF THE HOUSE OF COMMONS, 10TH
AUGUST, 1882.

(Continued).

Mr. HENRY ROBINSON'S examination continued.

209. One operation of the present system is that men who have become inefficient by reason of age and infirmity still struggle on in their situations, although they feel unable to discharge the duties properly, and they continue to discharge the duties in an ineffective way, without advantage to the public service; is not that so?—Yes, I believe that many do that.

210. Is not that, under the present system, a thing that is not unlikely to happen?—Yes, I should say it might be likely to happen.

211. Was not that a state of things that would be likely to happen under the existing system?—Yes, I have heard many instances quoted of officers who, under the present system, were unwilling to retire, but those cases will be brought up by the officers themselves.

212. In the Kilkenny Union I see there is one officer of 63 years of age and 18 years' service, and another 70 years of age and 17 years' service, who were both refused the superannuation, and it is stated that "a late relieving officer continued in office until his death who would have

resigned some years previously from general debility could he calculate on being superannuated; and at present another relieving officer, 64 years old, with 27 years' service, would resign if he were sure of being superannuated, feeling that he is not able to perform the duties satisfactorily?—That is stated by the clerk of the union.

215. Mr. Meldon. I do not ask as to the truth of it, but is not that a state of facts which is likely to happen under the existing system?—Yes, from statements made to me; there are many statements of that sort, but you will get full information upon that point from other witnesses.

216. Mr. Healy. You stated that you considered the Civil Service scale a better one than the existing one, generally speaking?—I think it would work more satisfactorily.

217. May I ask if, in issuing the circular, you chose the Civil Service scale for want of a better?—No, we thought the Civil Service was a very fair scale. It had previously been adopted in England, and had been adopted for other officers in Ireland, and by Act of Parliament with regard to the officers of vestries and other boards in the metropolis.

218. In answer to the honourable Member for Louth, you pointed out that there were three points upon which the authorised Civil Service scale is not the Civil Service scale. The first is with reference to the words "not exceeding." In the Bill the word "of" occurs; secondly, you showed that the age of the Civil servants will be much lower than in the case of Poor-law officers; and thirdly, you admitted that the salaries were lower. In reply to the honourable Member for Kildare, you stated also that the Civil Service scale is not compulsory any more than the present?—I gave a rather doubtful opinion upon that. I said I believe it is subject to the control of the Treasury; as a fact, the pensions are always referred for sanction to the Treasury.

219. I have looked through the Act of 1859 to find where it says that the sanction of the Treasury must be obtained, but I failed to find it; and for the purpose of examination we will assume that it is not in the Act?—I am certain as to the practice.

220. I am speaking of the actual words in the Act?—So I understand.

221. The Civil Service scale admittedly differs in three important points, namely, the words "not exceeding," the age of the applicant, and the lower salaries. Then there is also the question of compulsion; these three or four points appear to me to be the *corpus* of the Civil Service scale; could you show me in what respect you preserve in this Act the authorised Civil Service scale except as a matter of mere figures; I gather from your examination this: it appears to me that while you retain the skeleton of the Civil Service scale, the *corpus* is actually gone, because the words "not exceeding" come out, the age of the applicant, which is a material question in the matter of sixtieths, comes out, and you admit that the salaries are lower; will you tell us, excepting in the mere mechanical arrangement of the figures, how much is left of the Civil Service scale?—We have adopted the figures because we think them sufficiently fair, and we believe that the officers would be perfectly satisfied with it, and we have adopted the present Bill to remedy the existing state of things under which the guardians refuse to give pensions in many instances in which the officers have deserved them, in our opinion.

222. You issued the circular, I understand, upon the basis of the Civil Service scale?—Yes.

223. Seeing that that is altogether an erroneous statement, because the four important points that I have touched upon are altogether washed out in your proposed Bill, leaving, as I understand, only a very pale reflex of the Civil Service scale, and, as I would say, not the Civil Service scale at all, except in the matter of sixtieths; can you show me where the Civil Service scale is in the Bill

except in the matter of sixtieths?—The Bill authorises us to add a certain number of years, and we shall use our discretion as to the certain number of years to be added.

224. Did not you say just now to the honourable Member for Louth that this discretion as to the number of years would only come in on exceptional circumstances such as you mentioned, of gentlemen who could only commence their services at a certain age?—That would apply to officers who cannot enter upon their duties at a very early age.

225. Therefore, your contention, by which you support the claim to give the Civil Service scale, only applies so far as the alleged specialists come in?—It applies to any officer who cannot enter upon the duties of the service at an early age; it enables us to add a certain number of years to his service.

226. You state as a modification of what has been brought out, that this Civil Service scale is not at all in existence in the Bill; that the Board can add a certain number of years?—Yes.

227. Was it in the mind of the Board when they drew up the particular qualification, that this clause should apply to any but medical officers?—Clearly; I cannot say what the Board would do, but following the precedent of the Treasury, we should fix the class of officers who are entitled to additional years to be added to their service.

228. Of the entire class of union officers, you think that the special qualification which you mention in extension of non-fulfilment of the Civil Service scale would apply to the clerks of unions and medical officers?—And masters.

229. You admitted to the honourable Member for Louth that you were not willing to put in the words "not exceeding"?—I stated that I should not object to its being omitted, provided that we had power to deal with an exceptional case, and that we are not placed in a position that we must either refuse altogether our sanction of such sum, or give what we think excessive.

249. As regards lower salaries, is there any limit on the part of the guardians except the discretion of your board to the salaries which may be given?—No, there is no limit except our approval.

251. Let me come to the fact that as regards the age of the applicant, and the lower salaries, there can be no parity with the Civil Service scale; the Civil servants, as I gather from my reading of it, can put the Act in force after 10 years' service; they can go and demand the benefit of this Act?—Subject to the approval of the Treasury.

252. Can you point out in the Act where the "approval of the Treasury" is mentioned?—I do not say that it is in the Act, but as a matter of practice it is so.

253. If the Treasury refused could you not compel the Treasury to act up to the law?—It may be in some former Act; I cannot answer that question now. I tell you what the practice is, that the Civil Service officer's years of service must be sent to the Treasury, who determine his pension.

255. Are you aware from the practice of the Civil Service that it is customary to refuse pensions; have you ever known a case in which an officer who had served 10 years was met with a refusal by the Treasury?—I cannot call one to mind.

256. Does not that go to show that the Civil Service scale is, in point of fact, compulsory?—The union officers would be placed exactly in the same position; they would be entitled to demand their pension and receive their pension; if the guardians do not give it, it is subject to appeal to us, and we should have no hesitation in granting it if the officers had served us faithfully.

257. The two cases are different; in the Civil Service scale they can get it whether the Treasury or anybody else likes it, or no?—I am not prepared to say whether they can or not.

258. If there is no such requirement in the Act of Parliament would you be prepared to abrogate the same provision in your Act, "from and after the passing of the

Act the Local Government for Ireland may, if they think fit ;" if you found that there was no appeal to the Treasury, and the Treasury had no controlling power, would you be prepared to follow the practice of the Civil Service scale and make this compulsory also ?—I stated before that if we are to be allowed to deal with special cases, I should not object to the alteration suggested.

273. With regard to the circular which you have issued, did you issue it as the result of your observations, or was it from a motive arising upon a particular case. You issued the circular in 1881 ; do I understand that this circular was issued upon a particular case ?—Yes, one particular case ; I did not say so before, but it was one particular case which directed our attention prominently to it.

274. It was not upon your general experience ?—We looked more closely into it. Our attention was particularly directed to it by one case, and upon that we took the whole subject into consideration.

280. I believe it is the case that the workhouse teachers and doctors at the present time get half their salaries from the State ?—The guardians receive back from the Government one-half of the salaries of the medical officers, and the whole of the salaries of the teachers.

281. Although then all the workhouse teachers' salaries and half the dispensary doctors' salaries are paid by the State, you propose that the entire pension of those two officers should be borne by the ratepayers ?—It is so now. There is no change whatever proposed in that respect.

284. You would not be prepared to recommend with a view to those two officers, the teacher and the doctor, that any of their pensions should be borne by the State as well as their salaries ?—No, I do not see any cause to make a change in the existing law upon the subject, and I doubt whether it would be sanctioned by the Government.

289. Might the Local Government Board put on for general pensions a 1d. in the pound, or 2d. or 6d. ?—We should put in what we estimate is required for the year. We are authorised by the Act to levy what we estimate is required.

290. And you estimate it, roughly speaking, at about a farthing in the pound ?—No, I do not estimate it as much as that ; a farthing in the pound is required to pay the accumulated pensions of 15 years.

291. You think that it will not come to a farthing in the pound as a general thing ?—Certainly not. In the first year it would not come to ½d. in the pound.

292. Would you be prepared to accept an amendment in the Bill to the effect that the Local Government Board should not have power to extend the national rating above a farthing in the pound ?—No, I should not do that. When we come to the end of 14 or 15 years we may arrive at a farthing in the pound.

294. This Bill is recommended to Parliament on the understanding that it is very unlikely that the rate will exceed more than a farthing in the pound ?—It is to substitute a rate for the rate at present struck in individual unions ; the rate over the whole country, on the average, would not be more than at present, but it will come off the rate evenly in Ireland, instead of unevenly off certain unions as at present. I do not think there is any necessity to put such a provision as that in.

295. You are not willing to agree to the insertion of a provision in the Bill, that the poundage rate to be levied by the Local Government Board, over the whole of Ireland, shall not exceed a farthing in the pound ?—Yes ; if we get to a deadlock, there would have to be a new Act.

298. And fresh legislation upon the point ?—Yes.

300. The reason I asked the question is this, that complaints have been made in many cases by the guardians that there is a tendency upon the part of medical officers to apply for extra emoluments, and they having an active and vigilant association, and being powerful and influential persons, most of them are enabled to get higher pensions and salaries than the general run of the officers ; for instance,

as I have shown, the pensions of medical officers from 1865 to 1880 have averaged £68, while the pensions of other officers have only averaged £26 ; I believe it is the fact there is always one member of the medical profession upon the Local Government ?—Yes.

301. Has it always been so in your experience ?—Since the passing of the Medical Charities Act it has.

302. And the medical officers have a very active and effective protective association, have they not ?—Yes.

303. Centred in Dublin ?—Yes.

304. And it is also the duty of the Local Government Board to listen to the representations made to them by every association affecting the poor law ?—They give every attention to everything laid before them.

308. And you do not think that there is any reason to fear that the Local Government Board is likely upon that account, a third of its members, if I may so say, being a doctor, that more pressure can be brought to bear with regard to the advantages of the medical profession than with regard to the general body of the officers ?—I have no apprehension whatever on the subject.

312. Therefore, so far as that amendment is concerned, it it simply waste paper ?—The guardians will like it better ; and the guardians, when an appeal is made from their decision, will be able to set forth the grounds upon which they arrive at their decision. I think it is well to meet the wishes of the guardians, and they have been yielded to.

313. Simply as a matter of sentiment ?—I do not say that.

314. With regard to the result you admit there is no practical difference ?—In the result there will be no practical difference.

330. The honourable member for Louth asked you with regard to the comparative emoluments of dispensary doctors, and union surgeons, and physicians, compared with the emoluments of Army and Navy surgeons ; with regard to that, is it not the case that it is customary for the different grades of medical men under the poor law to have private practice as well ?—Yes.

331. And with regard to the naval and military doctors, they have not private practice ?—That is so ; at least I believe they have not ; I can tell you about the union officers.

332. They do not give their whole time ?—No.

333. Take the case of the Belfast Union ; I believe it is the largest union in Ireland ?—One of the largest.

334. They do not object to give pensions ?—They do give pensions.

335. And they have a very large staff ?—Yes.

336. Can you give me any idea with regard to the number of persons who get pensions from that board at at present ?—There are six officers at present receiving pensions.

343. Do you think that the real reason why so few superannuations have been given in the Belfast Union, with regard to medical men, is because they have simply used their position as officials in connection with the workhouses as a stepping-stone to professional preferment ?—I cannot say what are the motives that influence the board of guardians.

344. But do you know, as a matter of fact, that the medical men generally voluntarily give up their positions upon the board without any fault being found with them ?—I dare say that is so ; I do not know it as a fact.

345. Do not you know that with regard to other classes of officials, not medical men, the real reason why they give up their positions is because the great majority of them are forced to resign ?—That I cannot say.

357. With regard to the dispensary doctor, it is a cumulative salary, is it not ?—It consists of his salary and vaccination fees, and the amount paid under the Public Health Act ; they are the principal things. They are the registrars of births, deaths, and marriages in many instances ; it is not necessary that they should be, but they

are in most cases, and they have fees for the examination of lunatics, and so on.

358. Do they get pensions for all?—No, they only get pensions upon their salaries, vaccination fees, and payment under the Registration Acts; they do not get pensions now in respect of their salaries under the Public Health Act, and, as I said before, it was probably an oversight in the Act; but that is so.

381. Mr. Findlater. With reference to the words "not exceeding," in the 17th line, do not you think from your experience it would be very undesirable to take away the discretion given by the amendment so as absolutely to entitle an officer to a proportion of his salary, totally irrespective of the manner in which he has discharged the duties of his office?—I have already answered that question. I prefer the Bill as it stands, leaving the words in, but to the other course, as an alternative, there is not an insuperable objection if a proviso is added giving us controlling power in exceptional cases.

383. I think you said that you had the power of adding a certain number of years in calculating the service?—That is in the Bill.

384. You said that in cases where a certain amount of experience, and time, and expense had been spent in acquiring knowledge before they are appointed, you have taken that into consideration; it struck me with reference to the hospital nurses that, of course, they could not be appointed at such an early age if they had to acquire that experience, and yet I think you said they would be excluded?—That is a subject for consideration. I could not give a decided opinion upon the subject, because it will have to be decided by the whole Board, including the President, but I mentioned the three classes of officers who I thought would come under it, and no doubt there may be others; and the point you raise is a very fair question for consideration.

385. Mr. Daly. You have put in the circular of November the 25th?—I have.

386. You also put in the English circular; what is the date of that?—The 14th of December, 1880.

387. You said that they ran pretty much on parallel lines, but that there was a distinction between them; what is the exact distinction between them?—I said the circulars were pretty nearly the same; the distinction between them is that at the end of our circular we urged upon the guardians the necessity of granting pensions where they have hitherto refused them.

388. That is to say, you sought in the Irish circular for the power of compelling the guardians to grant pensions that the English Local Government Board does not seek?—No, we did not seek that power; we had no such power; it was merely giving advice.

390. Is that power at present vested in the English Local Government Board?—No, not at present.

391. Then, in effect, this Bill, if it becomes law, will allow the Board sitting in Dublin, to exercise control over the payment of the rates of the Irish guardians, when no such power is sought by the English Local Government Board over the English boards of guardians?—I have answered that question before; I say that it is entirely a question for Parliament whether they will give us that power or not.

392. We have it in evidence that you approve of this Bill?—Certainly.

393. You approve of it, and the Local Government Board approve of it?—Certainly.

394. And, in effect, in the provisions of this Bill you seek to obtain the power?—Yes.

395. Then I may take it that, as regards the English Poor-law legislation, no such power at present exists in England?—That is so.

396. I wish to refer you to Clause 9; I see amongst

the persons who, under this Bill would be entitled to superannuation, are persons who are paid by a percentage upon the collection of rates?—Certainly.

397. Then the Bill, if it becomes law, will enable the Local Government Board in Dublin to compel boards of guardians in Ireland to grant pensions to persons who are really officers paid by a percentage on the collection of the rates?—Yes.

401. How would you obtain information from those persons other than that they have faithfully fulfilled their contracts?—It would be competent for the boards of guardians if they refused to give any pension, and an appeal is made to us, to appear in defence of their own decision, and give the grounds of it, and they naturally would do so. We should require them to state the grounds upon which they think these persons should not obtain pensions, and they would appear and give their reasons, and we should decide upon the reasons.

402. Do you think it reasonable, with the guardians paying out the money of the persons by whom they are elected, that there should be a necessity for an appeal to persons who have no knowledge of the matter?—That is the only way we can devise for securing pensions to officers after long service.

403. You have power at present, if this Bill does not become law, I understand, to control the sum awarded for superannuation pensions by the board of guardians?—Yes.

404. One of your reasons that you adduce in your early examination was, that in many cases boards of guardians did not accord any superannuation to officers who were worthy of it?—Yes.

405. You adduced as a reason for that some instances which you thought of peculiar hardship?—Yes.

432. The honourable Member for Kildare asked you a question to the effect that one of the grievances under which officers laboured was, that the question of their superannuation became a question of popularity. That was the effect of it. The common sense meaning of this question was, that a man's chance of being fairly treated by the board of guardians of the union, when he came to apply for his superannuation allowance, would depend upon the popularity and estimation in which he was held?—To a certain extent.

433. The Bill proposes to give the Local Government Board a controlling power over that?—Yes.

434. Taking into account that at present the elections of guardians are annual, that the proceedings of boards of guardians are public, and that the guardians, if they be not negligent of their duties, are conversant with the duties of the officers who are discharged; I would ask you whether those gentlemen on the 163 unions in Ireland, are not better judges of the efficient manner or inefficient manner in which those duties are discharged, than a body of gentlemen resident in Dublin who can only judge of the manner in which the duties are discharged by official reports?—I have answered that before, I think, to the effect that they (the board of guardians) have no doubt more opportunities of personal observation; but that we have perfectly sufficient knowledge of the officer's conduct, and would obtain still further knowledge of it in order to enable us to determine whether the guardians were justified in refusing to give him any pension.

436. If an officer performs his duties in respectable mediocrity, and does not commit any fault of omission or commission, and is thereby not reported, then, in effect, your knowledge in the Local Government Board of that officer is simply that he has never been reprimanded?—I stated before that it was my opinion that if an officer discharged his duty sufficiently satisfactorily to be retained in office, he is entitled to superannuation.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

ENNISCORTHY UNION.

DISPENSARY CONSULTATION FEES.

A BILL from Dr. Drapes for the payment of £2 2s. for attending, with Dr. Bestall, a dangerous case near Ferns, was submitted.

Mr. Power—Did we not pay him to discharge all the duties of that dispensary, and why does he send in a bill for £2 2s. now?

The Clerk—He is not one of our officers at all. Dr. Smith was unwell, and he appointed Dr. Bestall as a *locum tenens*, and Dr. Bestall called in Dr. Drapes to assist him at a dangerous midwifery case, for which you have a bill for £2 2s.

Mr. O. Doyle—I believe he is entitled to call in another medical man to assist him in such cases.

Mr. Power—Is it paying three doctors to do the one work you are?

The Clerk—We are not paying three doctors. It was only on this occasion of the very bad case that Dr. Drapes was called in, and a doctor has a right to appoint a *locum tenens* when ill.

Mr. Power—Mr. Chairman, is it legal for a doctor to call in another whenever he likes, and make the poor ratepayers pay for him?

The Chairman—I can't say if it is legal, but I know it has always been done since I became a guardian of this Union.

The Clerk, in reply to the Chairman, said it had been always done.

Mr. Power—If it is legal pay it to him; but, if it is not, don't.

Mr. Stafford—Why should Dr. Bestall take it upon himself to call in a strange doctor, and one who lived so far away from him?

Mr. O'Farrell—That's the sense in which I took the matter.

Mr. Power—He had no right to do it at all.

Mr. O'Farrell—It is surprising that he did not call on Dr. Ryan, who was so near him.

Mr. Cullen—Is he not bound to call on a doctor in this Union, if convenient for him to do so, before any other?

Mr. O'Farrell—If the board will act wisely they will make an order to that effect.

The matter dropped.

ABOLISHMENT OF WORKHOUSES.

THE following resolution has been adopted by the Middleton Union, and sent for adoption to every board of guardians in Ireland:—

"That this board is of opinion that the time has arrived when workhouses throughout Ireland may be, with much advantage both to the ratepayers and those few persons

legitimately entitled to relief, abolished, and, amongst others, for the following reasons:—

"1. This house was originally intended to accommodate one thousand persons. The paraphernalia and staff inclusive still continue sufficient for the wants of that number, whilst in reality there are only about two hundred and fifty, all told, in the establishment, and of these one hundred are capable of earning a livelihood outside the house, the remaining one hundred and fifty costing the ratepayers £9,000 per annum, of which sum the management, with its surroundings and abuses, appropriates about £7,000.

"2. The system has a demoralising effect on those who avail of it, and tends to dry up those sources from which charity—spontaneous charity—should, and undoubtedly would, follow, and which, in addition to a slender grant from the State, as in most countries, would be sufficient to maintain in a suitable manner all fit subjects for relief.

"3. The poorhouse and other buildings in connection therewith, the property of the ratepayers, could be utilised by boards similarly constituted, as, for instance, those in all Her Majesty's Colonies, for like purposes.

"And, further, that in the event of there being any doubt as to the efficacy of the change prayed for, this board would earnestly court a full inquiry in connection with the matter, feeling sure that such a case could be made out as would cause the total abolition of a system that has contributed largely in bringing the country to its present state of misery and degradation; and that a copy of this resolution be sent to Mr. Gladstone, the boards of guardians throughout Ireland, as well as to the leader of the active Irish party, with the request that that gentleman would bring the subject on an early day under the notice of the House."

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

(Continued).

Mr. HENRY ROBINSON'S examination continued.

435. In effect, does not your knowledge of the inefficiency or efficiency of the officer depend upon the receiving a bad or good report of him?—Yes, our inspectors report every half-year upon him.

437. Take the case where the board of guardians are cognisant of a medical officer not discharging his duties in a perfunctory manner, but discharging them with a great deal of professional skill, do you consider it reasonable that a board of gentlemen sitting in Dublin should

control the actions of guardians who would award to that man a superannuation equivalent to the estimation in which they held his performance of the duties?—I do not think that there is any other way of meeting the difficulty besides giving us that power. I am not aware of any other way of doing it. We only desire it in the interests of the officers, and if we are not given the power we are content to be without it. It is for Parliament to decide whether we shall have it or not.

438. Mr. Justin M. Carthy. You give us, as the main reason for this Bill, that in so many cases the boards of guardians refused to pension officers?—Yes; and that officers, in consequence of that, remain in office too long.

445. It does not at all follow that the guardians were wrong in some of these cases; you are perfectly aware that the whole question of pensions to servants is one very much debated, and that in many unions, as you told us yourself, pensions are refused because they do not approve of the principle?—Yes.

446. Are you aware that in the vast majority of civil employments there is no superannuation, and no pension?—Under the Civil Service.

447. I mean civil appointments?—In the vast majority I believe it is so.

448. Would not it be perfectly possible to get valuable servants under the Poor-law Board as well as in ordinary civil life, without pension?—You will have much more valuable servants if you allow them pensions. I do not mean to say that up to the year 1865 valuable servants were not obtained; but I think that you will obtain a much better class of officers.

455. That is another class of cases. There are some of these cases where you have not made investigation into the actual merits of the officers. You merely assumed that as the officer was there, he must have been a good officer?—We assume that if the officer were there, and his conduct not reported unfavourably, he must have been sufficiently good to entitle him to a pension.

461. Do you really think that a board of that kind, sitting in Dublin, a central board meeting in private, could more satisfactorily settle for all these questions than the board of guardians elected by the public of 163 unions?—I think so.

513. Mr. Healy. Take the case of a man of 60 years of age, and say that he can get a local position under the Government in the Post Office, or in the town clerks' office, or from a grand jury, or something of that kind, you enact that this man shall never earn more than the total amount of his pension?—That is taken exactly from the Civil Service practice.

514. No man in his senses would accept extra office in that case, because he would be only entailing additional work upon himself, seeing that he could gain nothing by taking additional office. Having his pension no one would take additional office simply for the fun of the thing?—He might receive an appointment of a higher value than his former one, and then his pension would cease.

515. Is it not putting a premium upon enforced idleness?—No, it is advisable that a man should not be receiving a pension from the ratepayers, and, at the same time be earning sufficient to keep him; if he is able to get an appointment, while he acts and performs the duties of that appointment, I do not see that the rates should be made chargeable with the whole of his pension.

533. Mr. Biggar. As to the question of practical routine, if I understand aright, if an official is dismissed he is ineligible for future employment under the Poor Law Board, and he is also disqualified from getting a pension?—He is disqualified from holding office again under the Local Government Board unless the Local Government Board specially gives sanction; the board

of guardians could not appoint him again without our sanction, but we have power to sanction the re-appointment of an officer though he has been dismissed.

534. What occurs in practice is that an officer as a rule retires rather than run the risk of having a formal dismissal; is not that the ordinary routine?—Yes.

535. The usual routine is that an officer who is likely to be dismissed retires?—Yes; it very often happens, unless the case is a very gross one, that we say to the guardians, You can call upon so-and-so to go and give him an option, mentioning that if he does not resign he will be dismissed, and generally the officer does resign.

536. Then dismissals seldom take place?—They do take place, if the case was one which it is necessary to make an example of. If an officer showed an unwillingness to resign we should dismiss him.

537. It is very rare?—I cannot say that it is very rare.

538. Is there once a year, upon the average, a case of dismissal?—More than that.

DR. ARCHIBALD HAMILTON JACOB, *examined.*

539. You are a member, are you not, of the medical profession in Ireland?—I am.

540. Are you connected in any official capacity with the Irish Medical Association?—I am a member of the executive committee of the Irish Medical Association.

541. Are you of opinion that a change is necessary in the law affecting the superannuation of poor law union officers in Ireland?—I am very strongly of that opinion.

542. Will you state to the Committee the main grounds of your opinion?—The main ground upon which I base the opinion is that great injustice has resulted to the union officers themselves, and, as I take it, great injury to the public service from the present condition of affairs. Firstly, that the union officers are compelled to remain in harness long after they have ceased to be capable of efficiently discharging the duty, and thereby the service of the public is injured. A union officer is debarred from resigning because, according to the rule, a month must elapse between the period of his resignation and the period of the consideration of his superannuation allowance; and, in consequence, he must necessarily resign without having a perfect knowledge of the intentions of his board of guardians, and within a month those intentions frequently develop in a direction contrary to what he expected, and he finds himself without a pension and without office. The result of the discretion vested in the board of guardians is, that a great number of union officers hold on to their offices long after they have ceased to be competent efficiently to discharge their duty.

543. You are personally acquainted, are you not, with medical officers who are holding on to their offices under those conditions?—With a very large number of them.

544. Sir Patrick O'Brien. Are there a dozen?—Yes, and very many more.

545. Chairman. Would you give the Committee some of the instances?—As to the number who are so holding on, I have certain means of calculation. I find that the average age of retirement of those who have retired is 66.5 years. Taking that as the age at which an officer may reasonably be expected to retire from old age, I have looked into the lists of the poor law medical officers with the view of ascertaining what numbers of them have reached that age, but have not retired. Of course I have no means of knowing exactly the age of the poor law medical officers.

546. You think that 66.5 is the average age of the retirement of union medical officers?—Yes, I am speaking entirely of union medical officers. I am not pre-

pared to speak on this question with regard to any others. Not having absolute means of judging of the ages of the poor law medical officers, I have taken the best means that I have available, namely, by examining the date at which each medical officer received his qualification to practise medicine. No man is allowed to qualify as a medical man under 21, and therefore every man who received his qualification 45 years ago, i.e., prior to 1838, must be at least 66 years of age. Thus I find that there are 71 medical officers who must necessarily be above 66 years of age. All these would be entitled to pensions, besides other medical officers who being under that age may be incapacitated by ill-health.

547. What is the total number of union medical officers?—The total number of union medical officers, including workhouse medical officers, is about 1,000. I am speaking now of medical officers only.

548. Mr. Daly. That is including dispensary physicians, and resident medical officers?—Just so. I have spoken of the number of persons who probably are above the statutory retirement age, if I may so phrase it, but as to individual cases I have a record of many officers that have long passed that age, and who are still in the supposed discharge of their duties. I have a few cases noted here. The first is the case of a gentleman who is aged 82; almost all the cases that I have referred to are those of dispensary doctors, and this gentleman is a dispensary doctor; the limit of his district is seven miles from his residence, and he may have 14 miles to travel to visit a case. In another case in the same district the officer's age is 69, the officer being very infirm, district 2,300 acres, population 7,000. Another gentleman is aged 66, with 30 years' service, and he has a bad heart disease, as certified by Sir Dominic Corrigan and various other physicians of the highest name, who have testified that the discharge of his duties is dangerous to life; that was certified in 1878, and he has continued to do the duty for four years since then. In the fourth case the age is 73, 40 years' service, and very infirm. In the fifth case the age is 79, with 50 years' service; the officer has varicose veins in both legs, from standing and walking, and has impaired sight, hernia, partial blindness, and bad bronchitis. In the sixth case the age is 70, with 40 years' service; that officer has chronic inflammation of the bladder, and cannot work. In the seventh case the age is 70, and he is always ill with bronchitis; I have not his length of service. In the next case the age is 80, with long service; and there are no details as to the state of health. In the ninth case the officer was 78 years of age, with 40 years' service; and perhaps I may be allowed to describe this gentleman's case in a few words, as I happened to receive it from my correspondent. "He worked on with a gradually increasing disease of the heart until within a few months of his death; during the last two years of his life he was known to go out day after day visiting over this immense district of country with his limbs swelled by dropsy, and on one occasion he tried to attend a poor woman in dangerous labour, but the house was situated across a bog on the face of a hill so difficult to approach that by reason of breathlessness he was unable to reach it, and had to turn back almost in a dying state with the exertion, and then send for and pay a substitute. Well, the time came when he could not even ascend his dispensary stairs, his breathing become so laborious, and he is seized with increased dropsy, and is at last confined to that room from which he is destined never to go until carried to his long home." That gentleman is dead. I have two other cases, one of a gentleman aged 81, who served 43 years. This gentleman is also dead. He did not apply for superannuation, because he knew there was no chance. My information is that for the last five years he was disabled by chronic gout, and had

to be lifted into and out of his vehicle. The guardians would neither pension him nor pay a substitute, and they forced his son (who himself had a large district in the neighbourhood to attend to) to do all the work of the father's district gratis, which he managed to do in order to save his family from the workhouse. The last case that I have to mention was one in which the officer had 25 years' service, and he was unanimously recommended by his dispensary committee for a pension, and four times brought before the board of guardians, who refused it; and he died starving four months afterwards. These are a few cases that I thought well to lay before the Committee.

549. Chairman. In the case that you last mentioned, had he retired?—Yes, he had retired; but he was not pensioned, although four times recommended to the guardians by his own dispensary committee.

550. I presume that the duties of these dispensary officers are very arduous?—Very much so; they have, some of them, very large districts; it not being an unusual thing for a man to have to travel seven or eight miles either way to attend a case. He is bound to be at the disposal of patients at all hours of the day and night, and much of his duty is in the middle of the night, where he has to follow labour cases for considerable distances in all weathers.

551. Mr. Meldon. So that, in fact, although he may not every moment be occupied by his duty, he is bound to be at his duty whenever called upon?—Quite so, exclusive of every other business whatsoever.

552. Chairman. Have you reason to believe that, where no application for pension was made by the medical officers whose cases you have been stating to the Committee, they held on, because there was no certainty that if they retired they would receive pensions?—I have; for I know that there are many medical officers now existent who would apply to-morrow, or would have applied years ago, if they thought that there was the remotest chance of their getting a pension.

553. Those gentlemen whose cases you have mentioned, you feel sure would resign if they had a reasonable prospect of receiving a fair pension?—Yes, every gentleman who had arrived at a condition of incapacity would retire; but I do not anticipate that there would be much retirement in the case of medical men earlier than that, because there are a variety of reasons other than the difficulty of getting a pension for keeping them from retirement. They must, if they retire, introduce into their district a rival practitioner; and, therefore, as a general rule medical men will not seek superannuation until it is entirely impossible for them any longer to do their duty with satisfaction.

554. You think that if this Bill passes into law medical officers would not rush to avail themselves of its provisions?—I am sure that none would apply except those who felt themselves incapable of discharging their duties.

555. Have there been any cases to your knowledge in which pensions have been granted to medical officers after they have served very short periods on comparatively insufficient grounds?—I made, from Mr. Meldon's return, a little analysis of a certain number of cases in which pensions have been granted, and a similar number of cases in which they have been refused. I do not mean to express the opinion that those who were retired at an earlier age were retired without good reason, for I have not any knowledge of the reasons, but I find here 12 cases of medical officers who were granted pensions retiring at the average age of 44·3 years, while 12 others were refused, although they had arrived at an average age of 62·5 years; that is very nearly 20 years older. Of those to whom the pensions were granted the average length of service was 12½ years, while of those 12 to whom pensions were refused

the average service was 32 years; that is to say, those who were refused had served 20 years longer than those who were granted pensions in those particular cases.

556. If a medical officer discharges his duties with conscientious strictness, do you think that he is in any danger of rendering himself unpopular to his guardians?—I think that there is very considerable danger, especially in connection with the discharge of his duties as a sanitary officer, which bring him necessarily into unpleasant contact with the owners of small property who may probably be influential with the boards of guardians.

557. Then you think that it would be advisable to place a medical officer above the consideration, that if he does his duty with strictness he may offend his board of guardians, and not receive a pension?—I think that it is very highly desirable.

558. Mr. Solicitor General for Ireland. You mention the average age of retirement as 66·5; that arises from assuming the minimum age at which qualifications were obtained in each case?—No; 66·5 is certainly the age, because it is derived from the table published by the Local Government Board of the persons who have actually been superannuated. The other calculation is on the ground of the age of persons who have not yet been superannuated, but who have passed the statutory age, and might be retired to-morrow, and who, probably, are unfit for duty.

559. In your calculation there must be at least 71 who are above that age?—Yes, above 66, certainly.

560. Is that an ascertained figure, or may there be more than 71 who are over that age?—There may be very many more.

561. It depends upon the age at which the officer obtained his medical qualification?—Quite so, and I have taken the minimum age of qualification. Many men qualify over 21, but I have taken the minimum age, and there cannot be less than 71 persons.

562. Mr. Gibson. Have you reason to know from personal intercourse that many of those 71 gentlemen who, as you say, must be over 66 years of age, would retire if there were some machinery by which they felt sure that they could get some pension?—Yes, I have the best reason to know that that is so from constant intercourse with those gentlemen.

563. And that the majority would be willing to resign?—Yes; all of them who are incapable of working dispensary districts.

564. Do you know any of them that are willing so to retire who have applied for pensions and have been refused?—No, because an application for a pension involves resignation.

565. So that they must go as it were with their commission in their hands?—Quite so. They would cease to be dispensary officers if they made an application whether they were pensioned or not.

566. They have to feel their way beforehand as well as they can, and if they find that there is no chance of their getting a pension they retain their position?—Yes, that has been the universal practice.

567. You said that the discharge of their duties as sanitary officers was likely to make them unpopular; have you reason to know that from personal communication with the medical gentlemen who have been acting in that capacity?—Yes, I have.

568. Are you also aware that in some districts the relieving officers give with rather a lavish hand what are called "scarlet runners;" that is to say, they give to farmers, who can very well afford to pay for medical advice, a ticket that entitles them to get the assistance of a medical officer for nothing?—I am aware that that is a practice very widely spread over Ireland, but not by any means confined to relieving officers, who are the persons least erring in that respect, but it is done by members of dispensary committees and wardens. The relieving officers in Ireland are not at all the persons most liable to do that.

The abuse of the system of medical relief is generally at the hands of committee men and wardens, who are very much more numerous than relieving officers.

569. Do you know of the practice prevailing in many parts of Ireland to give tickets to farmers and to others whose pecuniary position would enable them to pay for their medical attendance?—Yes, there are districts in Ireland in which private practice is almost *nil* in consequence of the population being mainly composed of cottier farmers, and those being all in the medical relief list.

570. And a medical officer, practically, is bound to obey one of those orders when he gets it, no matter if it was given to a person who might be supposed by his rank and position to have private means?—He is absolutely bound to attend any case for which he receives a visiting ticket, no matter who the person may be, so long as the visiting ticket is legally drawn out.

571. If a medical officer remonstrated, that would be another circumstance which would make him somewhat unpopular with the guardians against whom he remonstrated?—Quite so; especially as his remonstrance can only be carried into effect by application to the dispensary committee to cancel the ticket, which therefore must be a public remonstrance, and he brings it, as it were, before the tribunal in which the case has to be fought out as between the doctor and the person whose ticket he challenges.

572. You would then give us a further instance of the possible unpopularity which had been incurred by the medical officer in addition to the performance of his sanitary duty, the duty which he might sometimes feel called upon to exercise, of remonstrating against the distribution of those tickets?—Certainly.

573. Mr. Meldon. The interests of the medical officers of health are protected by the Irish Medical Officers' Association, are they not?—The interests of the medical officers of health are included within the scope of the Irish Medical Officers' Association operations.

574. But the Irish Medical Association protects the interests of the general body of Irish medical officers?—Entirely.

575. Under the existing law the boards of guardians have got power to grant a superannuation not exceeding two-thirds of the salary, quite irrespective of the number of years' service, or otherwise?—That is so.

576. Do you happen to know whether the Irish Medical Association considered the question of foregoing the right to two-thirds of the pension in consideration of the certainty of getting a pension?—That question has been very recently considered not only by the executive of the Irish Medical Association, but at successive general meetings; and it has been conclusively determined as the policy of the Association that they are willing to forego the possible grant of two-thirds after a short period of service, in order to obtain security for the grant of a moderate pension at the proper period of service.

577. Have they then adopted the proposed scale of the Civil Service superannuation, in consideration of its being obligatory upon the guardians to grant superannuation?—Quite so; that is their view.

578. You referred to some cases where medical officers had continued to serve because they could not get pensions; can you refer to any striking cases where medical officers have applied for superannuation and have been refused, besides those which you have mentioned?—Yes; I have just a brief note of six cases. One a gentleman of 42 years' service, 76 years of age, refused; the second one, a gentleman of 25 years' service, 56 years of age, granted, but then withdrawn when it was found to be a district charge.

579. Sir Patrick O'Brien. How was that; can you explain that?—When it was found that the pension would lie on a particularly narrow district, the guardians went back from their original determination.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT ON THE INCORPORATION OF THE IRISH MEDICAL ASSOCIATION, READ AND ADOPTED AT THE SPECIAL GENERAL MEETING OF THE ASSOCIATION.

Held in pursuance of the requirements of the Board of Trade, at the Royal College of Surgeons, Dublin, on the 31st day of October, 1882.

DR. ROBERT BROWNE (Chairman of Council) in the Chair.

MR. CHAIRMAN AND GENTLEMEN,—During many years, and almost ever since the foundation of the Irish Medical Association in 1839, considerable inconvenience has, from time to time, been felt in consequence of the Association not being incorporated; but, as that desirable step necessarily entailed heavy expense, it was deferred until the funds of the Association were in a prosperous condition, and that condition, the Council are gratified to be able to state, has been recently attained.

Ever since incorporation of this Association was first recommended by the Council, the Annual General Meeting of the Association, at each successive gathering during several years, adopted the following resolution, viz. :—

“That the Irish Medical Association be formed into an Incorporated Company, limited by guarantee, but without the addition of the word ‘limited’ to its name (such guarantee not to exceed the sum of five shillings); and for that purpose an association, bearing the same name, shall be formed, registered, and incorporated, under the Companies’ Acts of 1862 and 1867, limited by such guarantee as aforesaid, and without the addition of the word ‘limited’ to its name, and the present Association be amalgamated therewith; and that the Council of this present Association are hereby empowered and requested to do and take all the steps requisite for carrying this resolution into full effect.”

The Council, however, did not consider that the financial condition of the Association justified them in incurring so heavy an expense earlier, but now they have much pleasure in informing the members that this Association has, within the past few months, obtained the required sanction of the Board of Trade, and that it is now registered as an “incorporated society,” under the Acts of Parliament, under the style and title of “The Irish Medical Association,” without the addition of the word “limited.” The advantage of limitation of responsibility, however, is secured to its members, whose personal liability is limited to the insignificant sum of five shillings each, as the only claim which can possibly be made against any of them on behalf of the

Association beyond the amount of the annual subscription.

Before the Association was incorporated, any individual member could have been sued at law for the entire amount of the debts (if any) of the Association.

In 1874 the Association nearly collapsed in consequence of the very large amount of its debts, and it was then felt that the liability for all its debts which attached to each or any specially selected member was most prejudicial to its success, as it deterred many from joining; fortunately, however, by most strenuous efforts, the Association was soon tided over its difficulties, and a new era of prosperity and greater usefulness was entered upon.

The Association is now in a flourishing condition, with ample funds in hands to meet any expenses which it may be deemed in the interest of the Association to incur, and it stands this day without any debts or liabilities whatever, further than the current expenses of management.

The formalities required to be gone through before the incorporation could be effected necessarily occupied much time, but your Council so arranged the matter that the required dissolution of the Association was not permitted to take place until the very moment it came again into existence as an incorporated body, and thus the Association and its operations continued without the least interruption.

On a memorable occasion, when the Public Health (Ireland) Bill, 1877, was before Parliament, the Council of the Association, on behalf of the dispensary medical officers, whom it was proposed should be compulsorily obliged to be the medical sanitary officers of their respective districts, petitioned Parliament strongly against the Bill, inasmuch as it did not reasonably respect the position and interests of medical officers, define suitable and strictly professional duties to them, nor guarantee that their services would be fairly remunerated, nor yet adequately provide for the due protection of public health.

The petition of the Council was so strongly opposed to the terms of the petition on the same Bill which had been sent forward by the Corporation of Dublin City, that that body forthwith denounced the Irish Medical Association as “as an unknown body, comprising only a few dispensing medical attendants;” and the Council representing an unincorporated Association had no *locus standi* before Parliament to refute the base calumny.

Hitherto, all petitions to Parliament forwarded by the Council on behalf of the Association were (owing to the Rules of Parliament) held to represent the views only of the individuals whose names were attached; and as time seldom permitted the Council to obtain more than a few signatures, the petitions had not the great weight

which all future petitions, bearing the signatures of the President and Hon. Secretary, and the seal of the Association as an incorporated body, will have.

Henceforth, a petition to Parliament can be perfected in a few hours, and will have the same weight as if signed by every individual member of the Association.

As an incorporated body, the Irish Medical Association will in future have the right to petition Parliament as an Association representing several hundred members, whereas formerly any petition in the name of the Association was received only as a matter of courtesy, and held only to be that of the signatories as private individuals.

The right to sue and be sued at law as a corporate body also attaches to the Association now, which enables the Association to recover at law all debts and liabilities to which it is entitled, and, as before mentioned, renders the Association itself, instead of any individual member, liable for any debts which may hereafter be incurred by it—a condition which, whilst affording due protection especially to the most prominent members of the Association, and removing reasonable grounds for anyone objecting to take an active part in its working, at the same time will not induce the Executive of the Association to depart from strict observance of the rules, and their duty not to render the Association at any time liable for any debts over and above the amount of the funds in the hon. treasurer's hands, an account of which is given every quarter, or as often as requested.

The Council begs most warmly to congratulate the members upon the completion of the incorporation of the Association, the highly prosperous condition of its finances, and the active progress of its work, feeling confident that the position which the Association has now attained will render it capable of even more effectively advancing its objects and the interests of its members.

Strong as is the position of the Association at present, it can, and ought to, be greatly further strengthened by the addition to its list of members of the names of a very large number of medical practitioners who up to the present have not joined, very many of whom, though holding public appointments, and especially Poor Law appointments, have never contributed to the funds of the Association, although solely in consequence of its exertions their incomes have been considerably increased, and their positions vastly improved.

As the great advantages already derived and derivable from the efforts of the Irish Medical Association are most tangibly felt by members of the profession who hold public appointments, and especially by those connected with the Poor Law Service, the Council hope that they may not again have occasion to complain of want of support from anyone who reaps the benefit of those exertions, and they trust that every member of the profession connected with the public service will at once see that it is his own personal interest to join the Association, and remove from connection with his name the slur of accepting pecuniary and other advantages towards the expense of attainment of which he has not contributed.

By order of the Council,

JOHN H. CHAPMAN, Hon. Secretary.

60 Pembroke Road, Dublin.

OWING to the death of Dr. Burrowes, Coroner for Sligo, a vacancy exists in the office. There are two candidates in the field—Dr. Roe, of Carney, and Dr. Molony, of Collooney.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

(Continued).

Dr. JACOB's examination continued.

580. And his resignation was in and it was accepted?—Yes. The third case is that of a gentleman of 48 years' service, aged 74, refused. In the fourth case the gentleman had 32 years' service, he was 60 years of age, and refused on the ground of economy. The fifth case was one of 26 years' service, and aged between 50 and 60, refused on the ground that the board would grant no superannuation; and the last case is that of a gentleman of 30 years' service, aged 72, who was refused for the same reason. The average period of service of those gentlemen was 34 years, and their average age was 66½.

581. Mr. Meldon. In Ireland, I believe, the medical officers are dependent upon their salaries and their remuneration as medical officers for their entire professional income?—In the poor districts it is entirely so; the emolument which it is possible to earn from private practice in many districts in Ireland does not go beyond £50 or £60 a year at the utmost.

582. Can you state what is the average age at which medical men join the Poor-law service?—I should say from 26 to 29.

583. Is there any minimum age?—The minimum age is 23; they cannot get in unless they are 23. As a general rule men join as soon as they can get a dispensary, after they are 23, and it takes them as a general rule about three years' waiting, that will bring them to 26 or 27 years of age.

584. Colonel Tottenham. Where pensions have been granted what has been the usual applotment of the pension; has it been over the union or over the dispensary district that the charge has been made?—I am not able to answer that question satisfactorily.

585. In some cases I believe it has been done upon the union and in some upon the dispensary districts?—So far as I know it is a question of rule; boards of guardians have no power to put it on the district, or to put it on the union.

586. Is there a rule governing it?—I believe there is, but I cannot quote it.

587. You cannot tell whether the rule is to lay it over the union, or over the dispensary district?—No, I cannot give evidence upon that point.

588. Mr. Biggar. You told us about a medical officer aged 82, whose son did the work for him; with regard to that gentleman is it not the case that the usual custom is that when doctors are ill, or on leave of absence, a substitute is appointed for a limited time, the expense being paid by the guardians, and at the same time the full salary goes on to the doctor?—According to the 23rd rule for the management of dispensaries, a medical officer becoming ill has simply to notify the fact of his incapacity to do the duty to the secretary of the dispensaries, and to recommend a duly qualified person to do it, and in that case the dispensary committee deals with the person so recommended; and if the person so nominated does the duty, the board of guardians may, or may not, pay him. In some instances they have refused to pay him; but the medical officer is not legally bound to pay the substitute under those circumstances. In practice, however, the system does not so work. The medical men in all districts when they get sick must care for the lives and healths of their patients, and they run off and make a private bargain with somebody to act as their substitute, and that person they recommend to the dispensary committee, who may, or may not, accept the recommendation, and may, or may not, appoint the man; but whenever that man is not

paid by the board of guardians subsequently, there is a moral obligation on the sick medical officer to see to his payment. Nevertheless, strictly speaking, what you state is correct, the board of guardians is bound to pay if they make an arrangement with the substitute to that effect.

589. In the alternative case that you put, it amounts, practically, to giving a temporary pension to the medical officer; that is to say, he probably makes a bargain with his substitute at a less rate than he himself receives?—No, as a general rule it is the other way; he often has to pay more money than he receives, because a substitute, taking the duty for a very limited period, expects to be better remunerated than the medical officer who takes it for an extended period.

590. You referred to the case of a gentleman whose son did the work for him; of course the full salary was paid?—Yes, I believe the full salary was paid to the sick medical officer, but the substitute was not paid by the guardians, and did the work for nothing, because the sick officer was his father.

591. So that it was all in the family?—In a certain sense it was; my note is "last five years disabled by chronic gout; had to be lifted into and out of his vehicle; guardians would neither pension him nor pay a substitute, and forced his son (who himself had a large district in the neighbourhood to attend to) to do all the work of the father's district gratis, which he managed to do, in order to save his family from the workhouse."

592. Dispensary tickets to parties who are unable to pay the full legal fare of a guinea, by which they are able to pay a small fee of 5s. or 7s. 6d.?—It is utterly contrary to rule for a dispensary medical officer to receive a sixpence of any sort from a patient for whom he receives a dispensary ticket, and if there be any case such as you speak of it is an infraction of the rule, and I believe it to be very exceptional.

593. It would not be an infraction of the rule; a dispensary doctor might recommend to the committee that a person who was not entitled to gratuitous relief was able to pay not the full fee, but the reduced fee?—He could not receive a fee until the ticket had become null and void by being cancelled by the dispensary committee. A man must cease to be a dispensary patient before the doctor can accept a sixpence from him of any sort.

594. In the case you have mentioned of the doctor aged 81, whose son did his work for him, have you told us all the facts candidly?—Entirely so, I believe.

595. Would you be surprised to hear that the facts are not correctly stated?—Necessarily the information which I have given the Committee has been derived from persons on the spot; and it cannot be of my own personal knowledge, but I have complete confidence in the accuracy of the gentlemen who have given me this information. The statements of the cases in which there has been great hardship came from a large number of places in Ireland, and then an inquiry further to develop the facts was made from the persons who originally gave the information.

596. Is it the common custom with doctors in Ireland, irrespective of their dispensary work, that if a person does not get attended through a dispensary ticket he would have to pay a guinea for each visit?—Certainly not for each visit. A guinea per visit is the rarest thing possible in the provinces in Ireland. Many medical men will not receive less than £1, but then they attend five or six times for the £1, and there are a great number of medical men who receive 10s. or even less for the first visit; but they do not hold themselves bound to attend more than once or twice for it.

597. You raised a point with regard to sanitary officers; is it the custom in the large towns for the dispensary doctor to be the sanitary officer?—The dispensary doctor is the medical officer of health *ipso facto*. In the urban districts, such as Dublin and Cork, and Belfast, there is also a superintendent, and he is the head over the system; and there the dispensary doctors are medical officers

of health under him; and all through Ireland the dispensary doctors are *ipso facto* medical officers of health.

598. Excepting in large towns?—And even in large towns.

599. In the urban districts do the dispensary doctors get a salary as sanitary inspectors from the boards of guardians?—Yes, they get a small salary; and in addition, in urban districts, there is a superintending officer who gets a larger salary.

600. Is he under the control of the town council?—He is under the control of the guardians in every case in which the guardians are the sanitary authority; but in places where the town commissioners are the sanitary authority, as in many urban districts, he is the town commissioners' officer.

601. But he is paid by the guardians all the same?—He is paid out of the rates.

602. Then he is more or less dependent upon them for his pension?—Yes. According to the present law a medical officer does not receive any pension in respect of his sanitary salary, because the law which made him medical officer of health passed at a date subsequent to that law which gave him superannuation, and therefore he is excluded from receiving a pension in respect of his sanitary salary; but under the Bill now before the Committee it is proposed that sanitary salaries shall be included as a part of his emoluments.

603. Mr. Robinson named several grades of salary which a dispensary doctor gets, and several grades of emoluments. First of all can you tell us what they are?—He has his salary as a dispensary medical officer, or *mutatis mutandis*, if he is a workhouse medical officer.

604. He is not necessarily a dispensary medical officer if he is a workhouse medical officer?—No, but he has his salary as a dispensary doctor in the union; he gets the vaccination fees, and he has the fees for the registration of births, deaths, and marriages, and he has the emolument as a medical officer of health, and he has one or two subsidiary things; for instance, he has the fees for the certifying of dangerous lunatics; and occasionally he has fees for giving evidence in sanitary prosecutions, those being little matters of a guinea here and there.

605. Could you give me an estimate of what the salary would be for a dispensary doctor?—I think the average salary of all the dispensary doctors in Ireland is about £102.

606. That is the salary alone?—Yes, the salary alone, I think, is about that.

607. About what would the dispensary doctor earn with his vaccination fees?—Of course they vary enormously, because in large metropolitan districts the vaccination fees are very valuable, whereas, in country districts sometimes they are almost nil, but I should say, all round, from £6 to £8 a year would be the average.

608. And the same argument, I suppose, would apply to the registration fees?—Yes, the same argument would apply to them, with this difference: I think the registration fees would not probably be as high as those for vaccination; they would not amount to £8 a year on the average.

609. What does he get as medical officer of health?—Varying from £5 up to £15. I should say that £10 would be a fair average.

610. Then what are his fees for certifying lunatics?—That would be a couple of guineas a year, perhaps.

611. And what are the fees for sanitary prosecutions?—On the average, probably, about a couple of guineas a year. In a great many districts there is never such a thing as a sanitary prosecution.

612. That would make £125 on the average?—Yes, about that.

613. Is it not the case that in a country dispensary district it is indispensable for a doctor to keep a horse?—Perfectly indispensable.

614. In the case of superannuation would the expense of the horse be taken off his gross income?—It is not con-

templated that it should be taken off his gross income. It is a portion of his household expenditure as much as milk or any other necessary of life is.

615. Of course he cannot live without household expenses, but if he were retired on a pension would he require to keep a horse?—It would depend upon the nature of his district whether he would or not.

616. Of course, when practising in a country district, and he had to move about from place to place he would require some means of conveyance; he must either hire a machine, or drive; that is certainly not a personal expense, but a trade expense?—I do not anticipate that a man when he retired would remain in the house for ever; he would require to go out to a limited degree for a short distance, although, perhaps, not to say any great extent.

617. Do you mean to tell me that a retired dispensary doctor who would have £129 a year would require to keep a horse for his own personal use, supposing he retired from practice?—No, I think he would not, taking the average of cases.

618. Do you think that in that case the expense of a horse should be taken off the gross income, supposing it came to be a question of what his net income should be. Of course you know that it is proposed to estimate the lodging money and the rations of the other officers of the poor law?—Yes, I do; but I do not think any deduction from gross income should be made.

619. And where there are special expenses, do you think it is legitimate that those unavoidable expenses should be taken off the gross income?—I would not think it at all equitable that the expense of a horse should be taken off the gross income, for I look upon a horse in a country district as almost a necessity, irrespective of a man's public duty.

620. Do you mean to tell me that a man living privately with only £129 a year would keep a horse for his own private use?—I think most men in the position of retired medical officers would require to keep a horse in a country district.

621. Would he require to live in a country district at all?—No, he would not require to live in a country district, he might go anywhere he liked.

622. I am supposing that there are no unavoidable drawbacks that keep him all the time in his lodgings; but is it not the case that in large registration districts, such as Belfast, the registration is done by proxy?—I cannot answer for Belfast, but it is very unusual in Ireland, and if it exists at Belfast it does not exist much elsewhere.

623. Supposing that it did exist, would you think it legitimate that the money paid to the proxy should be taken off the gross income?—I presume that in a case where a proxy is employed the proxy would be paid by the medical man.

624. Then, of course, the balance or the net profit belongs to the dispensary doctor?—Yes.

625. And, of course, he would only have a right to pay the balance; he would be only entitled to get a pension based upon the balance?—Yes, I think the balance would be only his emolument. As a matter of fact the dispensary officers throughout Ireland have the refusal of the registrations except in a case where the dispensary doctor is already in office. When a medical officer is appointed to a district, he has a right to have the appointment, if he pleases, and in 99 cases out of every hundred he does have the appointment. The Registrar-General puts every pressure upon him to make him take the appointment, and the consequence is that cases in which proxies exist are extremely rare. If they exist in Belfast (and I was not aware of the fact), it must be about the only place where they do exist.

626. Mr. Healy. Do you hold any office under the Local Government Board?—No; I never was a poor law medical officer; but from the position which I have held

for a number of years of Editor of the *Medical Press and Circular*, I have most intimate communications with the poor-law medical officers over the country for 20 and odd years.

627. Are you secretary to the Irish Medical Association?—I am not secretary; I am on the executive committee.

628. How long have you held that office?—I have been a member of the executive committee 15 or 16 years.

629. When was the Association formed?—It was formed in the year 1839, and it was reconstructed in the year 1853.

630. How often does the executive of the Medical Association meet?—Every week.

631. Then may I say that you look very vigilantly after the interests of the medical profession?—We do so as closely as we possibly can.

632. You are aware that at the time when the medical charities were instituted, the salaries and emoluments of the medical profession out of the rates were much lower than they are now?—I am aware of that.

633. And I think I may say that it is to the credit of the Irish Medical Association that an increase of leverage has been obtained, by which a gradual increase in the salaries and emoluments of the doctors has been made general?—The Irish Medical Association deserves credit for having availed itself of the natural advance in emoluments and the natural advance in the cost of living, and they have availed themselves of those facts to bring them before the notice of the boards of guardians; but the growth of salaries, I take it, has been in consequence of the growth of the expenditure required by a medical officer to do his duty.

634. But it is the fact that when the medical officers were attached to the union at first they got no salary whatever for the great many minor sources of emolument which you have just mentioned to my honourable friend, the Member for Cavan?—They always received a salary, but many of the minor sources of emolument did not exist.

635. Did they originally get the vaccination fees?—Only since the passing of the Compulsory Vaccination Act.

636. The same thing, of course, applies to the registration fees, the Act for which was passed about 1863?—Yes.

637. Did they originally get the salaries of the medical officers of health?—Since 1878; that was the date of the passing of the Public Health Act; according as each Act was passed those emoluments accrued.

638. Did they originally get the emolument for the certification of dangerous lunatics?—No, only for the last six or seven years.

639. How was that obtained for them?—The original Act was passed in 1867, obliging medical officers to certify for nothing, and then in a subsequent Act, passed in the year 1875, a clause was inserted giving them the emoluments, subject to the approval of the magistrates, who would certify to that effect. In the case of dangerous lunatics, but not any other lunatics, they are necessarily brought before the magistrates with a view to their committal by the police.

640. With regard to giving evidence in sanitary prosecutions, when was that charge granted them?—From the date of the Public Health Act, which, I think, was 1878.

641. Therefore, in point of fact, the whole average salary of the medical officers originally was about £100 per annum, and they have since then, in emoluments, got a gradual addition out of the rates of about £30 per annum?—Yes; by those emoluments they have acquired an additional income of somewhere about that.

642. I suppose in the origination of those Acts of Parliament your Association has had considerable influence?—Yes, we have done our best in those cases.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

THE HEALTH OF DUBLIN.

FROM the report on the state of public health in Dublin during September, issued by Dr. Cameron, we learn that the deaths within the Metropolitan Registration Area during September were in the ratio of 25·02 per 1,000 persons living.

The deaths within the Municipal Area, or City, were in the annual ratio of 27·3.

The deaths from the seven principal zymotics were, in the whole district, in the ratio of 3·32. In the city, 3·48.

As compared with the preceding month, there was a decrease in the fatal cases of typhoid fever and of diarrhoea and dysentery. There were 7 deaths from typhus as compared with 5 in the previous month. With respect to the other zymotic diseases, they caused very few deaths.

As compared with August, there was a large increase in the admissions of persons affected with scarlet fever and typhoid fever. About the same number of patients suffering from measles and typhus fever were admitted.

	Four Weeks, Sept., 1880.	Five Weeks, Sept., 1881.	Four Weeks, Sept., 1882.
Death-rate from all causes per 1,000 persons living	38·5	21·24	27·3
No. of deaths caused by whooping cough ...	27	0	6
No. of deaths caused by small-pox ...	4	0	0
No. of deaths caused by measles ...	24	4	4
No. of deaths caused by scarlet fever ...	33	8	1
Deaths from typhus do. ...	14	3	6
Do. by typhoid do. ...		10	4
Do. by simple con- tinued do. ...		2	1
Deaths by diarrhoea ...	117	18	40 (a)
Do. by diphtheria ...	4	2	4
Total ...	223	47	66

The rate of mortality was higher than that which prevailed in any month since May. It was 5·63 per 1,000 in excess of the death-rate in September, 1881, but was 9·2 per 1,000 lower than the rate in September, 1880. The zymotic death rate was below the average of the rate in the corresponding period during the last ten years.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

(Continued).

Dr. JACOB'S examination continued.

643. May I ask how you applied that influence to have

an Act of Parliament passed?—In the case of the Public Health Act, for instance, we appeared here before a Committee of the House.

644. Take the Act of 1869, which makes a special exception in favour of Poor-law medical officers to this effect, that a board of guardians may grant superannuation to medical officers, even where their time has not been wholly devoted to the service of the union; you are aware that that applies to no other officers but medical officers?—Yes; but the medical officers were the only exception at that time.

645. Were you on the Executive Committee of the Irish Medical Association at that time, in 1869?—Yes, I was.

646. I presume that the Irish Medical Association had considerable weight in bringing about the passing of the Superannuation Act of that date?—Yes.

647. Might I ask to whom they made their representations?—To Members of the House and Members of the Government at the time. Dr. Darby, of Bray, and others, came over here for the purpose of exercising the usual influence.

648. It is also the fact, is it not, that one of the three members of the Local Government Board of Ireland is a doctor?—Yes.

649. Are you acquainted with the gentleman now holding that office?—Yes; it is Dr. Croker King at present.

650. Were your society consulted with regard to any of the clauses of the present Bill by the officials in Ireland?—I cannot say that we were consulted, but we made representations to the Local Government Board.

651. Did you advise with the Local Government Board on that Bill?—We laid our views before them in the strongest possible terms.

652. I assume that the medical officers object very strongly to the boards of guardians having the power to grant superannuations, and prefer that the initiative should lie with the Local Government Board?—We have always considered it immaterial to us whether the Local Government Board or the boards of guardians had the doing of it, so long as it was compulsory. In point of fact, our original proposition was that the boards of guardians should have the doing of it.

653. My point is this, that, as between the guardians and the Local Government Board, your Association prefers the Local Government Board?—No; the plan that we go for is that the board of guardians shall grant the superannuation compulsorily; that they shall be obliged to do so.

654. You are in favour of compulsion; so that it is not the guardians, who grant it at all if it is compulsory; the Act of Parliament and the action of the guardians is entirely *nil*. But, as between the plan for giving the guardians the option, or the Local Government Board which is your Association in favour of?—If there is to be

an option in the matter, we would much rather have it with the Local Government Board.

655. And you base your reasons for that upon the refusals of the guardians to grant superannuation?—Exactly.

656. And upon no other reasons?—Upon no other reasons, but simply because we consider that the question of the superannuation of a medical officer by the guardians is encumbered with many other considerations than his fitness for office and for the discharge of the duty; whereas in the case of the Local Government Board we suppose that their reasons would be more strictly confined to the good discharge of his duty.

669. It is complained that boards of guardians have not done their duty to medical officers in point of pension; are you aware that out of the total number of pensions now granted, amounting to £13,672, which now falls as a charge upon the rates, the doctors get one-half to themselves, although the doctors are only a small proportion of the entire union officers?—I take it that your figures are correct, but I cannot speak of my own knowledge.

670. There are 101 doctors who get in gross £6,834 of pensions, and there are 264 other officers of all kinds who only get £6,842; so that the 101 doctors get within £8 as much as the 264 other officers of all descriptions; and whereas the average pension to all the other officers is only £26 a year, the doctors get, on an average, £68 a year?—Yes; but they are very superior officers; the numbers that make up the 264 represent non-medical persons, and they are many of them nurses and porters, and persons of that class, on very small salaries; so that, although their numerical importance may be very great, the total of their salaries, if they were taken, would not reach those medical officers. I wish to state, in that connection, that 189 pensions were made (under Mr. Meldon's Return) to medical officers between the years 1867 and 1880; that represents 16 per annum, which, out of 1,000 medical officers, represents one and a-half per cent. of the whole; so that only one and a-half per cent. of the whole of this large number of medical officers ventured to ask for pensions; and that fact alone shows that a great number of persons refrained from asking what they might reasonably be expected to have asked.

671. Mr. Biggar. Do you not know it to be a fact, that in the dispensary districts the ordinary custom is for a young dispensary doctor to get into the dispensary appointment, and only to hold it for a very few years, until he gets into general practice, and that he does not resign either from incapacity, from old age, or ill health, or any other cause of that sort?—No, it is not generally so. In large towns, of course, a man will give his dispensary district up as soon as his professional avocations become so remunerative and engrossing as to enable him to do so; I suppose that observation applies equally to Dublin, Belfast, and anywhere else.

672. Mr. Healy. You think, then, that the comparatively large poundage of the pensions to doctors, as compared with other officials, is on account of the larger salaries of the higher class officials; how then do you account for the fact, whilst I suppose the doctors, as compared with other officers of all kinds, must be in the proportion of one-sixth?—No, it is not so; if you take in all the out-lying dispensary districts of a union, the doctors from a very considerable proportion of the entire number of union officers, I cannot exactly say what the proportion is; but an average union will have, let us say, six dispensary districts attached, and that will mean six medical officers, besides the workhouse medical officers. I should think there would be about an average of eight medical officers attached to each union.

673. How many other officers?—I could not answer the question as to the other officers; I should think if there were 23 or 24 others that might be about it, but that would be a mere guess.

674. Would you say three times as many non-medical officers as medical?—Yes, about that.

675. Then the 101 doctors have got pensions, whereas 264 other officers—that is, one-third of the entire number who have managed to secure pensions, although they complain of the boards of guardians more than any other class of officials—more than the 264 other officers of all kinds, so that there cannot be any especial disability laboured under by the doctors, because they seem to have come off better with regard to pensions than any other class of officers, both in point of numbers and in point of salaries?—As to the statistical question, I could not answer definitely without going into the figures more closely; but I contend that the other officers have suffered very much, too, and therefore the comparison between them and the doctors rather establishes the case of the medical men.

676. What is the average of the salaries that the doctors get from their other duties outside the union—that is to say, from private practice?—That depends solely on the circumstances of the district.

677. Speaking roughly, what would you say?—Taking an average country district in Ireland, if a man makes £150 or £200 in addition to his professional emoluments, he is considered well off; but that can be only taken as an average, because there are districts in which men do not make £250, and other districts in which they make more.

678. Would you say half from salary and half from private sources?—Yes, it might be so.

679. Is it not the case that the other officers, to a large extent, are debarred from holding any other office, but if they do, they are debarred from pension; whereas there is a special Act giving the doctors a right of pension, although their whole time is not taken up with the duties of their office?—On the contrary, other officers—for instance, the clerks of the unions—do hold a variety of offices, and they are not debarred from pension.

680. If the clerk of a union holds any other office, is he not thereby debarred from a pension?—If he gets a pension at all, he gets it in respect of those offices.

681. My question is, Supposing the clerk of a union does other business—supposing he is a solicitor—can he be superannuated?—I speak of the offices which he holds in connection with the clerkship.

682. Supposing the clerk of a union did other work besides other work, does it not debar him from a pension?—No, I think not. I think, so far as I know, the clerk of the union might be a farmer, and he would receive a pension notwithstanding.

683. The Act says that his "whole time" must be devoted to the service of the union?—I imagine that that is an elastic phrase in some cases.

684. If it is elastic, how is it that your body had to get an Act of Parliament which states that the "whole time" of a doctor need not be devoted to the union; surely the 1865 Act must be carried out strictly?—The reason why that Act was got was, because the original Act confined superannuation to those whose whole time was devoted to their duties, and it was held to mean persons who remained in their offices in the transaction of union business from morning to night; and that Act which you hold in your hand was got so as to include medical officers who, although their whole time was at the disposal of the union, did not necessarily give the whole of their time to the union.

685. And, therefore, the medical officers not only are able to double their salary from external sources, but, in addition, they are relieved from the disability which lies upon other officers; they are able to get a pension, although their whole time has not been devoted to their duties; is not that a correct statement of the case?—Yes; they are relieved of this disability so far that they are able to pursue private practice.

686. You have used the phrase that medical officers are

"willing to surrender" something with regard to pensions, in order to get a pension secured to them on the Civil Service scale; what is it that they surrender?—They surrender the right of obtaining a possible superannuation after a short period of service, amounting to full two-thirds of their emoluments. At the present moment a poor-law medical officer might go out of office a fortnight after his appointment; and if the boards of guardians wish it they could give him the full two-thirds; but under the proposed Bill now before Committee, it would be impossible for him to have his two-thirds, or any pension until he has fulfilled a certain period of service. Assuming the grant of the pension according to the Civil Service scale, the poor-law medical officers, if the Bill that is now before Committee should pass, would lose that which they might have, that is, two-thirds of their emoluments and salary after a limited period of service; but they would gain the certainty of having it after a certain period.

687. You appear to be under the impression that the present Bill is compulsory?—No; but I say that the Bill that we strongly advocate would be a compulsory one.

688. Mr. Meldon. My question was, if it was made compulsory, would they give up their present right?—Yes.

689. Mr. Healy. You mentioned a hard case in which a board of guardians, after having granted a man a pension, withdrew it, because the charge fell upon the local district union; but I think it came out afterwards that that was as far back as 1872?—According to the explanation given by Mr. Robinson to-day, it must have been previous to that, but it was mentioned in Mr. Meldon's return as one of the cases.

690. Then a case like that could not again rise?—No; it could not again rise.

691. With reference to the 6th clause of this Bill, which enables the Local Government Board to add a certain number of years to make provision for cases of professional qualification, that does not apply to any other than medical officers' class?—It would apply to medical officers, certainly; it might include others, but it would certainly apply to medical officers.

692. Then I may take that that is a clause more largely in the interests of the medical officers than of many other officers?—That would altogether depend upon the interpretation which was put upon the words of the clause as to what officers it would include, but certainly it would include medical officers, because it speaks of professional services and professional qualifications.

693. The Local Government Board are empowered to add any number of years, not exceeding 10 years, to their service, thereby increasing their nominal service by 10 years?—Yes.

694. And your Association recommends 20?—Yes.

695. On what grounds?—We say, if you take away from us the present privilege that we have of getting two-thirds after a short period of service; if you make us Civil servants, and thereby limit our allowances, you should go to the full length of the Civil Service Act, and 20 years is the term in the Civil Service Act, Dr. Playfair's Act. According to the Playfair Act, 20 years is the period of service allowed to be added to a professional man's service in the computation of his pension. We do not see any reason why poor law medical officers should be placed in a different position from any other Civil servants if this Bill should pass.

696. Could you give us another instance in which this alleged Civil Service scale has been put in operation?—I have given instances in which the scale, as now existing under the Local Government Board, is not in conformity with the Playfair Act.

697. I think you heard the evidence of Mr. Robinson yesterday, in which he admitted that, in point of years, and in point of salary, and in point of compulsion, there was also a departure from the Civil Service Act?—Yes; in the Bill as at present before the Committee.

698. Might I ask how much of the Civil Service scheme is really in this Bill?—If the Bill should eventually remove the words "not exceeding," and substitute "of," and if it should eventually substitute 20 years for 10 years in the clause to which you have just referred, then it would be in conformity with the Civil Service Act.

699. In point of form, it will; but seeing that the Civil servants can join at 21, whereas it is well known that nobody would give a nurse or a medical man or a clerk an office at that age, and that they are generally persons of more mature age, the Civil Service scale cannot be supposed to be a suitable one?—There might be practical hardships in applying the Civil Service scale; nevertheless the poor-law medical officers are so earnest in the matter of getting security that they are prepared to sacrifice these smaller points, and to take the Civil Service scale if it is granted to them.

700. And also, in point of salary, the parity of the Civil Service is not established, because the average Civil servant's salary, as I understand it, is a much greater salary than the average poor-law officer's salary?—Yes.

701. For instance, if a member of your association pass an examination for a medical officer in the Indian Civil Service, or for any other Civil Service appointment, he would be able to get a much greater salary than he gets under the Irish Local Government Board from the boards of guardians?—Yes; but in that case he would be whole time officer, so that we could not reasonably claim on those grounds.

702. Do you think that, under all the circumstances, the conditions of the medical officers and other officers in Ireland correspond with those of the Civil servants in England to such an extent that it is desirable the Civil Service scale should be put in operation in Ireland as the best that could be adopted?—I would not be prepared to say that it is the best, but it is a scale which is fairly applicable, and of which there has been the fullest experience, and it seems to us to come nearly to what would be a fair and practicable scale; and therefore we desire the application of it to the poor law medical officers.

703. The Civil Service scale contemplates an officer beginning at 20 and going on to 60; that is to say, it contemplates 40 years' service?—Yes.

704. Is it your experience that the officers of Irish unions in one case out of 20 have 40 years' service?—There is a considerable per-centage of men who go the whole 40 years; I should say more than one out of 20, decidedly.

705. Would there be one out of 10?—I think that you would be making an excessive estimate if you said that one-tenth go 40 years.

706. Have you any experience at all with regard to Civil servants?—I have a little memorandum on that point. The retirement age of medical officers is much higher than that of Civil servants generally, although owing to the arduous nature of their work they ought to retire much earlier. I find that 89 non-medical professional Civil servants taken at random from the superannuation lists retired on an average at the age of 60, whilst 84 medical officers did not on an average retire until they had reached 66·2, so that there is an excess of age in the case of the medical officers of 6·2 years, comparing the two classes.

707. Are you able to bring out a similar average age of retirement as well as average age of service?—On the question of service, I am not able to speak.

708. But whilst there is the fact of the unlikelihood of the appointment under the Union Officers Act at an earlier age, say, from 26 to 30, the fact that under the Civil Service Regulations it is compulsory to join within much lower limits of age, do you think that an average of 40 years would be a very frequent or possible average?—A professional man would not have to serve 40 years; he would have 10 years or 20 years added in order to reach 40, because he would, according to the

terms of the Bill as it now stands, have 10 years, and according to our contention 20 years added; so that in the case of an officer who has served 30 years, he would be entitled to credit for 40 years in the assessment of his superannuation.

709. Do not you think that instead of having an artificial device and giving the Local Government Board power to add on a number of years to the extent of 10 years, it would be better to change the sixtieths into fiftieths, because you must see that the average number of years is not 40 (inasmuch as 30 counts for 40), if it even reaches 25?—I think that the arrangement would be equally practicable, but that would necessitate the making of a separate scale for non-medical and medical officers, which scale is made in a different way by the clause to which you refer.

710. Then your contention, I gather is, that a medical officer ought to be retired earlier than another officer?—Yes, because his duties require much more youth and physical capacity for their discharge; the duties of a man who has nothing to do but to attend behind a desk, are not comparable to those of a man who has to get up at one or two in the morning, and to drive a carriage across the country to attend a case on the side of a hill; and therefore we say that 10 years or 20 years addition is reasonable, and that it is as good a way of allowing a man to retire at an earlier age as any other way.

711. Instead of adopting the Civil Service scale, which appears, therefore, so unfitted for the union officers in Ireland, do not you think it would be a better plan to fix the number of years' service and say that if a doctor has had 25 years' service, or 20 years, or 15 years, he shall be entitled to apply to the Board for superannuation if unable to do duty?—No; I think taking the cases all round, no scheme that I have heard of will fit the poor law medical officers so satisfactorily as the Civil Service scale.

712. Then, in fact, we may gather that the Civil Service scale is introduced for the benefit of the medical officers in this Bill, and that the other officers throughout Ireland will not be benefited by it to the same extent as the medical officers, for this reason, that there is a clause whereby, after 10 years' service, a man may be pensioned; do you think it likely that any man would get a pension after 10 years' service, except doctors?—The medical officers do not attach great importance to getting pensions earlier in life, or until they are incapable. That is not our object at all, so long as we are assured of good pensions or satisfactory and just pensions when incapable; we do not go for pensions early in life unless in very exceptional cases.

713. If a man got sick after 10 years' duty and got a pension, and then, after a year or two got quite well again and went into his private practice as well as ever, do you think it would be a fair thing to the ratepayers that he should be paid his pension from the rates when he was able to make an income from outside? Yes, I think it would be fair. In the Civil Service, if a man takes his superannuation allowance and goes away and subsequently becomes capable of doing other work, he is at liberty to do that other work; and I do not see why medical officers should be dealt with in a different spirit.

714. Have you read the 5th Clause, which states that any officer who, after being pensioned off, holds any office under the Government or under the Local Government Board can never earn money by taking any other office, whereas doctors have private practices open to them, and might earn a considerable income?—I am not speaking of officers under the Local Government Board; but if the clerk of a union officer, or the master of a workhouse were superannuated for ill-health, and got well at some subsequent period, he could keep a shop, or he could engage on a farm and do a great variety of other things which would not be office under the Local Government Board, or under the Government, and so a medical man might en-

gage in private practice afterwards, and I think it quite right that he should be allowed to do so.

715. You are not in favour of making the limit of age the basis of pension—say 20 years' service and 60 years of age? You are in favour of a graded scale by tenths of sixtieths?—I am in favour of a graded scale by tenths of sixtieths.

716. Sir Patrick O'Brien: The honourable member for Cavan asked you about what was the average salary of the medical officers throughout Ireland, and you said £102 a year, and that, with other sums for minor appointments, made up the amount of £129 a year?—Yes.

717. Most of the appointments which you enumerated were duties in their very nature to be performed by medical men, were they not, such as examination of dangerous lunatics, the position of sanitary officers, and appointments of that kind?—Yes, all of them essentially medical.

718. Asking you not to consider this Bill before the Committee in the nature of a Bill to amend the position of medical and other officers under the poor law, but having regard to paupers in the union, can you tell me whether to your knowledge the medical treatment of paupers throughout Ireland generally, in the Irish workhouses, has suffered by this system of refusing to retire medical officers?—Yes; I believe they have largely suffered.

719. To any considerable extent?—Yes; I say you cannot have 71 persons incapable, or supposed to be incapable by age, in addition to the large number of persons who are probably incapable from ill-health, who pretend to do the duty of dispensary doctors, which duty is physically excessively arduous, without the paupers suffering.

720. And you imagine that men of that age would not be fit to attend cases of night calls?—Yes.

721. You were asked about different unions and divisions of unions in Ireland; your knowledge as editor of this paper makes you very well acquainted with all parts of Ireland?—Yes.

. Are there not districts in Mayo of such an extent as to oblige the medical officer to ride 20 miles upon occasion?—Yes, if a man happens to live on the edge of the district, he may have to ride 20 miles, and there are other districts which include islands on the Atlantic, where a man may ride 15 or 18 miles first and take a boat.

723. And he may not be able to get there at some seasons of the year. In one of the districts in Mayo there are 15 miles included in one dispensary district, are there not?—Yes.

724. Are you able to tell the Committee what are the reasons which have actuated the boards of guardians in Ireland in refusing after a man's resignation to grant him any pension?—The reasons as officially given are in Mr. Meldons's Return in many cases.

725. They are open to us; I do not ask for official reasons, but I ask you as a medical man of experience, and editor of a medical journal, whether it is not a matter of common notoriety in the profession, and in Ireland generally, and I ask your opinion of the reasons which have actuated boards of guardians after the resignation of their medical officers in refusing to grant them any pension?—To be frank, the reason is, that medical officers, for a variety of reasons, do not appear to be popular with their boards of guardians; so many circumstances tend to make them unpopular with boards of guardians; one or other of these circumstances may be the cause of the refusal.

726. Without pursuing that answer, may I ask you, are the reasons of a medical character from inefficiency as a medical officer, which have induced them not to grant a pension?—As a general rule, decidedly not.

subject in connection with accidents attending the use of paraffin lamps. The modification of the old open flashing was adopted in 1879, and the apparatus deposited at the Weights and Measures Department of the Board of Trade. But the reviewer is informed that, after years of careful experiment, the authorities are all at sea, owing to the fact that the flashing point with the same apparatus is quite different in such countries as India from what it is here. The article upon sugar, however, is perhaps the most exhaustive of all, and goes most fully into the subject of polarising saccharometry. The method of detecting the alkaloids will be consulted with profit by our medical readers, as this part of the book is evidently written up to the latest information. We have also a considerable amount about the testing of aniline colours, which certainly cannot be found in any work that we are acquainted with. They are introduced under the head of aniline derivatives.

We have no hesitation in saying that this book is one of the most important that has appeared for some time in connection with analytical chemistry. It contains an amount of observation of an original character which far outweighs the large amount of compilation necessarily required in bringing out such a work.

EXPERIMENTAL CHEMISTRY FOR JUNIOR STUDENTS. (a)

In our review of Part I., issued last year, we spoke in high terms of the introduction to Professor Reynolds' book. Part II. fulfils the expectations raised by the introductory part, and we have very little to add to our previous remarks, except in the form of praise. Part II. is merely an extension, and we may say carries out the experimental plan of instruction laid out in the previous part. Soundness in the rules laid down and simplicity in the illustrative experiments are the marked characteristics of this well-written class-book; it contrasts most favourably with many of the loosely-written works that are now teeming from every teacher of chemistry. Many of the experiments given for class illustration may be said to be original, and well suited for lecture demonstration, or for the student's bench—notably page 188—one to illustrate the luminosity of coal-gas; p. 167, the decomposition of carbon dioxide by magnesium. At page 147 an ingenious method of illustrating the combustion of the diamond is described, which at the same time demonstrates the fact that carbon dioxide is the product of combustion. We think that, as the book is intended for the use of the student, he should be cautioned against trying such experiments as the synthesis of hydrochloric acid from chlorine and hydrogen gas, as described at page 74, in a gas jar. Such an experiment would require considerable care even from the hands of the expert.

As we are dealing with the experiments in this book, we must refer again to Part I., in which some excellent simple illustrations may be found in connection with the subject of the specific heat of metals, and where a description will also be found of an ingenious instrument which the author calls the "atometer." To put it concisely, it is an instrument to measure the increment of heat evolved from atomic weights of different metals (e.g., silver and magnesium) when cooled from 100 C. to a given temperature.

An Appendix is given in Part II., which deals with the systematic testing for the acidulous radicals; now appropriate from one point of view in a book which deals with the non-metallic elements. To commence on the acidulous radicals, it strikes the reviewer as rather impractical for a student who is supposed up to that period to have no knowledge of the separation of the metallic bases. It appears to the writer to be a case where utility is sacrificed to "form" in the construction of the book.

Dr. Reynolds' work is about the best text-book we know for its size, as it is confined to the capabilities of junior students.

Liebig's Extract of Meat.—That a good deal of uncertainty still exists on the question of trade marks as distinctive of medicaments and articles of food and diet is evidenced in a recent number of our contemporary the *Pharmaceutical Journal*, in which the writer shows a curious ignorance in affecting surprise that Dr. Pettenkofer in giving evidence in a recent case respecting the origin of the name "Liebig's Extract of Meat," should have stated on the very best authority, i.e., that of Liebig himself, that

Baron Liebig never claimed to be the inventor of extract of meat generally, but simply the inventor of the special process prescribed by him and followed by the "Liebig's Extract of Meat Company" in preparing their well-known Extract of Meat. Baron Liebig, in the "Annals of Chemistry," vol. lxii. (1847), p. 361, states that Parmentier and Proust, two Frenchmen, recommended the French Government to avail themselves of extract of meat as a medical comfort in campaigns, and expressed their regret that the price at that time should have been so high as to preclude the extract from becoming a general article of consumption. They stated that thirty-two pounds of lean beef were required to make one pound of extract. Thus Baron Liebig admits, and always admitted, that Proust made extract of meat before his time, and he never claimed the inventorship of what in England against his will has been called Liebig's Extract of Meat generally, except in this sense, that he allowed his name exclusively to be appropriated to the extract of the "Liebig Company," manufactured not only by his special process, but under his personal and very strict control. All this has been said and printed many times over, but the writer in the *Pharmaceutical Journal* is much surprised at learning it for the first time. Probably he is not aware of the fact also that the French Courts during the lifetime of Baron Liebig prohibited all other manufacturers of extract of meat calling their extracts in France Liebig's Extract, and condemned several of them to pay damages to the Liebig Company for having used the name of Liebig without authority. In consequence of such judgment the French public are in a better position than the English when buying Liebig's Extract of Meat, as they have the absolute certainty of knowing that they get the article made according to Baron Liebig's special process, and guaranteed genuine by the present Baron Liebig and by Professor Max von Pettenkofer, the present Director of the Scientific Department of the Company, whose reputation is well known throughout the medical and scientific professions of the world. It may be further noted as a curious fact that, notwithstanding the recent legal decision in England against the exclusive use of Liebig's name, the original Company's Extract is almost exclusively demanded by the public, and that though other manufacturers have ornamented their goods with the name of Liebig none have been able to show any substantial success; on the contrary, many sorts offered for sale and advertised at great expense have gradually disappeared from the market, whilst the entire stock of one well-known Australian maker which had taken upwards of thirty pounds of lean beef to produce each pound of extract, was recently sold by auction at 2½d. per pound.

University of London.—The following candidates, who passed the recent Examinations for Honours at this University, have received the degree of M.B. in Medicine:—

FIRST CLASS.

King, D. A., Scholarship & G. M.	Adeney, Edwin Leonard.
Woodridge, L. C., D.Sc. (G. M.)	Wilkinson, W. C., B.A. Sydney
or Harris, Thomas.	Honeyburne, Richard.
Collingwood, David.	Webb, Malcolm.

SECOND CLASS.

{ Buxton, Dudley Wilmot.	{ Fielden, William Eckett.
{ Shaw, Lauriston Elgie.	{ Scharlieb, Mary Ann Dacomb.

THIRD CLASS.

Pratt, Reginald.	{ Dingley, Edward Alfred.
Batterham, John Williams.	{ Shove, Edith.

M.B. in Obstetric Medicine:—

FIRST CLASS.

Scharlieb, M. A. D., Sp. & G. M.	Honeyburne, Richard.
King, David A. (Gold Medal).	

SECOND CLASS.

Shove, Edith.	Harris, Thomas.
Dingley, Edward Alfred.	

M.B. in Forensic Medicine:—

FIRST CLASS.

Wilkinson, W. C., Sp. & G. M.	Woodridge, Leonard Charles.
Webb, Malcolm (Gold Medal).	Currie, Oswald James.
Maddison, William Thomas.	Scharlieb, Mary Ann Dacomb.

SECOND CLASS.

Dingley, Edward Alfred.	King, David Alexander.
Batterham, John Williams.	Vinrace, John Hinks.
Adeney, Edwin Leonard.	

THIRD CLASS.

Honeyburne, Richard.	Collingwood, David.
a Obtained the number of marks qualifying for a Gold Medal.	
N.B.—The bracket indicates equality of merit.	

(a) "Experimental Chemistry for Junior Students." By J. Emerson Reynolds, M.D. London: Longmans, Green & Co. Part II. 1882.

Notices to Correspondents.

MISSING NUMBERS OF THE "DUBLIN MEDICAL JOURNAL."—Five shillings each will be given for the numbers of the *Dublin Journal of Medical Science* for February and March, 1840, if sent to the Dublin Office of this paper, 8 Molesworth Street.

L. E. K.—Any good modern work on materia medica will give you the information you require. The drug is anti-suppurative if given at an early stage of disease. There is only one salt of lime bearing the name sulphide, and its composition is CaS .

DR. RUGG.—We cannot take any action in the matter until the facts are fully and completely laid before us. Nothing will be gained by furthering the necessary information.

DR. WILSON.—A coroner's certificate could alone justify the proceeding. The circumstances under which death occurred, however, are sufficiently doubtful to render full investigation desirable; and you ought to call for it.

PAYMENT OF MEDICAL FEES BY THE POLICE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I should feel much obliged if you would kindly answer the following question—viz.:

J. W. attempted to commit suicide on Wednesday morning. Dr — was sent for by the police and attended J. W. up to the Friday following. Are the police authorities responsible for the payment of the medical attendant for every visit, or only for the first visit? J. W., of course, being a prisoner from the first.

Preston, Lancs.

I remain, yours, &c., M.D.

[*] A medical man called on by the police to visit a patient within a reasonable distance (i.e., where horse hire or train are not necessary) can recover fees from the authorities, but a certificate of attendance should be obtained at the time of the inspector on duty. Three shillings and sixpence each for day, and seven shillings and sixpence each for night visits are generally held to be reasonable by the authorities.—**ED.]**

MR. G. L. TROTMAN.—The West London Medico-Chirurgical Society meets on the first Friday evening in each month. It is about three months old now.

MR. GEORGE SMITH can obtain Southam's "Regional Surgery" through any bookseller, or direct from the publishers, Messrs. J. and A. Churchill. The work has not been reviewed in our columns yet, owing to the pressure on our space. It may, however, be strongly recommended as a most admirable and important guide to the subject.

MR. H. C. B. (Oldham).—The subject cannot be satisfactorily handled in so small a space. We would counsel you to study it more, and to give more time and space, or the results will be disappointing.

SCRIPTIO.—We believe it to be a fact that during the recent Egyptian war a body of soldiers and another of Marines had to make a march of three miles under the burning sun; the soldiers had their tight-fitting jackets, the Marines their loose and free costume. Before the march was ended 130 of the soldiers had fallen out, while every man of the sailors continued in his place. The explanation is simple and feasible, and we see no reason to doubt that the difference was simply one of costume and not of physique.

ANTIDOTES FOR PHOSPHORUS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to point out to your correspondent "G. S. N." the fact that a simple reference to Section 3021 of the "Medical Digest" would have enabled him to see at a glance all the various antidotes that have been suggested for phosphorus.

Yours obediently,

South Hampstead, Dec. 7th.

RICHARD NEALE, M.D. Lond.

COLLEGE OF PRECEPTORS' EXAMINATIONS.—The Secretary of this College informs us that the entries of candidates for the half-yearly examinations of the College of Preceptors, which began last week, and were carried on simultaneously in London and at fifty-five local centres in various parts of the country, exceeded 8,800, making, with those examined at Midsummer, close upon 13,000 for the year. A supplementary examination, for the preliminary literary subjects required for students of medicine, will be held in March next in London and at four provincial centres—viz., University College, Liverpool; the Leeds Medical School; Queen's College, Birmingham; and University College, Bristol.

MR. G. ALEXANDER (Manchester).—There was an article on the subject to which you refer in our issue for Nov. 22nd, present year.

DR. WILSON (Philadelphia).—We cannot further add to our exchange list, which is already too large.

DR. MATHEWS.—From personal knowledge we consider the climate all that can be desired for phthisical patients. Your experience certainly was unfortunate, but it does not detract from the known fact that a genial and equable temperature usually prevails. All places are of course subject to sudden variations occasionally.

ANTI-PATHETIC.—There is a vast amount of humbug in the pretensions of so called "founders of systems," all of whom have some particular end to serve by forcing new views on the acceptance of the public. You will do wisely to regard them with the utmost suspicion, and to refuse acquiescence in any proposal to join the ranks of a school in opposition to legitimate medicine. As a rule, the founders are but sorry rogues, and their system a miserable fraud. They naturally seek, by any means whatever, to obtain the appearance of support from respectable members of the profession; but such support is accorded after examination of their pretensions has revealed a notorious character.

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7.30 o'clock Council Meeting.—8 o'clock. Dr. Ormerod, "On Two Cases of Locomotor Ataxy, with Joint Disease."—Mr. R. Clement Lucas, "On Cases of Wounds of Large Vessels."

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8 o'clock, Ordinary Meeting.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, Dec. 14th, at 8.30 p.m., Mr. Mules: (1) "On a Case of Hydatid Cyst in Orbit;" (2) "On a Case of Panophthalmitis from Purulent Ophthalmia."—Mr. Lediard, "On a Case of Ivory Exostosis of Orbit."—Mr. Snell, "On a Case of Hard Chancre at Inner Canthus."—Cases of Central Amblyopia in Diabetes, by Mr. Lang, Mr. Lawford, Mr. Stanford Morton, Dr. Edmunds, and Mr. Nettleship.—Living and Card Specimens at 8 o'clock.—Dr. Samuel West. Sequel to a Case of Optic Neuritis: Mr. Gunn, Case showing Peculiar Appearance in the Retina; Dr. Edmunds and Lawford, Optic Nerve from a Case of Diabetes; Dr. Stephen Mackenzie, Drawings showing Extreme Tortuosity of Retinal Vessels.

ACADEMY OF MEDICINE IN IRELAND.—Friday evening Dec. 14th, at 8.30 o'clock, Address by William Moore, Esq., M.D., President of the King and Queen's College of Physicians.—Living Specimens: Mr. Arthur Benson, Case of well marked Retinitis Albuminurica in a boy aged 16, without constitutional disturbance.—Dr. Charles Moore, Case presenting Neuralgic symptoms in a man having remarkable patches of white hair, some of which were congenital.—Card Specimens: Dr. J. W. Moore, Diphtheritic Inflammation of Throat, with Microscopic Sections, shown by Mr. P. S. Abraham.—Papers: Dr. Wallace Beaty, "The Causation of Left Side Pain."—Dr. Richard A. Hayes, "Case of Empyema treated by the Radical Method, with Notes on some Antiseptic Fluids employed."—Dr. Walter G. Smith, "Unilateral Paralysis of the Soft Palate."

Vacancies.

Belfast Royal Hospital.—Ophthalmic Surgeon and a Gynaecologist. Applications must be sent in to the Chairman of the Board of Management not later than Dec. 16th.

Boyle Union, Boyle Dispensary.—Medical Officer. Salary, £170, and £15 as Medical Officer of Health. Election, Dec. 20th.

Castlebar Union, Castlebar Dispensary.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, Dec. 16th.

London Hospital.—Medical and Surgical Registrars. Salary, £100. Applications to be sent to the Hospital not later than Dec. 18th.

Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence is provided but no salary. (See Advt.)

St. Saviour's Union, Southwark.—Medical Officer for the First District. Salary, £180. Also Vaccination Officer for same district. (See Advt.)

University of Edinburgh.—Examiner in Medicine in each of the Departments of Chemistry, Anatomy, Midwifery, and Practice of Physic. Applications to be forwarded to the Secretary not later than Jan. 15th.

Weston-super-Mare Hospital and Dispensary.—House Surgeon. Salary, £70, with board, &c. Election, Dec. 23rd.

Appointments.

FINN, E., M.B., L.K.Q.C.P.I., L.R.C.S. Ed., Consulting Physician to the North Infirmary, Cork.

GUEST, A., L.R.C.P. Ed., L.F.F.S. Glas., Medical Officer for the Second District of the Chorlton Union.

JESSEY, F. B., F.R.C.S. Eng., Surgeon to the General Dispensary, Bartholomew Close.

LE QUENNE, E. J., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Tring District of the Great Berkhampstead Union.

LLOYD, J. H., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Cul-lompton District of the Tiverton Union.

ROUNDTREE, T. W., M.D., Resident Surgeon and Apothecary to the South Infirmary, Cork.

SPENCE, W. J., L.R.C.P. Ed., L.R.C.S. Ed., House Surgeon to the Bradford Infirmary.

Marriages.

DOWLING-BODKIN.—Dec. 2nd, at the Cathedral, Tuam, John Edward Dowling, M.D., of Dublin, to Ismina Mary, fifth daughter of Thomas Bodkin, M.D., Tuam.

FOYNDER-NISBETT.—Nov. 13th, at Landour, India, Surgeon George F. Foynder, A.M.D., to Mary, second daughter of Major-General J. Nisbett, late Bengal Staff Corps.

Deaths.

CROSS.—Dec. 3rd, at Gillingham, Chatham, Alexander Cross, Deputy Inspector-General of Hospitals and Fleets, aged 77.

DOHERTY.—Nov. 29th, Daniel John Doherty, M.D., Surgeon-Major, late of the 15th Royal Irish, and formerly of the 72nd Highlanders.

DRAZLEY.—Nov. 22nd, at Kelsa, co. Tyrone, Charles Drazley, M.R.C.S., of Milford Haven, aged 64.

HANKS.—Dec. 3rd, at Mile End Road, E., Henry Hanks, L.R.C.P., M.R.C.S., aged 54.

LAWRENCE.—Nov. 30th, at Claverton Street, Bath, Geo. Edgar Lawrence, L.R.C.P. Lond., M.R.C.S., aged 32.

PRICE.—Dec. 6th, at 71A Queen's Road, Peckham, Ann Thomas, widow of Dr. A. F. Price, late of Deptford.

SARJEANT.—Nov. 29th, at Kardley Crescent, West Brompton, Arthur Sarjeant, F.R.C.S., aged 68.

SAVORY.—Dec. 6th, at Wendover, Bucks, Arthur H. Savory, M.R.C.S., L.R.C.P. Edin., aged 34.

WILSON.—Nov. 30th, at Sandown, Isle of Wight, William S. Wilson, L.R.C.P. Lond., M.R.C.S., aged 43.

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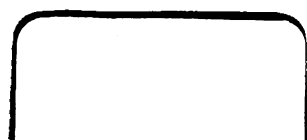
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Notices to Correspondents.

MISSING NUMBERS OF THE "DUBLIN MEDICAL JOURNAL."—Five shillings each will be given for the numbers of the *Dublin Journal of Medical Science* for February and March, 1840, if sent to the Dublin Office of this paper, 8 Molesworth Street.

L. E. K.—Any good modern work on materia medica will give you the information you require. The drug is anti-suppurative if given at an early stage of disease. There is only one salt of lime bearing the name sulphide, and its composition is CaS .

DR. RUGG.—We cannot take any action in the matter until the facts are fully and completely laid before us. Nothing will be gained by withholding the necessary information.

DR. WILSON.—A coroner's certificate could alone justify the proceeding. The circumstances under which death occurred, however, are sufficiently doubtful to render full investigation desirable; and you ought to call for it.

PAYMENT OF MEDICAL FEES BY THE POLICE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I should feel much obliged if you would kindly answer the following question—viz. :—

J. W. attempted to commit suicide on Wednesday morning. Dr. — was sent for by the police and attended J. W. up to the Friday following. Are the police authorities responsible for the payment of the medical attendant for every visit, or only for the first visit? J. W., of course, being a prisoner from the first.

Preston, Lancs.

I remain, yours, &c., M.D.

[*] A medical man called on by the police to visit a patient within a reasonable distance (i.e., where horse hire or train are not necessary) can recover fees from the authorities, but a certificate of attendance should be obtained at the time of the inspector on duty. Three shillings and sixpence each for day, and seven shillings and sixpence each for night visits are generally held to be reasonable by the authorities.—ED.]

MR. G. L. TROTMAN.—The West London Medico-Chirurgical Society meets on the first Friday evening in each month. It is about three months old now.

MR. GEORGE SMITH can obtain Southam's "Regional Surgery" through any bookseller, or direct from the publishers, Messrs. J. and A. Churchill. The work has not been reviewed in our columns yet, owing to the pressure on our space. It may, however, be strongly recommended as a most admirable and important guide to the subject.

MR. E. C. B. (Oldham).—The subject cannot be satisfactorily handled in so small a space. We would counsel you to study it more, and to give more time and space, or the results will be disappointing.

SCORPIC.—We believe it to be a fact that during the recent Egyptian war a body of soldiers and another of Marines had to make a march of three miles under the burning sun; the soldiers had their tight-fitting jackets, the Marines their loose and free costume. Before the march was ended 130 of the soldiers had fallen out, while every man of the sailors continued in his place. The explanation is simple and feasible, and we see no reason to doubt that the difference was simply one of costume and not of physique.

ANTIDOTES FOR PHOSPHORUS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to point out to your correspondent "G. S. N." the fact that a simple reference to Section 3405 of the "Medical Digest" would have enabled him to see at a glance all the various antidotes that have been suggested for phosphorus.

Yours obediently,

South Hampstead, Dec. 7th.

RICHARD NEALE, M.D. Lond.

COLLEGE OF PRECEPTORS' EXAMINATIONS.—The Secretary of this College informs us that the entries of candidates for the half-yearly examinations of the College of Preceptors, which began last week, and were carried on simultaneously in London and at fifty-five local centres in various parts of the country, exceeded 8,300, making, with those examined at Midsummer, close upon 13,000 for the year. A supplementary examination, for the preliminary literary subjects required for students of medicine, will be held in March next in London and at four provincial centres—viz., University College, Liverpool; the Leeds Medical School; Queen's College, Birmingham; and University College, Bristol.

MR. G. ALEXANDER (Manchester).—There was an article on the subject to which you refer in our issue for Nov. 22nd, present year.

DR. WILSON (Philadelphia).—We cannot further add to our exchange list, which is already too large.

DR. MATHEWS.—From personal knowledge we consider the climate all that can be desired for phthical patients. Your experience certainly was unfortunate, but it does not detract from the known fact that a genial and equable temperature usually prevails. All places are of course subject to sudden variations occasionally.

ANTI-PATHETIC.—There is a vast amount of humbug in the pretensions of so-called "founders of systems," all of whom have some particular end to serve by forcing new views on the acceptance of the public. You will do wisely to regard them with the utmost suspicion, and to refuse acquiescence in any proposal to join the ranks of a school in opposition to legitimate medicine. As a rule, the founders are but sorry rogues, and their system a miserable fraud. They naturally seek, by any means whatever, to obtain the appearance of support from respectable members of the profession; but such support is never accorded after examination of their pretensions has revealed their spurious character.

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7.30 o'clock Council Meeting.—8 o'clock. Dr. Ormerod, "On Two Cases of Locomotor Ataxy, with Joint Disease."—Mr. R. Clement Lucas, "On Cases of Wounds of Large Vessels."

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8 o'clock, Ordinary Meeting.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, Dec. 14th, at 8.30 p.m., Mr. Mules: (1) "On a Case of Hydatid Cyst in Orbit;" (2) "On a Case of Panophthalmitis from Purulent Ophthalmia."—Mr. Lediard, "On a Case of Ivory Exostosis of Orbit."—Mr. Snell, "On a Case of Hard Chancere at Inner Canthus"—Cases of Central Amblyopia in Diabetes, by Mr. Lang, Mr. Lawford, Mr. Stanford Morton, Dr. Edmunds, and Mr. Nettleship.—Living and Card Specimens at 8 o'clock.—Dr. Samuel West, Sequel to a Case of Optic Neuritis: Mr. Gunn, Case showing Peculiar Appearance in the Retina; Dr. Edmunds and Lawford, Optic Nerve from a Case of Diabetes; Dr. Stephen Mackenzie, Drawings showing Extreme Tortuosity of Retinal Vessels.

ACADEMY OF MEDICINE IN IRELAND.—Friday evening Dec. 15th, at 8.30 o'clock, Address by William Moore, Esq., M.D., President of the King and Queen's College of Physicians.—Living Specimens: Mr. Arthur Benson, Case of well marked Retinitis Albuminurica in a boy aged 16, without constitutional disturbance.—Dr. Charles Moore, Case presenting Neuralgic symptoms in a man having remarkable patches of white hair, some of which were congenital.—Card Specimens: Dr. J. W. Moore, Diphtheritic Inflammation of Throat, with Microscopic Sections, shown by Mr. P. S. Abraham.—Papers: Dr. Wallace Beaty, "The Causation of Left Side Pain."—Dr. Richard A. Hayes, "Case of Erysipema treated by the Radical Method, with Notes on some Antiseptic Fluids employed."—Dr. Walter G. Smith, "Unilateral Paralysis of the Soft Palate."

Vacancies.

Belfast Royal Hospital.—Ophthalmic Surgeon and a Gynaecologist. Applications must be sent in to the Chairman of the Board of Management not later than Dec. 16th.

Boyle Union, Boyle Dispensary.—Medical Officer. Salary, £170, and £15 as Medical Officer of Health. Election, Dec. 20th.

Castlebar Union, Castlebar Dispensary.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, Dec. 16th.

London Hospital.—Medical and Surgical Registrars. Salary, £100. Applications to be sent to the Hospital not later than Dec. 18th.

Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence is provided but no salary. (See Advt.)

St. Saviour's Union, Southwark.—Medical Officer for the First District. Salary, £130. Also Vaccination Officer for same district. (See Advt.)

University of Edinburgh.—Examiner in Medicine in each of the Departments of Chemistry, Anatomy, Midwifery, and Practice of Physic. Applications to be forwarded to the Secretary not later than Jan. 15th.

Weston-super-Mare Hospital and Dispensary.—House Surgeon. Salary, £70, with board, &c. Election, Dec. 23rd.

Appointments.

FINN, E., M.B., L.R.C.P.I., L.R.C.S. Ed., Consulting Physician to the North Infirmary, Cork.

GUEST, A., L.R.C.P. Ed., L.F.P.S. Glas., Medical Officer for the Second District of the Choriton Union.

JERRITT, F. B., F.R.C.S. Eng., Surgeon to the General Dispensary, Bartholomew Close.

LE QUENEC, E. J., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Tying District of the Great Northhampton Union.

LLOYD, J. H., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Culmington District of the Tiverton Union.

ROUNTREE, T. W., M.D., Resident Surgeon and Apothecary to the South Infirmary, Cork.

SPENCE, W. J., L.R.C.P. Ed., L.R.C.S. Ed., House Surgeon to the Bradford Infirmary.

Marriages.

DOWLING—BODKIN.—Dec. 2nd, at the Cathedral, Tuam, John Edward Dowling, M.D., of Dublin, to Ismina Mary, fifth daughter of Thomas Bodkin, M.D., Tuam.

FOYNDER—NISBETT.—Nov. 13th, at Landour, India, Surgeon George F. Foynder, A.M.D., to Mary, second daughter of Major-General J. Nisbett, late Bengal Staff Corps.

Deaths.

CROSS.—Dec. 3rd, at Gillingham, Chatham, Alexander Cross, Deputy Inspector-General of Hospitals and Fleets, aged 77.

DOHERTY.—Nov. 29th, Daniel John Doherty, M.D., Surgeon-Major, late of the 18th Royal Irish, and formerly of the 72nd Highlanders.

DRAHELEY.—Nov. 22nd, at Kelga, Co. Tyrone, Charles Deaseley, M.R.C.S., of Millford Haven, aged 64.

HANKS.—Dec. 3rd, at Mile End Road, E., Henry Hanks, L.R.C.P., M.R.C.S., aged 54.

LAWRENCE.—Nov. 30th, at Claverton Street, Bath, Geo. Edgar Lawrence, L.R.C.P. Lond., M.R.C.S., aged 32.

PRICE.—Dec. 6th, at 71A Queen's Road, Peckham, Ann Thomas, widow of Dr. A. F. Price, late of Deptford.

SARJEANT.—Nov. 24th, at Eardley Crescent, West Brompton, Arthur Sarjeant, F.R.C.S., aged 68.

SAVORY.—Dec. 5th, at Wendover, Bucks, Arthur H. Savory, M.R.C.S., L.R.C.P. Edin., aged 34.

WILSON.—Nov. 30th, at Sandown, Isle of Wight, William S. Wilson, L.R.C.P. Lond., M.R.C.S., aged 45.

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VOL. LXXXV. OLD SERIES.

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